

INDIAN COUNCIL OF MEDICAL RESEARCH

DECLARATION FORM

I _____

Declare as under :

- i. That I am unmarried / widower/ widow
- ii. That I am married and have only one wife that
- iii. I am married to a person who has no other wife living.
- iv. That I am married and have more than one wife.
- v. That I am married to a person who has another wife living.

I request that in view of the reason stated below, I may be granted exemption from the operation of restriction on the recruitment of service to persons having more than one wife living or having married to a person having more than one wife living.

() Reason:-

2. I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Signature.

Please delete the clauses not applicable.
Please continue on a separated sheet, if necessary.