

**UNDERTAKING FOR AVAILING MEDICAL ADVANCE FROM  
O.P.R & W FUND, CUTTACK**

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I \_\_\_\_\_ H/o, W/o, S/o,  
D/o of Shri/ Smt. \_\_\_\_\_ do here by  
undertake that in case of the death of my \_\_\_\_\_ the  
outstanding O.P.R & W Advance, as sanctioned to him / her may  
be recouped from his / her Salary / R.C.M bills / Pensionary  
benefits such as D.C.R.G., unutilised Leave Salary or Death Relief  
amount. I also declare that, I will not object to such recovery in  
future.

Witness:- (1)

(2)

SIGNATURE