

**DECLARATION OF ABSENCE OF CONFLICT OF INTEREST**

1. I, \_\_\_\_\_, understand that conflict of interest refers to situations in which financial or other personal considerations may compromise my judgement in evaluating, conducting, or reporting Bid dispute.
2. I hereby declare that I do not have any personal conflict of interest that may arise from my application and submission of my report. I understand that my investigation report may be returned to me, if found out that there is conflict of interest during the initial screening.
3. Further, in case of any form of conflict of interest (possible or actual), which may inadvertently emerge during the conduct of my work, I will duly report it to the competent authority for immediate action.
4. I, understand that I may be held accountable by the Employees' State Insurance corporation (ESIC) for any conflict of interest, which I have intentionally concealed.

PROPONENT : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_