

Declaration of Non Practicing Pay

I, Dr.

Designation , Department of

College of Medicine & Sagore Dutta Hospital do hereby declare that I have not engaged myself in any sorts of Private Practice during the Financial year 20 - 20..... .

I also declare that I shall take prior permission from the authority, if I change the present status in future as per Government rules.

Date:/...../.....

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Full signature of Government Employee
Designation-
Department-