

ACCEPTANCE OF OFFER OF APPOINTMENT

(To be sent to the Principal of the Kendriya Vidyalaya to which posted)

I, _____ hereby accept
the offer of Appointment to the post of _____
in Kendriya Vidyalaya _____ made in
your letter 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 _____

Name in BLOCK
letter _____

Dated: _____

To
The Principal,
Kendriya Vidyalaya,

ACCEPTANCE OF OFFER OF APPOINTMENT

(To be sent to the ~~Deputy~~ Commissioner, Kendriya Vidyalaya Sangathan, Regional Office, Hyderabad)

I, _____ hereby accept
the offer of appointment to the post of _____
in Kendriya Vidyalaya, _____
made in your letter 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: _____

Name in BLOCK
letter _____

Dated: _____

To
The Deputy Commissioner,
Kendriya Vidyalaya Sangathan,
Regional Office,
PICKET

SECUNDERABAD - 500 009.

KENDRIYA VIDYALAYA SANGATHAN
HYDERABAD REGION
PICKET SECUNDERABAD-500 009

ATTESTATION FORM

Affix signed passport size
(5cm.X7cm approx.)
Copy of recent
photograph where asked
for

1. WARNING: The furnishing of false information or suppression of any factual information in the Attestation Form would be a disqualification, and is likely to render the candidate unfit for employment under the Kendriya Vidyalaya Sangathan
2. If the detained, convicted, debarred etc. subsequent to the completion and submission of this form, the details be communicated immediately to the Kendriya Vidyalaya Sangathan or the authority to whom the attestation form has been sent earlier as the case may be, failing which it will be deemed to be a suppression of factual information.

-
- | | | |
|--|---------|------|
| | SURNAME | NAME |
|--|---------|------|
-
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)
-
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 Hqrs.)
-
- (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 places where you have resided for more than one year after attaining the age of 21 years should
be given

From	To	Present address in full (i.e. Village Thana and District or House Number, Lane , Street/Road and Town)	Name of District Headquarters of the place mentioned in the preceding column

5.(a) Name/ Nationality (by birth and/or by domicile)	Place of birth	Occupation for employed Give designation of Official address	Present postal address (if dead last address	Permanent home address
5. (i) Father's name in full with aliases, if any				
ii) Mother				
iii) Wife/Husband				
iv) Brother (s)				
v) Sisters (s)				

5. (b) 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 by birth and or by domicile	Place of birth	Country in which studying /living with full address	Date from which studying/ living in the country mentioned in previous column

6. Nationality	
7. (a) Date of birth	
(b) Present age	
(c) Age at Matriculation	
8. (a) Place of birth, District and state in which situated	
(b) District or state to which you belong	
c) District & State to which your father originally belongs	
9. (a) Your Religion	
(b) Are you a member of a Scheduled Caste Scheduled Tribe Answer 'Yes' or 'No' and if the answer is 'Yes' state the name thereof	

10. Educational qualification showing place of education with years in School and Colleges since 15th Year of age.

Name of School College with full address	Date of entering	Date of leaving	Examination passed

11.(a) Are you holding or have any time held an appointment under the Central or State Government or a semi- Government or a quasi-Government body, or an autonomous body, or a public undertaking, or a private firm or institution ? if so, give full particulars.

Period		Designation emoluments & nature of employment	Full name & address of employer	Reasons for leaving previous service
From	To			

11. (b) If the previous employment was under the Govt. of India, a State Govt/ an undertaking owned or controlled by the Govt of India or a state Govt/ an autonomous body/ University/ Local body, if you had left service on giving a month's notice under rule of the Central Civil Services (Temporary Service) Rule, 1965, of any similar corresponding rules, were any disciplinary proceedings framed against you, or had you been called upon to explain your conduct in any matter at the time you gave notice of termination of service, or at a subsequent date, before your services actually terminated?

12. (i) 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 fusticated by any University or any other education authority/institution	YES/NO
h) Have you ever been debarred/disqualified by any Public Service Commission from appearing at its Examination/selection ?	YES/NO
i) Is any case pending against you in any court of law at the time of filling of this attestation form	YES/NO
j) Is any case pending against you in any University of any other educational authority/institution at the time of filling up this Attestation form ?	YES/NO
ii) If the answer to any of the above mentioned questions is "Yes give full particulars of the case/arrest/detention/fine/conviction/sentence/punishment and/ or the nature of the case pending in the court/University/Educational Authority etc at the time of filling up this form	

NOTE:

- Please also see the "Warning" at the top of this Attestation form
- Specific answer to each of the questions should be given by striking out "Yes or "No" as the case may be.

13. Names of two responsible persons of your locality or two references of whom you are known	1) _____ 2) _____
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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 Candidate : _____

Name : _____

Date : _____

Place : _____

IDENTITY CERTIFICATE

(Certificate to be signed by any one of the following)

- (i) Gazetted officers of Central or State Government.
- (ii) Members of parliament of State Legislature belonging to the constituency where the candidate of his parent / guardian is ordinarily resident.
- (iii) Sub- division magistrates / officers.
- (iv) Tahsildars or Nahib / Deputy Tahsildars authorized to exercise magisterial powers;
- (v) Principal / Headmaster of the recognised School / College / Institution where the candidate studied last.
- (vi) Block Development Officer.
- (vii) Panchayat Inspectors.

CERTIFIED that I have known Shri / Smt / Kum
..... son / daughter of
for the last years and
Months and that to the best of my knowledge and belief, the particulars furnished by him / her are correct.

Signature : _____

Name : _____

Designation or status and address : _____

Place :

Date:

TO BE FILLED BY THE OFFICE

- i) Name, designation and full address of the appointing authority
- ii) Post for which the candidate is being considered

KENDRIYA VIDYALAYA SANGATHAN

Candidates 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 _____
(In block letters)
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 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 over work or any other cause? _____
7. Have you been examined and declared unfit for Govt. 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.
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I declare that all the above answers to the best of my belief, are 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 Medical Officer _____

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

MEDICAL CERTIFICATE

Name of candidate for appointment
(In block letters)

Caste or Race :

Residence :

Father's name and address

Date of birth in Christian era as nearly
as can be ascertained.

Exact height by measurement

Personal marks of identification

Signature of the candidate :

I do hereby certify that I have examined Shri/Shrimati/Kumari _____
_____ a candidate for employment in the Kendriya Vidyalaya
_____ 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 Vidyalaya. His/her age is,
according to his/her own statement _____ years and he/she appears about
_____ years.

*I also hereby certify that I have examined Shrimati _____
and do not discover that she is pregnant. (*For married female candidates only)

Left hand thumb and finger impression of the candidate.

Signature of the candidate _____

Taken before _____

Name of the Medical Officer _____

Designation of the Medical Officer _____

On (date) _____

* Shri / Smt. / Kumi _____

declares as under :-

- *(a) That I am unmarried / a widower / a widow.
- *(b) That I am married and have only one spouse living.
- *(c) That I am married and have more than one spouse 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 exemption is enclosed.

2. **I am 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.

Dated _____

Signature _____

* Delete clauses not applicable.

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

Annexure IV

(To be taken before the Chairman/Principal of the Vidyalaya)

I _____ solemnly affirm / or do swear 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)

Date _____

Signature _____

Designation _____

Annexure V

Certified that I have known Shri/Smt./Kumari _____
Son/Daughter of _____ for the last _____ years
and _____ months and that to the best of my knowledge and belief, he/she bears
good character and has no antecedents which render him/her unsuitable for employment in the
Kendriya Vidyalaya Sangathan.

2: Shri/Smt./Kumari _____ is/is not related to me.

Place _____

Signature _____

Designation _____

Annexure V

Certified that I have known Shri/Smt./Kumari _____
Son/Daughter of _____ for the last _____ years
and _____ months and that to the best of my knowledge and belief, he/she bears
good character and has no antecedents which render him/her unsuitable for employment in the
Kendriya Vidyalaya Sangathan.

2: Shri/Smt./Kumari _____ is/is not related to me.

Place _____

Signature _____

Designation _____

DISCHARGE CERTIFICATE

Ministry / Department / Office

No. _____ (Place) Dated _____

Shri / Smt / Kumeri _____

has / had been working as _____

In the Ministry / Department / Office of _____

from _____ to _____; He / She was drawing

Rs. _____ as pay with / without allowances and his / her services have been

terminated with effect from _____, His / her work and conduct was satisfactory.

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