

[Sample affidavit for employees/Doctors]

(Affidavit to be attested from Oath Commissioner.)

I, S/O, D/O, W/O age sex Resident of do hereby solemnly affirm as under.

1. That my Govt. issued ID No. (Aadhar/PAN Card/ Voter ID/Passport/Driving License etc.) with Date of issue (copy to be enclosed).
2. That my contact details are listed below:

1	Mobile No.	
2	Email ID	
3	Communication Address	
4.	Permanent Address	

1. That my work details in all centres are mentioned below : (Appointment letter/Joining letter/ offer letter etc. to be enclosed)

S. NO	Name of Centre/Hospital/Clinic	Designation	Date of Joining	Working days	Duty Timing
1					
2					
3					

2. That I have read and understood the ART Act/Rules 2021 , Surrogacy Act/Rules 2021 and PC &PNDT Act/Rules 1994 ensure that no provision of the said Acts and this rules are violated in any manner.
3. That I have read and understood all the provisions of ART & Surrogacy (Regulation) Act, 2021 including section 26 & 32 and shall abide by the same.

Deponent

Verification :

Verified that the contents of the above affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed therein.

Deponent