

## Form of Undertaking

To  
Chief Medical Officer of Health & Secretary  
..... **District Health and family Welfare Samity**

Sir,

I, Smt. .... wife/ daughter of (Name of Guardian) ..... of  
.....(address)..... District ..... would like to inform you that I  
have accepted your offer to join at ..... UPHC under .....  
Municipality/Municipal Corporation of ..... District as Community Health Assistants  
(Urban) under NUHM on contractual basis on the following terms and conditions as per your Order No.  
..... dated .....

1. The contract will be valid upto **March, 2022** and will be effective from the date of my joining.
2. The contract may be terminated at one month's notice from either side.
3. I shall not demand any other allowances or compensations like HRA, MA, DA, Pension, Gratuity etc.

Yours faithfully,

(Name of the Candidate)