



ANNEX B: Self-Declaration Form

I _____, on behalf of the _____
resident in the Region of _____, do hereby declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I am well aware of the fact that if the information given by me is proved false / not true at any point of time, I will have to face as the benefit availed by our municipality/local authority or grouping shall be summarily cancelled.

Date:

Signature of the Applicant
(representative of the municipality/
local authority or grouping)

Place: