



ODISHA UNIVERSITY OF HEALTH SCIENCES, BHUBANESWAR

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To

Controller of Examinations
Odisha University of Health Sciences, Bhubaneswar

Sub: Acceptance/Decline of Appointment for Examination Duties

Sir/Madam,

1. With reference to your letter no. _____ dated _____ I hereby acknowledge receipt of your invitation to act as _____ for the _____ examination. I am pleased to accept this appointment and assure you of my adherence to all the rules and instructions that may be issued in this regard.

2. I affirm that I shall uphold the strictest confidentiality concerning the responsibilities entrusted to me by the Odisha University of Health Sciences. I commit that I will not reveal or discuss the content of any question papers or any related work assigned to me, except for official purposes as required.

3. I also declare that neither any close relative of mine nor any student under my private tutelage is a candidate for the said examination.

If I am unable to accept this appointment, it is due to the following reasons:

Yours sincerely,

Signature: _____

Name (in Block Letters): _____

Designation: _____

College: _____

Place:

Date: