Letter of Undertaking

To		Date:
The Project Manage	r,	Place:
TSTS –SCA,		
2 ND FLOOR,HACA BH	IAVAN,	
Saifabad,Hyderabad	I-500 004 <i>,</i>	
Sub: Authen	ntication of Aadhar PEC center by the franchisee	with FranchiseeID:,
Franchi	see Name Req-re	g.

	•	
With referen	nce to the subject cited above, I confirm, that I ha	ve/ do not have Aadhar PFC centre
	•	
at Location	with stati	on
lds	which is in Active / Inactive state.	
٦	The information stated above is true and correct.	
		Yours faithfully,
		,,
		Franchisee Name:
		Address
CENTED CTANAD	I	
CENTER STAMP		
District Manager	Project Manager	General Manager