

DECLARATION

(To be furnished by the PPF Agent along with the application)

I, W/o.D/o.S/o.Shri.....

..... solemnly affirm that:

1. I am not an employee of the State or Central Govt. and undertake to report to the appointing authority and to give up the agency whenever I enter such employment.
2. None of my near relatives is employed in the Planning and Research Department / Revenue Department.
3. None of my near relatives is employed in the Postal wing anywhere in India in gazetted capacity and in non-gazetted capacity anywhere in the State where the Agency falls.
4. I declare that none of my near relatives is employed under the State or Central Government.

OR

I give below the particulars of near relative who is an employee under the Central / State Govt.

Name of the close relative	Relationship	Particulars of office where employed
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I attach No Objection Certificate(s) from the Head(s) of Office / Department where the above mentioned persons is / are employed to the effect that there is no objection to my taking up agency under the above said agency system.

Note: A person will be regarded as near relative if the official is the person wife/husband/legitimate child/step child/brother/step brother/sister/step sister/sister in law/brother in law/son in law/daughter in law/father in law/mother in law.

Date:

Place:

DEPONENT

Signed in my presence:

(1) Name and Address Signature

(2) Name and Address Signature

CONDUCT CERTIFICATE

Certified that he/she.....S/o.W/o.D/o.....
.....r/o.....
.....

is personally known to me for the last years (Not less than 2 years) and to the best of my knowledge and belief he / she is a person of integrity and good conduct. He/she is not related to me.

Signature:

Name and address:

Date:

Seal:

CONDUCT CERTIFICATE

Certified that he/she.....S/o.W/o.D/o.....
.....r/o.....
.....

is personally known to me for the last years (Not less than 2 years) and to the best of my knowledge and belief he / she is a person of integrity and good conduct. He/she is not related to me.

Signature:

Name and address:

Date:

Seal: