

D E C L A R A T I O N

I, Dr. _____,
S/o./D/o/W/o. _____ do hereby
declare that, I am presently not working as Civil Assistant Surgeon on
regular basis in any PHCs/PPUs/GGH / Other Institutions under the
administrative control of the DPH&FW, AP, Vijayawada. If it is noticed in
future, I am aware that my appointment will be cancelled and I am also
liable for any departmental / criminal proceedings as per rules in force.

Signature of the Applicant

Station: Vijayawada

Date : -07-2025