

(Compulsory for in service candidates only)

UNDERTAKING

Self attested
recent
photograph

I, Dr. _____ S/o, D/o _____ Service
 No. _____ at present posted at _____ do hereby
 solemnly affirm and declare as under:-

1. That I am a Citizen of India.
2. That I have joined PCMS service on _____
3. That I have done service as under :

| S. No. | Name of Dispensary/ Hospital | Designation | Period of service | | Total service | Category (C or D or other) |
|-----------|---------------------------------|-------------|----------------------|----|------------------|----------------------------------|
| | | | From | To | | |
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4. That no departmental/vigilance inquiries are pending against me.
5. That in case the information/certificate furnished by me in this regard is found to be false at later stage, my admission to P.G. course session 2025 may be cancelled without any prior notice.

Place: _____

Date: _____

Signature