REVISED AGREEMENT BOND PROFORMA FOR PROCEEDING ON STUDY LEAVE

KNOW ALL	MEN	BY these	presents	that	I				S/o	Shri
		F	desident of							at
present employ	ed in the	e CCS Hary	ana Agril l	Univers	ity, His	ar as			i	n the
Department of			The	e Univ	ersity 1	nas grante	d me	study	leave	from
to		for co	mpleting the	course	of			and for	this pu	ırpose
the University v	vill incur	leave salary,	under the C	CCS Ha	ryana A	gril Unive	rsity A	ct, Stat	tutes ar	nd the
rules made there	eunder as	amended up	o date with	respect	to study	y leave.	under	take to	succes	sfully
complete the co	arse and f	urther undert	ake that:							

- (i) I shall serve the University continuously for double the period of study leave subject to a maximum of three years from the date of my resuming duties after expiry of study leave.
- (ii) a) If I am unable to complete my Ph.D. within the period of study leave grant to me.

OR

b) I fail to rejoin the service of the University on expiry of my study leave.

OF

c) I rejoin the services of the University but leave the services without completing the prescribed period of service after rejoining the service.

OR

d) Within the said period, I am dismissed or removed from the service by the University:-

Will be liable to refund to the University the amount of leave salary and allowances and other expenses incurred on me or paid to me or on my behalf in connection with course of study provided that if I serve in the University for a period of not less than half the period of service under bond on return from study leave, I will refund to the organization half the amount calculated as above.

If I ask for extension of study leave and is not granted the extension but do not rejoin duty on the expiry of leave originally sanctioned, I will be deemed to have failed to rejoin the service on the expiry of my leave for the purpose of recovery of dues under these rules.

I further undertake that the University can realize the amount from my contributory provident fund/General provident fund, for the payment of which I bind myself and my heirs, assignees, executors and administrators to pay to the CCS Haryana Agril. University, Hisar on demand the aforesaid amount, or the difference between the amount of study leave and the leave of the kind due in case the period of study leave is subsequently treated as leave of the kind due at the discretion of the competent authority, along with interest thereon from the date of demand, at the rate being in force on University loans, if payment is made in a country other than India, the equivalent of the said amount in the payment of

currency of the said foreign country converted at the official rate of exchange between that country and India and together with all costs between attorney and client and all charges and expenses that shall or may have been incurred by the CCS HAU, Hisar, except in case the default occurs on account of circumstances beyond my control about which the decision of the Vice-Chancellor, CCS HAU, Hisar shall be final.

I further undertake that the amount may be recovered, besides myself and my heirs assets, from my unpaid salary, my contributory provident fund/General provident fund including my own contribution to the provident fund and any other amount, in any other account etc. standing to my credit or otherwise payable to me.

I declare and confirm that the amount concerning to leave salary/study leave, incurred by the University, the University shall be entitled to note a lien against CPF / General provident Fund account to the extent of the amount incurred under study leave on me and in exercise of rights under the lien, to apply, appropriate and set off the same towards the repayment of the amount of the expenditure incurred on me or the balance then due as the case may be together with interest due and payable by me to the University.

In respect of the amount incurred upon me and the balance thereof remaining due to the University from time to time the University shall have a lien and a right of set off against:-

- a) The credit balance in current/saving deposit accounts in my name either singly or jointly.
- b) The salary, allowances and all other payments becoming due to me from the University and in the event of my committing any default in effecting payment of any of the monthly installment, the University shall be entitled to adjust and set off the balance in any of or all the said accounts, the salary allowances and all other payments in satisfaction (full or part of the balance amount due to and outstanding against me).

I shall abide by all the terms and conditions under which the amount incurred under study leave has been granted (I have read the rules now inforce) and also those which may be added, altered, revised, amended thereto from time to time by the University. The terms, conditions covenants and undertaking herein contained shall be irrevocable so long as I am liable to the University under the study leave.

Place:	
Dated:	

	Full Name
	(In block letters)
	S/O Sh.
	Name of Office
	Place
1) Signature of Witness	
Full Name	
(In block letters)	
Name of the Office	
(In block letters)	
2) Signature of Witness	
Full Name	
(In block letters)	
Name of the Office	
(In block letters)	
We	
HEREBY undertake to be jointle	y and severally liable to the CCS HAU, Hisar for the due
compliance of terms of the bond in	accordance with the conditions therein and rules and regulations
of the University, I/We	hereby agree
that our liability as sureties under t	his agreement shall not be impaired or discharged by reasons to
any time or other indulgence grante	d by the University to the said or by any
agreement entered into or composit	ion accepted by the University modifying by operation of law or
otherwise their right and remedies u	under the above agreement.
Signature of Sureties	Signature of Witnesses
1. Full Signatures	1. Full Signatures
Name	Name
(In block letters)	(In block letters)
Father's Name	Father's Name
Permanent Address	Permanent Address
Designation	Designation
Office	Office

DETAILS OF IMMOVABLE PROPERTY

Name	Name
(In block letters)	(In block letters)
Father's Name	Father's Name
Permanent Address	Permanent Address
Designation	Designation
Office	Office
DETAIL OF IMMOVABLE PROPERTY	Accepted
Place:	FOR AND ON BEHALF OF THE CCSHAU,
Dated:	HISAR

2. Full Signatures

2. Full Signatures

GUARANTEE BOND

Know all men by these presents, that I/We
stand guarantee for the refund of expenses incurred on leave salary/study
allowance, under the CCS Haryana Agril. University Act & Statutes and the rules made thereunder as
amended upto date with respect of study leave granted to from
to fro completing the course of, with
interest thereon from the date of demand i.e. agreement bond /surety bond is jumped at the rate being
enforced on University loans from time to time payable by the borrower to the University. I/We also
agree to pay and make good to the University on demand all losses, costs, damages and expenses
occasioned to the University by reason of non payment of the said moneys, costs and expenses or any
part thereof or the breach of non performance or non observance of any of the terms of aforesaid,
subject to the terms and conditions hereinafter contained.
2. That my/our liability under the guarantee shall be co-extensive with
Shri
3. That on demand being made by the University for the payment of any amount under the guarantee
the same shall be paid without demur or protest by me/us and the notice for the claim sent to me/us
shall be conclusive of the amount due from me/us under the guarantee.
4. That any notice by way of demand or otherwise may given by the University to me/us sending the
same by ost and addressed to me/us and the notice shall be deemed to have been given at the time when
it will be delivered in the ordinary course of post and it will be sufficient in order to prove service of
any such notice and to prove the envelope containing the same was posted and the certificate signed by
any officer duly authorized by the University in this regard that the envelope was posted, shall
constitute such proof.
5. That the guarantee herein contained shall not be determined or affected by the death of the
guarantors(s) hereunder but shall in all respect and for all purposes be binding and operative in his/their
successor(s) heir(s) and assigns until repayment of all moneys secured by and due to the University.
6. We further agree that we shall be jointly and severally liable to the University for the entire
outstanding in respect of the dues and that the University shall be at liberty to sue either or any of us in
respect of such liability without joining the other of us and not withstanding my degree in any such suit
subsequently to sue the other or others of us and to proceed to judgment and execution at the option of
the University until its claim is fully satisfied.

Signature of Guarantor(s)	Signature of Witnesses
1. Full Signatures	1. Full Signatures
Name	Name
(In block letters)	(In block letters)
Father's Name	Father's Name
Permanent Address	Permanent Address
Designation	Designation
Office	Office
DETAILS OF IMMOVABLE PROPERTY	
2. Full Signatures	2. Full Signatures
Name	Name
(In block letters)	(In block letters)
Father's Name	Father's Name
Permanent Address	Permanent Address
Designation	Designation
Office	Office
DETAIL OF IMMOVABLE PROPERTY	ACCEPTED
Place:	FOR AND ON BEHALF OF THE CCSHAU,
Dated:	HISAR

CHAUDHARY CHARAN SINGH HARYANA AGRICULTURAL UNIVERSITY, HISAR NOTIFICATION

No. Admn.F.3/97/V-19/1731

Dated: 6.2.97

The Board of Management vide Item No. B-19 of its 170th meeting held on 30.12.96 has revised the criteria for calculating the period of bond for leave of the kind due for higher

studies/fellowships as under:-

i) The teacher availing leave of the kind due for higher studies/trainings will execute the bond

to serve the university on return for double the period of leave subject to maximum of three

years.

ii) A copy of the approved form of agreement bond and guarantee bond are enclosed. These

are to be executed on non-judicial stamp paper of the value of Rs. 15/- each payable by the

teacher himself.

iii) The teacher who have already served the double period of leave or for three years

whichever is less but had executed bond for five years, will no longer be under bond.

iv) The above decision in sub para (i) & (ii) sub para shall also be applicable in cases where

the teachers are deputed by the University. A separate bond proforma for them is being

divided and will be circulated shortly.

2. This is in partial modification of the decision taken by the Board and circulated vide no.

E.1/76/11340-11449 dated 25.6.76 and further instructions as circulated vide No. E.2/76/20652-20761

dated 23.9.76.

Registrar

AGREEMENT BOND PROFORMA FOR PROCEEDING ON LEAVE OF THE KIND DUE FOR ADVANCED STUDIES/TRAINING ETC.

KNO	W	ALL	MEN	BY	these	presents	that	I					S	/o	Sh.
				Res	ident of _						_ at pi	resent	employe	d in	the
CCS	Ha	ryana	Agric	ultural	Universi	ty, Hisar	as .				in	the	departm	ent	of
				The U	niversity	has granted	l me l	eave	of the	kind d	ue fro	m			
to					wit	h respect	to a	dvan	ce stu	idies/tra	aining	etc.	I under	take	to
succe	ssfu	lly cor	nplete t	he cour	se and fur	ther undert	ake th	at:-							
i) I sh	all s	erve tl	ne Univ	ersity c	ontinuous	sly for doub	le the	perio	od of 1	eave su	ıbject 1	to a m	aximum	of th	ree
years	fron	n the d	late of r	esumin	g duties.										
ii) a) l	If I f	ail to	rejoin th	ne servi	ce of the	University	on ex	piry o	of my	studies	/trainiı	ng etc.			
				OR											
b)	I rej	oin th	e servi	ces of t	he Unive	rsity but le	ave th	ne se	rvices	withou	ıt com	pletin	g the pre	scri	bed
pe	erio	d of se	rvice af	ter rejo	ining the	service.									
				OR											
c) W	ithi	n the s	aid peri	od, I an	n dismisse	ed or remov	ed fro	om th	e serv	ice by t	he Un	iversit	y.		
	W	/ill be	liable	to refur	nd to the	University	on de	eman	d, leav	ve salar	y and	allow	ance an	amo	ount
equal	to 1	$1/3^{\rm rd}$ or	f my sa	lary (in	cluding a	ll allowanc	es ex	cept	House	Rent A	Allowa	ances)	at the fu	ıll ra	ates
drawı	ı by	me o	on the	last wo	rking day	y before pi	roceed	ling	on lea	ive for	the p	eriod	falling s	hort	of
			years a	nd		month	s toge	ther	with i	nterest	from	the da	te of der	nano	d at
Unive	ersity	y rates	from t	he time	as on Ur	niversity loa	ans, if	payı	ment is	s made	in co	untry (other tha	n In	dia,
the e	quiv	alent (of the s	aid am	ount in t	he paymen	t of c	urrer	ncy of	the sa	id cou	intry (converted	l at	the
offici	al ra	te of e	exchang	e betwe	een that c	ountry and	Indiar	n and	togetl	her witl	h all o	costs b	etween a	ittor	ney
and c	lient	and a	ıll charş	ges and	expenses	that shall	or ma	y hav	ve bee	n incur	red by	the C	CCS HA	JH	isar
excep	t in	case	the def	ault oc	curs on a	ccount of	circun	nstan	ces be	eyond 1	ny co	ntrol a	about wh	ich	the
decisi	ion c	of he V	ice Cha	ncellor	, CCS HA	AU, Hisar sl	hall be	e fina	1.						
	I	furthe	r under	ake tha	t the Uni	versity can	realiz	e the	amou	ınt fror	n my	contril	outory pr	ovic	lent
fund/	Gen	eral P	roviden	t fund,	for the	payment o	fn wh	nich	I bind	l myse	lf and	my l	neirs, ass	sign	ees,
execu	itors	and a	adminis	trators	to pay to	the CCS	Hary	ana	Agril	Unive	rsity,	Hisar	on dema	and	the
afores	said	amour	ıt.												

I further undertake that the amount may be recovered, besides myself and my heirs assets, from

my unpaid salary, my Contributory Provident Fund/ General Provident Fund including my own

contributory Provident Fund/ General Provident Fund including my own contribution to the provident fund and any other amount, in any other account etc. standing to my credit or otherwise payable to me.

I shall abide by all the terms and conditions of the bond. The terms & conditions convenants and undertakings herein contained shall be irrevocable so long as I am liable to the University under the study/training/fellowship leave.

Place:	
Dated:	
	Signature
	Full name
	(In block letters)
1) Signature of witness	(an order receiv)
Full Name	S/o Sh.
(In block letters)	Place
Name of office	
(In block letters)	
2) Signature	
Full Name	S/o Sh.
(In block letters)	Place
Name of office	
(In block letters)	
	Hereby undertake to be jointly and severally liable to the
	y and severally liable to the CCS HAU, Hisar for the due
	ance with the conditions therein ad rules and regulations of
the University, I/We	hereby
agree that out liability as sureties under this	agreement shall not be impaired or discharged by reasons to
any time or other indulgence	granted by the University to the said
	or by any agreement
entered into or composition accepted by the	he University modifying by operation of Law or otherwise
their rights and remedies under eh above ag	reement.

Signature of sureties	Signature of witnesses
1. Full Signature	2 . Full Signature
Name	Name
(In block letters)	(In block letters)
Father's Name	Father's Name
Permanent Address	Permanent Address
Designation	Designation
Office	Office
Details of Immovable Property	
2. Full Signature	2 . Full Signature
Name	Name
(In block letters)	(In block letters)
Father's Name	Father's Name
Permanent Address	Permanent Address
Designation	Designation
Office	Office
Details of Immovable Property	
	Accepted
Place:	
Dated:	
	For and on behalf of the
	CCS HAU, Hisar

GUARANTEE BOND

Knov	W	all	me	en	by	th	ese	pre	sents,	tha	t	I/We
							stand	l guarant	ee for o	eh refunc	l of ex	penses
incurred on 1	eave sala	ry/stu	dy allow	ance, u	nder the	CCS 1	Haryar	na Agril.	Univers	sity Act &	z Statu	tes and
the rules m	nade the	re un	der as	amende	ed upto	date	with	respect	of stu	ıdy leav	e gran	ted to
				from _			_ to _			fro co	ompleti	ng the
course of				, with	interes	t there	on fro	om the d	ate of o	demand i	.e. agre	eement
bond /surety	bond is	jumpe	d at the	rate bei	ng enfo	rced or	n Univ	ersity lo	ans fron	n time to	time p	ayable
by the borrow	wer to the	e Univ	ersity.	I/We als	so agree	to pay	and n	nake goo	d to the	Universi	ty on d	emand
all losses, co	sts, dama	ages ar	nd expe	nses occ	asioned	to the	Unive	ersity by	reason o	of non p	ayment	of the
said moneys	, costs	and ex	penses	or any	part th	nereof	or the	breach	of non	n perforn	nance o	or non
observance o	of any of	the ter	ms of af	oresaid,	subject	to the	terms	and cond	itions h	ereinafter	contai	ned.
2. That	my/our	liab	oility	under	the	guarai	ntee	shall	be c	eo exte	ensive	with
Shri				·								
3. That on do	emand b	eing m	ade by	the Uni	versity 1	for the	paym	ent of an	y amou	nt under	the gua	arantee
that same sha	all be pa	id witl	hout der	nur or p	orotest b	y me/ι	is and	the noti	ce for tl	he claim	sent to	me/us
shall be conc	lusive of	the an	nount du	ie from	me/us u	nder th	e guar	antee.				
4. That any	notice by	way o	of dema	nd or ot	herwise	may e	given	by the U	Iniversit	y to me/u	is send	ing the
same by pos	t and ad	dresse	d to me	us and	the noti	ce sha	ll be d	leemed to	o have 1	been give	en at th	ie time
when it will I	be delive	red in	the ordi	nary cou	irse of p	ost and	d it wi	ll be suff	icient in	order to	prove	service
of any such r	notice an	d to pr	ove the	envelop	e conta	ining tl	ne sam	ne was po	osted an	d the cert	ificate	signed
by any offic	er duly	authori	ized by	the Un	iversity	in this	regai	d that th	ne envel	lope was	posted	l, shall
constitute suc	ch proof.											
5. That the	guarante	ee her	ein con	tained	shall no	ot be	determ	ined or	affecte	d b the	death	of the
guarantors(s)	hereund	ler but	shall in	all resp	ect and	for all j	purpos	ses be bir	nding an	d operati	ve in h	is/their
successor(s)	heir(s) ar	nd assi	gns unti	l repayn	nent of a	ıll mon	eys se	cured by	and due	e to the U	niversi	ty.
6. We further	er agree	that v	we shall	l be joi	ntly and	d sever	ally 1	iable to	the Un	iversity	for the	entire
outstanding i	n respec	t of the	e dues a	nd that	the Univ	versity	shall t	oe at liab	le to su	e either o	r any o	of us in
respect of suc	ch liabili	ty with	nout joir	ning the	other of	f us an	d notw	ithstand	ing my o	degree in	any su	ch suit
subsequently	to sue tl	ne othe	er or oth	ers of u	s and to	procee	ed to j	udgment	and exe	ecution at	the op	tion of
the Universit	y until it	s claim	is fully	satisfie	d.							

1. Full Signatures	1. Full Signatures
Name	Name
(In block letters)	(In block letters)
Father's Name	Father's Name
Permanent Address	Permanent Address
Designation	Designation
Office	Office
Details of Immovable Property	
2. Full Signatures	2. Full Signatures
Name	Name
(In block letters)	(In block letters)
Father's Name	Father's Name
Permanent Address	Permanent Address
Designation	Designation
Office	Office
Detail of immovable Property	Accepted
Place:	
Dated:	
	FOR AND ON BEHALF OF THE CCSHAU,
	HISAR

Signature of Witnesses

Signature of Guarantor(s)

AGREEMENT BOND PROFORMA FOR PROCEEDING ON DEPUTATION FOR TRAINING ABROAD OR OTHERWISE

KNOW ALL MEN BY these presents that I S/o Shri
Resident of at
present employed in the CCS Haryana Agril University, Hisar as in the
Department on account of my having been placed on deputation for training
connected with for the period from to
at at the cost of the University under a foreign aided scheme in
terms of circular letter No I undertake to successfully complete the
training and further under take that:-
(i) I shall serve the University continuously for double the period of training subject to a
maximum of three years from the date of my resuming duties.
(ii) a) If I fail to rejoin the service of the University on expiry of my training etc.
OR
b) I rejoin the services of the University but leave the services without completing the
prescribed period of service after rejoining the service.
OR
c) With the said period, I am dismissed or removed from the service by the University:-
I will be liable to refund to the University on demand a sum of Rs (Rs.
) equal to the salary (including all allowances except
House Rent Allowance) during the period of training or for the period failing short of
years months together with interest from the date of
demand at University rates from the time as on University loans. If payment is made in country other
than India the equivalent of the said amount in the payment of currency of the said
country converted at the official rate of exchange between that country and India and together with all
costs between attorney and client and all charges and expenses that shall or may have been incurred by
the CCS HAU, Hisar except in case the default occurs on account of circumstances beyond my control
about which the decision of the Vice-Chancellor, CCS HAU, Hisar shall be final.
I further undertake that the University can realize the said amount from my contributory
provident fund/Gneeral provident fund, for the payment of which I bind myself and my heirs, assignees,
executors and administrators to pay to the CCS Haryana Agril. University, Hisar on demand the

aforesaid amount.

I further undertake that the amount may be recovered, besides myself and my heirs assets, from my unpaid salary, my CPF/GPF including my own contribution to the provident fund and any other amount, in any other account etc. standing to my credit or otherwise payable to me.

I shall abide by all the terms and conditions of the bond. The terms and conditions covenants and undertakings herein contained shall be irrevocable so long as I am liable to the University under the training.

Signatures Full Name

(In block letters)

Dated: 1) Signature of Witness: Full Name (In block letters) S/o Sh. Name of the Office (In block letters) Place: 2) Signature of Witness Full Name (In block letters) S/o Sh. Name of the Office (In block letters) Place:

Place:

We	hereby						
undertake to be jointly and severally liable to the CC	S HAU, Hisar for the due compliance of terms						
of the bond in accordance with the conditions therein and rules and regulations of the University,							
I/We	hereby agree that out liability as sureties						
under this agreement shall not be impaired or discharged by reasons to any time or other indulgence							
granted by the University to the said	or by any agreement entered into or						
composition accepted by the University modifying by	y operation of law or otherwise their right and						
remedies under the above agreement.							

Signature of Sureties: Signature of Witnesses:

1. Full Signatures 1. Full Signatures

Name Name

(In block letters) (In block letters)
Father's Name Father's Name

Permanent Address Permanent Address

Designation Designation

Office Office

Details of Immovable Property

2. Full Signatures 2. Full Signatures

Name Name

(In block letters) (In block letters)

Father's Name Father's Name

Permanent Address Permanent Address

Designation Designation

Office Office

Detail of immovable Property Accepted

Place FOR AND ON BEHALF OF THE CCSHAU,

Dated HISAR

GUARANTEE BOND

Kno)W	all	men	by	tnese	pr	esents,	,	tnat		I/We
					sta	nd guara	antee	for the	refund	of	bond
money with	respect	to proce	eding on de	eputatio	n for trainin	g abroa	d or o	therwise	connec	eted	with
				for the	period from			to			
granted to S	Sh./Dr		at the co	st of the	University u	nder a fo	oreign	aided So	heme in	tern	ns of
circular lette	er No		wit	h intere	st thereon fi	om the	date o	f demar	nd i.e. a	gree	ment
bond/ surety	bond is	jumped a	t the rate be	eing enfo	orced on Un	iversity 1	oans f	rom tim	e to time	e pay	yable
by the Borro	ower to tl	he Univers	sity on dema	and all lo	osses, costs,	damages	and ex	xpenses	occasion	ned to	o the
University b	y reason	of non-pa	ayment of th	ne said n	noneys, costs	s and exp	enses	or any p	art there	of o	or the
breach of no	n perfor	mance or	non observa	nce of a	ny of the ter	ms of afo	oresaid	l, subjec	t to the t	erms	s and
conditions h	ereinafte	r containe	d.								
2. That	my/our	liabili	ty under	the	guarantee	shall	be	co	extensiv	e	with
Shri											
3. That on c	lemand b	being mad	e by the Un	iversity	for the payr	ment of a	ıny am	ount un	der the g	guara	antee
that same sh	nall be pa	aid withou	ıt demur or	protest	by me/us an	d the no	tice for	r the cla	im sent	to n	ne/us
shall be con-	clusive o	f the amou	ınt due fron	n me/us ı	under the gua	arantee.					
4. That any	notice by	way of d	emand or ot	herwise	may be give	n by the	Unive	rsity to 1	ne/us ser	ndin	g the
same by pos	st and ac	ldressed to	o me/us and	the not	tice shall be	deemed	to hav	e been	given at	the	time
when it will	be delive	ered in the	ordinary co	ourse of	post and it w	ill be su	fficient	t in orde	r to prov	e se	rvice
of any such	notice ar	nd to prov	e the envelo	pe conta	aining the sa	me was j	osted	and the	certifica	te si	gned
by any offic	cer duly	authorize	d by the U	niversity	in this reg	ard that	the en	velope	was post	ted,	shall
constitute su	ich proof	•									
5. That the	guarant	ee herein	contained	shall no	ot be determ	nined or	affec	ted by	the deat	h of	f the
guarantors(s) hereun	der but sha	all in all res	pect and	for all purpo	oses be b	inding	and ope	rative in	ı his/	/their
successor(s)	heir(s) a	nd assigns	s until repay	ment of	all moneys s	ecured b	y and	due to th	e Unive	rsity	
6. We furth	ner agree	that we	shall be jo	ointly ar	nd severally	liable to	the !	Universi	ty for the	he e	entire
outstanding	in respec	et of the du	ues and that	the Uni	versity shall	be at lib	erty to	sue eith	er or any	y of	us in
respect of su	ıch liabil	ity withou	it joining the	e other o	of us and not	withstan	ding m	y degre	e in any	such	ı suit
subsequently	y to sue t	the other of	or others of	us and to	o proceed to	judgmer	nt and	executio	n at the	optio	on of
the Universi	ty until i	ts claim is	fully satisfi	ed.							

Signature of Guarantor(s) Signature of Witnesses

1. Full Signatures 1. Full Signatures

Name Name

(In block letters) (In block letters)
Father's Name Father's Name

Permanent Address Permanent Address

Designation Designation

Office Office

Details of Immovable Property

2. . Full Signatures 2. . Full Signatures

Name Name

(In block letters) (In block letters)
Father's Name Father's Name

Permanent Address Permanent Address

Designation Designation

Office Office

Detail of immovable Property Accepted

Place FOR AND ON BEHALF OF THE CCSHAU,

Dated HISAR