

(FOR DEPENDENTS OF FREEDOM FIGHTERS)

Annexure XI

UNDERTAKING

I _____ S/D of _____ R/o _____

Teh. _____ Distt. hereby undertake as under:

That Sh./Smt. _____ S/D of Sh. _____ R/o
_____ Teh. _____ Distt. _____ is /was Freedom
Fighter and is/was my grandfather/ grandmother (Paternal/Maternal).

Date:

Place:

Sign of applicant

It is verified that all the above contents are true to the best of my knowledge.

Sign of Father/Mother of applicant
(Who is/was dependent of Freedom Fighter)

Sign of applicant