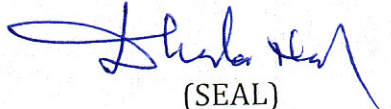


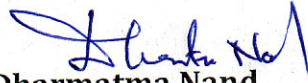
(2)

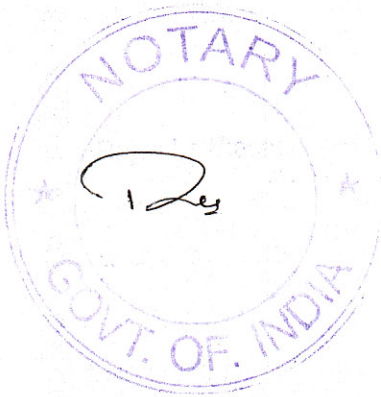
Name of the authorized person executing the undertaking along with his/her official Position.


(SEAL)
DEPONENT(s)

VERIFICATION

I, The above named deponent do hereby verify that the facts stated in above affidavit are true to my knowledge. No part of the same is false and no material has been concealed there from.


Dharmatma Nand
Secretary
Jamuna Ram Memorial Trust
Manpur Chitbaragaon, Ballia



.....dated Before..... 06/12/24
.....At.....AM/PM Of Serial No... 380
Shri Smt. an.....
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R/o.....P/o.....
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Contents S. e. n. s. Pur His/Her Signa
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