

ACCEPTANCE OF OFFER OF APPOINTMENT

I,..... hereby accept the offer of appointment to the post ofin Kendriya Vidyalayamade in your Memo No dated and also the terms and conditions mentioned therein, I agree to join duty at the place and on the date indicated therein.

Signature :

Place :

Date :

**To,
The Deputy Commissioner
Kendriya Vidyalaya Sangathan
Regional Office, Tinsukia
KV Duliajan Campus
OIL Duliajan
Dist : Dibrugarh (Assam) – 786602**

CANDIDATE'S STATEMENT AND DECLARATION

The candidate must make the statement required below prior to his medical examination and must sign the declaration appended thereto. His attention is specially directed to the warning contained in the Note below :-

1. State your name in full :
2. State your age and place of birth :
3. (a) Have you ever had small-pox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, heart disease, lung disease, fainting attacks, rheumatism, appendicitis ? :

OR

- (b) Any other disease or accident requiring confinement to bed and medical or surgical treatment ? :
4. When were you last vaccinated ? :
5. Have you or any of your near relations been afflicted with consumption, scrofula, gout, asthma, fits, epilepsy or insanity ? :
6. Have you suffered from any form of nervousness due to overwork or any other cause ? :
7. Have you been examined and declared unfit for government service by a Medical officer/Medical Board within the last three years ?
8. Furnish the following particulars concerning your family :-

Father's age, if living, and state of health	Father's age at death and cause of death	No. of brothers living, their ages and state of health	No of brothers dead, their ages at death and cause of death
Mother's age, if living and state of health	Mother's age at death and cause of death	No. of sisters living, their ages and state of health	No of sisters dead, their ages at death and cause of death

I declare all the above answers to be, to the best of my belief, true and correct.

I also solemnly affirm that I have not received a disability certificate/pension on account of any disease or other condition.

Candidate's signature :.....

Signed in my presence

Signature of **Civil Surgeon** or **Medical Officer** of equal rank :

Note : The candidate will be held responsible for the accuracy of the above statement. By willfully suppressing any information, he will incur the risk of losing the appointment and if appointed, of forfeiting all claims to superannuation allowance or gratuity.

DECLARATION

1. I, Shri/ Shrimati / Kumari
 declare as under :-
- (a) That I am unmarried/a widower/widow.
 - (b) That I am married and have only one wife living.
 - (c) That I am married and have more than one wife living. Application for grant of exemption is enclosed.
 - (d) That I am married and that during the life time of my spouse, I have contracted another marriage. Application for grant of exemption is enclosed.
 - (e) That I am married and my husband has no other living wife, to the best of my knowledge.
 - (f) That I have contracted a marriage with a person who has already one wife or more living. Application for grant of exemption is enclosed.
2. I solemnly affirm that the above declaration is true and I understand that in the (event) of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Date :Signature :

Delete clauses not applicable.

Applicable in the case of clauses (a), (b) and (c) only.

OATH TO BE TAKEN BEFORE THE CHAIRMAN/PRINCIPAL OF THE VIDYALAYA/HEAD OF OFFICE

I,.....do swear/solemnly affirm that I will be faithful and bear true allegiance to India and to the constitution of India as by law established and that I will carry the duties of my office loyally, honestly and with impartiality.

So help me GOD.

Signature :

Date :

Designation :

CHARACTER CERTIFICATE

1. Certified that I have known Shri / Shrimati/Kumari
son/daughter offor the lastyears and
.....months and that to the best of my knowledge and belief, he/she bears reputable
character and has no antecedents which render him/her unsuitable for employment in the Kendriya
Vidyalaya Sangathan.

2. Shri / Shrimati/Kumari is/was not
related to me.

Place :

Signature :

Date :

Designation :

CHARACTER CERTIFICATE

1. Certified that I have known Shri / Shrimati/Kumari
son/daughter offor the lastyears and
.....months and that to the best of my knowledge and belief, he/she bears reputable
character and has no antecedents which render him/her unsuitable for employment in the Kendriya
Vidyalaya Sangathan.

2. Shri / Shrimati/Kumari is/was not
related to me.

Place :

Signature :

Date :

Designation :

DISCHARGE CERTIFICATE
(Ministry/Department / Office)

No :

Date :

1. Shri/ Shrimati/Kumari
 Has/had been working asin the
 Ministry/Department/Office offrom
 to..... He/she was drawing Rs
 as pay with/without allowance and his/her services have been or are likely to be terminated with
 effect from on account of reduction in establishment.

2. He/she was employed through the Union Public Service Commission/through the
 Employment Exchange.....from the open market after obtaining a non-
 availability certificate from the Employment Exchange/with the prior approval of the Ministry of
 Home Affairs/direct without reference to the Employment Exchange or to the Ministry of Home
 Affairs.

Signature :

(Designation of Officer and Office Seal)

MEDICAL CERTIFICATE

Name of candidate for appointment (in block letters) :

Caste or Race :

Residence :

Father's name and address :

.....

.....

Date of birth by Christian Era :

Exact height by measurement :

Personal marks of identification :

.....

Signature of candidate :

I do hereby certify that I have examined Shri/ Shrimati/ Kumari, a candidate for employment in the Kendriya Vidyalaya Sangathan, Regional Office, Tinsukia and cannot discover that he/she has any disease communicable or otherwise, constitutional affliction, or bodily infirmity except

I do not consider this a disqualification for employment in the Kendriya Vidyalaya Sangathan. His/her age is, according to his/her own statement,years, and he/she appears aboutyears.

Left hand thumb and finger impression of the candidate :-

.....

Signature of the candidate :

Taken before :

Name of the officer :

Designation of Officer (this officer should be **Civil Surgeon** or **Medical Officer of equal rank**) :

..... on (date).....

ATTESTATION FORM

PHOTOGRAPH

1.	Name in full (in capitals) with aliases if any. (Please indicate if you have added or dropped at any stage any part of your name or surname)	SURNAME	NAME
2.	Present address in full (i.e. Vill, Thana & District or House No, lane/Street/road & Town)		
3.	(a) Home address in full (i.e. Vill, Thana & District or House No, Lane/Street/Road & Town)		
	(b) If originally a resident of Pakistan, the address in that country and the dt of migration to Indian Union.		
4.	Particulars of places (with period of residence)where you have resided for more than one year at a time during the preceding five years.		
	FROM	TO	Residential address in full i.e. Vill, Thana & District or House No, Lane/Street/Road & Town)
5.	(a) Father's Name in full with aliases, if any		
	(b) Present postal address (if dead give last address)		
	(c) Permanent home address		

	(d) Profession	
	(e) If any service, give designation and official address	
6.	Nationality	
	(a) Father	
	(b) Mother	
	(c) Husband/Wife	
	(d) Candidate	
	(e) Place of birth Husband/wife	
7.	(a) Exact date of Birth	
	(b) Present age	
	(c) Age at matriculation	
8.	(a) Place of Birth, District and State in which situated.	
	(b) District and State to which you belong.	
9.	(a) Your Religion	
	(b) Are you a member of Scheduled Caste/Scheduled Tribe. Answer 'Yes' or 'No' and if the answer is 'Yes' state the name thereof.	
10.	Educational qualification showing places of Education with years in 'Schools' and colleges since 15 th year of age.	
	Name of the School/College with full address	Date of entering
		Date of leaving
		Examination Passed
11.	If you have at any time been employed, give details :-	
	Designation of Post held or description or work	Period From To
		Full address of the office, firm or institution
		Full reason for leaving the previous service

12.	Have you ever been prosecuted/kept under detention, or bound down/fined, convicted by a court of law of any offence ?	
	Is any case pending against you in any court of Law at the time of filling up this attestation form ?	
	If the answer is 'yes' full particulars of the case, detention, fine, conviction sentence etc. should be given.	
13.	Names of the two responsible persons of your locality or two references to whom you are known.	1. 2.

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances which might impair my fitness for employment under government.

Signature of the candidate :

Date :

Place :

IDENTITY CERTIFICATE

Certificate to be signed by any one of the following :-

1. Gazetted officers of Central or State Government.
2. Member of Parliament or State Legislature.
3. Non-Gazetted Sub-Divisional Magistrate/Officers.
4. Tahsildar or Naib/Dy. Tahsildar authorized to exercise magisterial powers.

Certified that I know Shri/ Shrimati/ Kumari
son/daughter of Shri for the lastyears
andmonths and that to the best of my knowledge and belief the particulars
furnished by him/her are correct.

Place :

Date :

Signature
Designation or
Status & Address