

Declaration of Non Practicing Pay

I, Dr.,

Designation....., Department of,

Bankura Sammilani Medical College 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:

.....

Full signature of Government Employee

Designation-

Department-