

NATIONAL INSTITUTE OF NUTRITION
Indian Council of Medical Research
Jamai-Osmania PO, Hyderabad-500007

DECLARATION OF HOME TOWN

1. I declare my Home Town as _____ District
_____ of State _____

for the following reasons, e.g., ownership of immovable property, permanent residence of near relatives, for example parents, brothers etc., where he would normally reside but for his absence from such a station for service in the Indian Council of Medical Research.

REASONS

2. I solemnly affirm that the above declaration is true.

Signature : _____
Name : _____
Designation : _____
Name of Enquiry Unit : _____

I certify that the statements made above by Dr./ Shri/ Smt./Miss _____
_____ are to the best of my knowledge and belief correct.

Place: _____

Date: _____

Signature of Office-In-Charge of Enquiry