Affidavit

I	, aged	S/o, D/o
per	rmanent resident of	
my temporary address is		
		·
I hereby swear an affidavit under oa	th that all certificates na	mely
1.		
2.		
3.		
4.		
5.		
exist in original with me, the particu	lars of which has been gi	ven while filing my application to State
Health Society, Bihar. All the particu	lars are true and match t	he original. All these documents can be
produced by me in original as and w	hen asked by State Healt	h Society, Bihar.
In the event of any wrong / false cla	im or certificate, legal ac	tion can be initiated against me and my
candidature / application can be ter	minated.	

Signature of Applicant