

अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़) All India Institute of Medical Sciences, Raipur (Chhattisgarh) Tatibandh, GE Road, Raipur-492 099 (CG)

www.aiimsraipur.edu.in

Check list for joining

Sr. No.	Particular
1	Joining Report.
2	Character Certificate in the prescribed format
3	Allegiance to the Constitution in the prescribed format
4	Oath of Secrecy in the prescribed format.
5	Declaration regarding bigamous marriage in the prescribed format.
6	Home town Declaration in the prescribed format.
7	Declaration on Dependent Family Members in the prescribed format.
8	Declaration for SC/ST/OBC/PH in the prescribed format.
9	Declaration for spouse in spouse is employed in the prescribed format
10	Employee Data Sheet in the prescribed format
11	Letter of Admission and Authority for Group Savings-Linked Insurance Scheme.
12	Form of Appointment of beneficiary in the prescribed format
13	Form for New Pension Scheme(details to be furnished by the Govt. Servant)
14	Undertaking in the prescribed format.
15	Declaration of Immovable and movable property
16	Discharge/Relieving certificate from your previous employer
17	Affidavit on non-judicial stamp proper mentioning that all your education qualifications and teaching/research experiences are from MCI recognised Institutes/college.
18	Medical Examination Report in the prescribed format.
19	Self attested copies of all educational, research & experiences certificates
20	Format for Identity Card
21	Attestation Form in the prescribed format

The Director, All India Instit Tatibandh, G.				,			
Sub: Submiss	ion of Jo	oining l	Report – r	egarding.			
Dear Sir,							
With refer	rence	to	your	offer	of	appointment	letter
No					dated	i	_ I report
myself on duty	y in the	foreno	on/aftern	oon of		in	the post
of				·			
•	_	_	_	_	-	ty to serve the best of my abilit	
Yours sincerel	y,						
(Signature)							
Name	:						
Designation	:						
Department	:						
Date of birth	:						

To,



अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़) All India Institute of Medical Sciences, Raipur (Chhattisgarh) Tatibandh, GE Road, Raipur-492 099 (CG) www.aiimsraipur.edu.in

CHARACTER CERTIFICATE

Form-I

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This certificate should be from any one of the following:

- 1. Gazetted Officer of Central or State Government;
- 2. Members of Parliament or State Legislature belonging to the constituency where the candidate or his parent/ guardian is ordinarily resident;
- 3. Sub-Divisional Magistrates/Officers;
- 4. Tehsildars or Naib/Deputy Tehsildars authorized to exercise magisterial powers;
- 5. Principal/Head Master of the recognized School/College/Institution where the candidate studied last;
- 6. Block Development Officer;
- 7. Post Masters;
- 8. Panchayat Inspectors



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CHARACTER CERTIFICATE

Form-II

	Certi	ified	that	I	have	known	Dr./Mr.	/Ms./M	rs.
						So	n/daugh	ter of Sl	hri
						for th	e last _	yea	ars
	months.	He/S	She be	ars	a good	l moral o	haracter	and is	of
		r	nationa	ality	. He/S	he is not	related to	me.	
Place:						Si	gnature		
Date:									
						Name	e (in Capi	tal Lette	rs)
					(Desi	gnation &	Address	with Stan	nn)
					ופטען	511auoii Q	11uu1 CSS	willi Stall	πP)

This certificate should be from any one of the following:

- 1. Gazetted Officer of Central or State Government;
- 2. Members of Parliament or State Legislature belonging to the constituency where the candidate or his parent/ guardian is ordinarily resident;
- 3. Sub-Divisional Magistrates/Officers;
- 4. Tehsildars or Naib/Deputy Tehsildars authorized to exercise magisterial powers;
- 5. Principal/Head Master of the recognized School/College/Institution where the candidate studied last;
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- 7. Post Masters;
- 8. Panchayat Inspectors



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Allegiance to the Constitution

Ι	, do swear
in the name of God/solemnly affirm that I will bear tru	ıe faith and
allegiance to the Constitution of India as by law establi	shed, that I
will uphold the sovereignty and integrity of India, that	I will duly
and faithfully and to the best of my ability, know	wledge and
judgment perform the duties of my office without fear	or favour,
affection or ill-will and that I will uphold the Constitut	ion and the
laws.	
Signature	
Name :	
P.F.No. :	_
Designation :	_
Department :	



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FORM -I

I, (name) 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, that I will uphold the sovereignty and integrity of
India, and that I will carry out the duties of my office loyally,
honestly, and with impartially. So help me God".
Signature :
Name :



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FORM-II

Form of oath proposed for Government servants who are foreign
nationals "I, a citizen
of temporarily residing in
and holding a Civil post under the Government of India to swear/
solemnly affirm that, having the faith and allegiance I owe to*
I will, during the period of my service as
aforesaid, be faithful to India and the Constitution of India as by
law established and that I will carry out the duties of my office
loyally, honestly and with impartiality. So help me God".
*Here insert the name of the country conferred.
Signature :
Name :



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	Dated :
I	eclaration regarding bigamous marriage
I here	by declare that I have not entered into or contracted
marriage wit	n a person having a spouse living, or who, having
spouse living	have not entered into or contracted a marriage with
me.	
Signature	:
J	
Name	:
P.F.No.	:
Designation	:
Department	:



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HOME TOWN DECLARATION [OM No. 43/15/57-Estts. (A) dated 24-6-1958]

Ι,		hereby declar	re that my		
home town is at the place	as shown below for t	he purpose of ava	ailing Leave		
Travel Concession for self and family as notified in the Govt. of India, Ministry					
of Home Affairs, New Delh	i O.M. No.43/1/55/I	Estts - (A) Part-II	dated 11-		
11956.					
Home Town/Place of visit	Nearest Railway Station	District/Town & State	Remarks		
	1	1			
Name :		_			
P.F.No. :		_			
Designation :		_			
Department :		_			
Countersigned by :		_			
Head of Office					



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Declaration on Dependent Family Members

(1) Personal Details:

1	Name	
2	Designation	
3	Date of Birth	
4	PF No	
5	Date of appointment	

(2) Details of the Dependent Family Members:

S. No	Name(s) of the member(s) of the family*	Date of birth	Age as on date	Relation ship	Marital Status	Place mention the category: (a)Employed (b)Pensioner (c) Family Pensioner (d)Others	Personal Annual Income of the dependent
1							
2							
3							
4							
5							
6							
7							

(*) (i) I hereby undertake to keep the above particulars up-to-date by notifying to the Head of Office any addition or alteration. (ii) Family for this purpose means family as defined in Clause (b) of sub-rule (14) of Rule 54 of the CCS (Pension) Rules, 1972. [http://persmin.gov.in/pension/rules/pencomp7.htm#Family_Pension,_1964] (iii) Wife and husband shall include respectively judicially separated wife and husband. (iv) A self certified proof of Date of Birth is enclosed in respect of dependent Brothers/Sisters, if any.

(3) For the use of controlling unit/office of the HOD Forwarded

Forwarded	Recommended
Section/Unit I/C	HOD

(4)Administrative Approvals:

Checked	Verified &submitted for approval	Approved as per rules
Dealing Assistant	Administrative Officer	DDA/Director



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DECLARATION

I,						son	ı/daug	hter of
Shri				re	esident	of vi	llage/	town/
city	di	strict			State	e		
	hereby	declare	that	Ι	belon	g	to	the
		Cc	ommunit	y, which is	s recogn	ized a	s a ba	ckward
class by the C	Sovernment of I	ndia for the p	purpose	of reservat	ion in se	rvices	as per	orders
contained in	Department	of Personn	el and	Training	Office	Memo	orandu	m No.
36012/22/93	-Estt.(SCT), da	ted 08.09.19	93. It is	also decla	red that	I do	not be	long to
persons/ sect	ions (Creamy I	ayer) mention	ned in C	olumn 3 o	f the Sch	nedule	to the	above-
referred Office	e Memorandum	, dated 08.09	.1993.					
Date:						Si	gnatur	e of the
				Candidate	Name &	perma	anent a	address
			_					
			_					
			_					

(Note: To be filled only by OBC category)



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Date:
DECLARATION
, son/daughter of
Shriresident of village/town/city
districtState
hereby declare that my spouse is
mployed/not employed in Government Service, and she/he is not availing the following
acilities for herself/himself or for any of the family members from the parent
lepartment/Institute working for. I read the enclosed provisions made in the
Government Orders (printed overleaf) in this regard and undertake to inform the
nstitute as and when there is any change in the status of employment of my spouse in
espect of the following conditions.

- 1) Medical Attendance/Treatment
- 2) House Building Advance
- 3) Children's Educational Assistance
- 4) Family Planning Special Increment
- 5) Leave Travel Concession
- 6) Travelling Allowance
- 7) Family Pension
- 8) House Rent Allowance, if residing in Govt. Quarters
- 9) Central Government Health Scheme
- 10) Allotment of Residence

The relevant rules as summarized in the enclosure (appended overleaf) are read and certified that the same will be compiled from time to time. I/we understand that any violation will attract legal proceedings and penal provision as per Govt. rules.

Signature of Employee
Name
PF No
Designation
Department
Address



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Employee Data Sheet

1. Name in full (Surname First)										
2. N	2. Married [] Single [] Male [] Female []]
3. F	3. Father's Name(First Surname)									
4. P	resent A	.ddress (i	for Comi	nunicati	on)					
5. P	ermaner	nt Addres	ss							
						1				

Fax E	Fax E-mail :								
Teleph	one Office	:							
Reside	ence	:							
Mobile	2	:							
6. Date of Birth(Day) (Month) (Year) 7. (a) Nationality :									
7.	7. (a) Nationality :								
8.	Category	: SC []	ST [] O	BC []	Ge	n []		
9.	Academic Re	ecord starting wit			ion:				
Sr.	Evamination	Branch/	College/university/		Voor.	% of	/Crada	Division	
No.	Examination	Specialization	Institute		Year	Marks	/Grade	Division	
2									
3									
4									
5									
10.	Professiona	al Experience Rec	ord:						
Sr. No.	Name of Instit	tution/University	Position Held	Date	e of Joir	ning	Date of L	eaving	
1									
2									
3									
4									
5									
11.	Please pro	ovide your family	details (depende	ents (only)				
Sr.No	Name	Date of Birth	Relationship		Prese	ent occi	upation		
1									
2									
3									
5									
3									
DECI A	ARATION								
	IIdiioiv		hamabre daglama t	hot o	11 00+	ica in	this form	0.00	
I,	/1 1 · / - C		_hereby, declare t	.nat a	шепп	ies iii	uns iom	are	
true to	the best of m	ny knowledge and b	ener.						
Date: Signature of the employee									

FORM-III

LETTER OF ADMISSION AND AUTHORITY

	Date:
To,	
Dear Sir,	
Re: Group Savings-Linked Insurance Scheme	
I wish to join Group Saving-Linked Ins	urance Scheme arranged with the Life
Insurance Corporation of India and request you	ı to admit me as an Insured Member of
the Scheme with effect from I	hereby authorize you to deduct a sum of
Rs as contribution towards the sc	heme from my salary starting from the
salary for the month of I fu	irther agree that this letter of authority
shall not be revoked by me so long as I am a	regular employee. My date of birth, as
recorded in Certificate sen	t herewith, is
	Yours Faithfully,
	(SIGNATURE)
	,
Name:	
(In Block Letters) Badge No. or Salary Roll no. or	Membership No
Designation:	
Department & Office:	

FORM-IV

FORM OF APPOINTMENT OF BENEFICIARY

Ι,	An Insured						
Member of the	Group						
Saving-Linked Insurance Scheme hereby appo	oint in terms of Rule No.13 headed						
'Appointment of Beneficiary' of the Rules governing the Scher							
(relationship) named	and whose address						
is							
as the person to be the beneficiary	to whom the moneys payable in terms						
of the Rules of the Scheme shall be paid in the eve	ent of my death.						
Signed at this	day						
Of							
	Signature of Insured Member						
Witnessed by :							
•							
1. i) Signature:							
ii) Name :							
iii) Address :							
2. i) Signature :							
ii) Name :							
iii) Address :							



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New Pension Scheme Annexure-I

(Details to be furnished by the Government servant)

Nan	Name of the Government servant (in Block Letters):								
Desi	Designation:								
Nan	ne of Ministry/Deptt./Orga	nization	:						
Scal	e of Pay :								
Date	e of Birth :								
Date	Date of joining Government service :								
Basi	Basic Pay:								
Non	ninee for accumulations the	e Pensio	n Account	:					
S No	Name of nominee(s)	Age	Date of Birth	Percentage of share of payable	Relationship with the Government servant				
(1)	(2)	(3)	(4)	(5)	(6)				
1									
2									
3									

Signature of the Government servant

DDA



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UNDERTAKING

- 1. The furnishing of the false information or suppression of factual information in on my joining would be a disqualification and is likely to render the candidate unfit or employment under the Government.
- 3. If the fact that false information has been furnished or that there has been suppression of any factual information comes to notice at any time during the service I would be liable to be terminated.
- 4. The experiences as mentioned on my online application are teaching/research experiences and the same is recognised by MCI/Govt of India. In case it is found that the same is not recognised by MCI/GoI at any stage, my appointment may be cancelled.
- 5. I also declare that I possess all requisite qualification and experiences as per the requirement of the advertisement and in case it is found that I am not fulfilling any eligibility criteria, my appointment may be treated as celled.

Signature	:	
_		
Date	:	
Name	:	

RULE 18. MOVABLE, IMMOVABLE AND VALUABLE PROPERTY:

THE SCHEDULE

[See Rule 18 (1)]

Return of Assets and Liabilities on First Appointment on the 31st December, 20..... 1. Name of the Government servant in full_____ (in block letters) 2. Service to which he belongs: 3. Total length of service up to date: (i) in non-gazetted rank. (ii) in gazetted rank. 4. Present post held and place of posting____ 5. Total annual income from all sources during the Calendar year immediately preceding the 1st day of January 20. 6. Declaration I hereby declare that the return enclosed namely, Forms I to V are complete, true and correct as on______to the best of my knowledge and belief, in respect of information due to be furnished by meunder the provisions of sub-rule (1) of rule 18 of the Central Services (Conduct) Rules, 1964. Date Signature:

Note 1. This return shall contain particulars of all assets and liabilities of the Government servant either in his own name or in the name of any other person.

Note 2. If a Government servant is a member of Hindu Undivided Family with coparcenaries rights in the properties of the family either as a 'Karta' or as a member, he should indicate in the return in Form No. I the value of his share in such property and where it is not possible to indicate the exact value of such share, its approximate value. Suitable explanatory notes may be added wherever necessary.

FORM NO.I

Statement of immovable property on first appointment as on the 31st December, 20____

(e.g. Lands, House, Shops, Other Buildings, etc.)

						If not in own
		Precise location				name, state
		(Name of District,				in whose
		Division, Taluk and				name held
		Village in which	Area of	Nature of		and his/her
		the property is	land (in	land in		relationship,
		situated and also	case of	case of		if any to the
SI.		its distinctive	land and	landed	Extent of	Government
No	Description of property	number, etc.)	buildings)	property	interest	servant
1	2	3	4	5	6	7

Date of acquisition	How acquired (whether by	Value of property (see	Value of the	Total Annual income from the property	Remarks
acquisition	purchase, mortgage, lease inheritance, gift or otherwise) and name with details of person/persons from whom acquired (address and connection of the Government servant, if any, with the person/persons concerned) Please see Note 1 below)	Note 2 below	property (see Note 2 below	the property	
8	9	10	11	12	13

Date	Signature

Note (1) For purpose of Column 9, the term "lease" would mean a lease of immovable property from year to year or for any term exceeding one year or reserving a yearly rent. Where, however, the lease of immovable property is obtained from a person having official dealings with the Government servant, such a lease should be shown in this Column irrespective of the term of the lease, whether it is short term or long term, and the periodicity of the payment of rent.

Note (2) In Column 10 should be shown

- (a) where the property has been acquired by purchase, mortgage or lease, the price or premium paid for such acquisition;
- (b) where it has been acquired by lease, the total annual rent thereof also; and
- (c) where the acquisition is by inheritance, gift or exchange, the approximate value of the property so acquired.

FORM NO. II

Statement of liquid assets on first appointment as on the 31st December, 20.

- (1) Cash and Bank balance exceeding 3 months' emoluments.
- (2) Deposits, loans, advances and investments (such as shares, securities, debentures, etc.)

SI. No.	Description	Name & Address of Company, Bank etc.	Amount	if not in own name, name and address of person in whose name held and his/her relationship with the Government servant	Annual income derived	Remarks
1	2	3	4	5	6	7

Data	Q:
Date:	Signature :

- Note 1. In column 7, particulars regarding sanctions obtained or report made in respect of the various transactions may be given.
- Note 2. The term "emoluments" means the pay and allowances received by the Government servant.

FORM NO. III

Statement of movable property on first appointment as on the 31st December, 20____.

SI. No.	Description of items	Price or value at the time of acquisition and/or the total payments made up to the date of return, as the case may be, in case of articles purchased on hire purchase or instalment basis	If not in own name, name and address of the person in whose name and his/her relationship with the Government servant	How aquired with approximate date of acquisition	Remarks
1	2	3	4	5	6

Date:	:	
Signature	•	
Digitalate	•	

Note 1) In this Form information may be given regarding items like (a) jewellery owned by him (total value); (b) silver and other precious metals and precious stones owned by him not forming part of jewellery (total value), (c) (i) Motor Cars (ii) Scooters/Motor Cycles; (iii) refrigerators/air conditioners, (iv) radios/radiograms/television sets and any other articles, the value of which individually exceeds Rs. 1,000 (d) value of items of movable property individually worth less than Rs. 1,000 other than articles of daily use such as cloths, utensils, books, crockery, etc., added together as lump sum.

Note 2) In column 5, may be indicated whether the property was acquired by purchase, inheritance, gift or otherwise.

Note 3) In column 6, particulars regarding sanction obtained or report made in respect of various transactions may be given.

FORM NO. IV

Statement of Provident Fund and Life Insurance Policy on First Appointment as on the 31st December, $20___$.

SI. No	Polic y No. and date of polic y	Name of Insuranc e Compan y	Sum insured date of maturit y	Amount of annual premiu m	Type of Provident Funds / GPF / CPF, (Insuranc e Policies) account No.	balance made subseque y by the Audit /		as last reported by the Audit / Account s Officer along with date of such		Tota I	Remarks (if there is dispute regarding closing balance the figures according to the Governmen t servant should also be mentioned in this column)
1	2	3	4	5	6	7	8	9	10		

Date:	Signature :

FORM NO. V

Statement of Debts and Other Liabilities on First Appointment as on 31st December, 20____

SI. No.	Name and address of Creditor	Amount	Date of incurring Liability	Details of Transaction	Remarks
1	2	3	4	5	6

Date	Signature

- **Note 1)** Individual items of loans not exceeding three months emoluments or Rs. 1,000 whichever is less, need not be included.
- **Note 2)** In column 6, information regarding permission, if any, obtained from or report made to the competent authority may also be given.
- **Note 3)** The term "emoluments" means pay and allowances received by the Government servant.
- **Note 4)** The statement should also include various loans and advances available to Government servants like advance for purchase of conveyance, house building advance, etc. (other than advances of pay and travelling allowance), advance from the GP Fund and loans on Life Insurance Policies and fixed deposits.

Before the Notary Public, Raipur

AFFIDAVIT

ΙΙ)r	aged	about _	years,
So	n of			resident of
		do	hereby	solemnly
aff	irm and state as under:			
1.	That I am the deponent of this affidavit.			
2.	That I do hereby declare that I am not indulged or any kind including laboratory and consultant practi	_	g private	practice of
3.	That presently I am not working at any other Instit or Government/Autonomous/Semi Government Or relieved by the Institution where I was working AIIMS Raipur.	ganisa	tion. I	have been
4.	That I have passed MBBS in the year and MI	D in th	e year _	·
5.	That I am not drawing any salary/pension from AIIMS, Raipur.	any	source	other than
6.	That this affidavit is required to be produced be Raipur for necessary action.	fore tl	ne Direc	tor, AIIMS,
7.	That all educational qualifications and teaching/s from MCI recognised Institutes/college.	resear	ch expei	riences are
Th	at the facts stated above are true to the best of knowl	edge a	nd belief	
De	ponent	Depone	ent	
	Notary	Public	, Raipur	

Colour Photo
(3X3 cms)
with 75% area
covered with
image of the face)
front attested by
sponsoring
authority to be

Identity Card Form

FORM - A

For officials of Central Govt./State Governments/ UT Administrations and their Attached/Subordinate Officers and Undertakings/Autonomous Bodies Owned or controlled by them. Colour Photo
(3X3 cms)
with 75% area
covered with
image of the face)
to be pasted here
(Not to be
attested)

(Signature of the Appli	car	٦t

inside the above box)

PART-I (To be filled by Applicant)

01.	Type of Identity Card		Category of Employee											
	(i) Central Government		Regular/ Casual/Departmental Employee/ Service Personnel											
	(ii) State Govt/UT Administra	ation	Regular/ Casual/Departmental Employee/ Service Personnel											
	(iii) Corporation/Undertaking Autonomous Body	<u>:/</u>			ar/ C Pers			oartn	nenta	l Em	ploy	ree/		
02.	Name of the Applicant (IN CAPITAL LETTERS)													
03.	Designation													
04.	Pay Scale/Pay Band													
05.	Grade Pay (wherever applical	ble)												
06.	(a) Ministry/State Government (b) Department/Public Undertaking													
07.	Blood Group													
08.	Present Address:		Pe	rman	ent A	Addre	ess:							
09.	Date of Birth													
10.	Telephone Numbers Mob.: Emergency:													
11.	Father's/Husband's Name													
12.	Date of Superannuation			_			_	_			_		_	
13.	Mark of Identification													
14.	Gazetted/Non-Gazetted													
15.	Reasons for issue													
	(i) Renewal				s/Mu									
	(iii) Change in designation				sh ap									
	(v) Transfer		(vi) any	othe	er (sp	ecify	7)						

	~	1 .11	0 1		•
1	('artition	d that the	atoregaid	information	10 correct
	CALLETTA	i inal inc	anonosano	- ппилинанон	15 COLLCCL

2.	The Old Identity card No.AO 01 valid upto Feb 2015 is here	by enclosed or the old Identity	Card is lost
	and the matter has been reported to the Police vide receipt No.	dated	enclosed.
	(Delete whichever is inapplicable)		

Signature of the Applicant:

Date:

Attestation Form

Form 1: Employee Personal Information

Name of Department:

Employee Personal Information	_
First Name :	Passport size
Middle Name :	Photograph
Last Name :	
Date of Birth :	
Father/Mother/husband Name:	
Gender: Male [] Female [] Marital Status:	
Identity Mark:	
** Mark the attached documents Medical Fitness [] Character Certificate [] Height (in c.m.):	
Caste : Category :	
Religion: Blood group:	
Home State:Home District:	
Contact No (In Case of Emergency) Nearest Railway St.:	
Employee Office Details:	
Current Designation: Current Office:	

Signature of the candidate_____

Form 2: Employee Address Information

Name of Department: _____

Present Address Detail	
Present Address:	
State:	District:
Block:	Panchayat :
Pin Code:	Phone Number:
E-mail(if any)	Mobile Number:
Permanent Address Detail	
Present Address:	State:
District :	Block:
Panchayat :	Pin Code:
Phone Number :	
E-mail(if any)	Mobile Number:
Joining Details	
Date of Appointment:	Order Number:
Office name at the time of initial jo	oining in Dep't:
Date of Joining in the Dep't:	Initial Designation:
Mode of Recruitment:	Class:
Employee Type:	

WARNING: 1. The furnishing of false information or suppression of any factual information in Attestation Form would be a disqualification and is likely to render the candidate unit employment under the Govt.

Affix Passport Size Photograph

- 2. If detained convicted debarred etc. subsequent to the completion and submission of this form, the details should be communicated immediate to the All India Institute of Medical Sciences, Tatibandh, G.E. Road, Raipur (Chhattisgarh) or the authority to whom the attestation form has been sent earlier, as the case may be, falling which it will be deemed to be a suppression of fractural information.
- 3. If the fact that false information has been furnished or that there has I finished or that here has been suppression of any factual information in the attestation form comes to notice at any time during the service of a person, his services would be liable to be terminated.

1. Name in full (in block capitals) With aliases, if any (please indicate if you have added or Dropped in any stage any part of your name or summate)	SURNAME	NAME
2. Present Address in full (i.e. Village, Thana and District or House Number Lane/Street/Road and Town).		
3. (a) Home Address in full (i.e. Village, Thana and District or House Number, Lane/Street/Road and Town and name of District Headquarters)		
(b) If originally a resident of Pakistan, the address in that country and the date of migration to Indian Union.		

4. Particulars of places (with periods of residences) where you have resided for more than one year at a time during the preceding five years. In case of stay abroad (including Pakistan) particulars of all places where you have resided for more than one year after attaining the age of 21 years should be given.

From	То	Residential address in full (i.e. village Thana and District or house Number Lane/Street/ Road and Town).	Head Quarter of the Place mentioned in

S. No.	Name	Nationality by birth and/or by domicile	Place of Birth	Occupation (if employed provide designation & Official Address)	Present Address	Permanent Home Address
1) Father						
2) Mother						
3) Wife/ Husband						
4) Brother (S)						
5) Sister (S)						

5. (a) Information to be furnished with regard to son(s) and/or daughter(s) in case they are studying/living in a foreign country.

Name Nationality birth or dom	-	Place of Birth	Country in which studying/living with full address	Date from which studying/ living in the country mentioned in previous Col.
6. Nationality		:		
7. (a) Date of Birth		(a)		
(b) Present Age		(b)		
(c) Age at Matriculation		(c)		
8. (a) Place of birth, District & state in which situated	(a) .			
(b) District and State to which you belong	(b)			
(c) District and state to which your father originally belongs				
9. (a) Your religion				
(b) Are You a member of Scheduled Cast/ Schedule	(b) ₋			

10. Educational Qualifications showing places of education with years in Schools and Colleges 15th year of age:

Tribe? Answer 'Yes' or 'No'

Name of School/ College with full	Year of Admission	Year of Passing	Examination(s) Passed

Signature of the candidate	

11. (a) Are you holding or have anytime held an appointment under the Central or State Govt. or semi-Govt. or a quasi- Govt. Body or an autonomous body or a public undertaking or a private firm or institution? If so, five particulars with date of employment up-to date.

Peı	iod	Designation, employments and	Full name and address of	Reasons for leaving	
From	То	nature of employment	employer	previous service	

11. (b) If the previous. Employment was under the govt. of India or a State Govt. /an undertaking owned or controlled by the Govt. of India or a State govt./an autonomous body/University Local body.

If any had left service on giving a month's notice under Rule 5 of the Central Civil Services (Temporary Service) Rules 1965, or any similar corresponding rules, were any disciplinary proceedings framed against you, or had you been called upon to explain you conduct in any matter at the time you gave notice of termination of service or at a subsequent date, before your service actually terminated?

12.(a)	Have you ever been arrested?	Yes/No(
(b)	Have you ever been prosecuted?	Yes/No(
(c)	Have you ever been kept under detention?	Yes/No(
(d)	Have you ever been bound down?	Yes/No(
(e)	Have you ever been fined by a Court of Law?	Yes/No(
(f)	Have you ever been convicted by a Court of Law for any offence?	Yes/No(
(g)	Have you ever been debarred from any examination or rusticated by any University Or any other educational authority/institution?	Yes/No(
(h)	Have you ever been debarred/disqualified by any Public service Commission/Institute of Secretariat Training & Management/Subordinate Services Commission, for any of their examinations/selections?	Yes/No(
(i)	Is any case pending against you in any court of law at the time of filling up this Attestation From?	Yes/No(
(j)	Is any case pending against you in any university or any other educational authority /Institution at the time of filling up this Attestation Form?	Yes/No(

Signature of the candidate____

If the answer to any of the above mentioned question is "Yes" give full particular
of the case/arrest/detention/fine/conviction/sentence/punishment etc. and /or the
nature of the case pending in the Court/University/Educational Authority etc., at the
time of filling up this from.

Note: (i) Please also see the "warring" at the top of this attestation Form.

Specific answers to each of the questions should be given by striking our "Yes" or "No" as the case may be.

13. Name of two	1
responsible persons of your	
Locality or two references to	2
whom you are known.	
-	oing information is correct and complete to the best of my
fitness for employment under	
ittless for employment under	dovernment.
	Signature of Candidate
Date	
Place	

CERTIFICATE OF CHARACTER

This is t	to certify	that,	I	have	known	Dr	./Mr/Mr	s./Ms	
				Son/	Daught	er/Hu	sband o	f Shri	
				for th	e last_		_years _		
months and that	to the bes	t of my	kn	owledge	e and 1	belief	he/she	bears	
eputable characte	er and has no	o antece	den	ts whicl	n rende	r him	unsuital	ole for	
employment in this institute.									
Dr./Mr/Mrs./Ms.					i	is not	related to	o me.	
Place:		Signatu	re _						
Dated:		Designa	tion	l					
					_		Sub-Divis tte Office		
					(5	Seal)			