

Appx O

(Refers to Para 3 (d)
of this office letter No
12032/SPARSH/ORO/MP-6
dt _____ 2022)

UNDERTAKING CERTIFICATE

It is certified that I, _____ have not received any disability claim or foregoing lump compensation in lieu of the fwg disabilities:-

(a)

(b)

Dated: 2022

Signature of the Officer)

(_____)

COUNTERSIGNED

Station:

Dated: