

ANNEXURE

**DECLARATION TO BE FILLED BY GOVERNMENT
EMPLOYEE BEFORE DRAWING AND DISBURSING OFFICER**

I Sri/Smt (Surname)_____ (Actual Name)_____

S/o W/o D/o _____ R/o(H.No.)_____

Locality _____ Village:_____

and Mandal _____ working as _____

in the office of the _____

do here by declare that I have not possessed BPL Ration Card (WAP/AAP/YAP/TAP/RAP) in my name or in any of my family member name.

The above facts are true and correct to the best of my knowledge and belief, it is found incorrect in future, I will be liable for punishment under CCA Rules along with action under PDS Control Order, 2010

Signature of the Employee

Name: _____

Designation

//Before me//

Drawing and Disbursing Officer

O/o _____