

I hereby declare that I have carefully considered the statements made above, that to the best of my belief they complete and correct and that I have not withheld any relevant information or made any misleading statement and I e my consent to be examining or assessing Medical Officer to communicate with any Physician who has attended me.

nature of candidate \_\_\_\_\_

Witness \_\_\_\_\_  
(Medical Officer)

Date \_\_\_\_\_

Date \_\_\_\_\_