



Amount																						
T.R Challan No.with date																						
Name of the Treasury/Bank-																						

**Declaration**

I/We certify that the statements above are true to the best of my/our knowledge and that for any suppression of fact (s)detected later on , the license granted to me/us is liable to be cancelled.

I /We also declare that I/We am/are the proprietor/Manager/Partner/director/Secretary/Lessee of the Firm or Organization on behalf of which the application is made.

Date: