

(Government of Maharashtra, Gazettee, April, 28, 2005)

Form - 'A'
(See Rule - 4)

I, Dr./Shri./Mrs./Ms. _____

Son/Daughter/Husband/Wife of Dr./Shri. _____

_____ aged _____ years resident at _____

do hereby declare as follows :-

1. That I have filled my application for the post of _____ **as per the University Advertisement No. 04 of 2024 dated 15.08.2024.** I have _____ (____ Number) living children as on today, out of which number of children both after 28th March, 2005 is/are _____ (Mention dates of Birth, if any)
2. I am aware that if total number of living children are more than two, due to the children born after 28th March, 2006, I am liable to be disqualified for the same post.

DATE :

PLACE :

(Signature of Applicant)