

DECLARATION REGARDING OVERDRAWN

I Sri / Smt _____

H.M./T.I.C./A.T./Librarian/Clerk/Gr D Staff of _____

P.O. _____ P.S. _____ Dist. _____ do hereby declare that the amount (G.P.F. / C.P.F.) which is to be sanctioned by the appropriate authority if afterwards be found to be in excess over which I am actually entitled to. I will be bound to refund the same (excess money) forthwith on demand.

Countersigned by HOI/Secretary

Signature of Applicant

Date:

Name _____

Address _____
