**AFFIDAVIT**

**(Self)**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ R/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ working as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in Government Polytechnic Education Society, Uttawar District Palwal.

I the above named deponent do hereby solemnly affirm and declare as under:-

1. That the deponent is claiming the present medical reimbursement claim from department.
2. That neither the deponent has received any claim from any insurance company.
3. That in case, any claim/information is found incorrect, I shall be ready to face criminal proceeding and departmental inquiry.
4. That I shall be solely held responsible for any financial fraud, if committed in this regard in whatsoever manner.

**Dated: Deponent**

**Place:**

**VERIFICATION**

It is verified that the contents of para No. 1 to 4 of the above my affidavit are to be true and correct to my knowledge. Nothing relevant has kept concealed therein.

**Dated: Deponent**

**Place:**