

ANNEXURE I

ACCEPTANCE OF OFFER OF APPOINTMENT

I, _____ hereby accept the offer of appointment to the post of _____ in Kendriya Vidyalaya, _____ made 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.

I further undertake that I shall not request for a transfer for three/five year(s) from the date of my appointment as _____

Signature: _____
Name in BLOCK letters _____
Place _____
Date : _____

=====

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I further undertake that I shall not request for a transfer for three/five year(s) from the date of my appointment as _____

Signature: _____
Name in BLOCK letters _____
Place _____
Date : _____

MEDICAL CERTIFICATE

Name of the Candidate for appointment (in BLOCK LETTERS)	
Caste or Race	
Residence Address	
Father's Name and Address	
Date of Birth By Christian Era	
Exact Height by measurement	
Personal Marks of identification	1.
	2.

I do hereby certify that I have examined Shri/Smt/Kumari _____
_____ a Candidate for employment in Kendriya Vidyalaya
_____ and could not discover that
he/she has any disease communicable or otherwise constitutional affliction, or bodily
infirmity, except _____.

She is now pregnant / not pregnant.

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

Left hand thumb and finger impression of the Candidate					
Signature of the Candidate					
Taken before					
Name of the Officer					
Signature of the Officer					
Designation of the Officer (This Office should be CIVIL SURGEON Or MEDICAL OFFICER of equal rank)					

On (Date: _____)

DECLARATION

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 my declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Signature : _____

Date: _____

*Delete clauses not applicable.

**Applicable to the cases of clauses (a), (b) and (c) only.

KENDRIYA VIDYALAYA SANGATHAN
CANDIDATES STATEMENT AND DECLARATION

The Candidate must make the statement required below prior to his/her Medical Examination and must sign the declaration appended thereto. His/her 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 of 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 you were last vaccinated?			
5. Have you suffered from any form of nervousness due to over work or any other cause?			
6. Have you been examined and declared unfit for Govt. service by a Medical Board within the last three years?			
7. Have any of your near relations been afflicted with consumption, scrofula; gout, asthma, fits, epilepsy or insanity?			
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 age and state of health	No. of brothers dead, their age at the death, 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 age and state of health	No. of Sisters dead, their age at the death, cause of death

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' Signature: _____

Signed in my presence: _____

Signature of the Medical Officer _____

Note: The Candidate will be held 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 allowances or gratuity.

CHARACTER CERTIFICATE

Certified that I have known Shri/Smt/Kum. _____
Son/Daughter of _____ for the last _____ years , _____
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/Smt/Kum. _____ is not related
to me.

Signature _____

Designation: _____

Place: _____

Date: _____

=====

CHARACTER CERTIFICATE

Certified that I have known Shri/Smt/Kum. _____
Son/Daughter of _____ for the last _____ years , _____
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/Smt/Kum. _____ is not related
to me.

Signature _____

Designation: _____

Place: _____

Date: _____

ANNEXURE VI

OATH TO BE TAKEN

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: _____
Designation: _____

Date: _____

ATTESTATION FORM

WARNING:

1. 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 Government.

Affix a Passport size
Photograph

2. If detailed, convicted, debarred etc., subsequent to the completion and submission of this form, the details be communicated immediately to the Union Public Service Commission 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 suppression of factual information.

3. If the fact that false information has been furnished or that there 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 Letters with aliases, if any) (please indicate if you have added or dropped in any stage, any part of your name or surname)	SURNAME	NAME	
2. Present address in full (i.e., Village, Thana & District or House No., Lane/Street/Road and Town)			
3. a) Home Address in full (i.e., Village, Thana & District or House No., Lane/Street/Road and Town and name of the District Headquarters)			
b) If originally a resident of Pakistan, the address in that country and the date of immigration to Indian Union.			
4. Particulars of places (with periods or residences) where you have resided for more than one year at a time during the preceding 5 (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	Residential address in full (i.e., Village, Thana & District or House No., Lane/Street/Road and Town)	Name of the District Hqrs., of the place mentioned in the preceding column

5) a) Father's Name in full with alias if any b) Present Postal address (if dead, give last Address c) Permanent Home Address d) Profession e) If in service, give designation & Official address	
6) Nationality a) Father b) Mother c) Husband / Wife d) Candidate	
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 SC/ST write "YES" or "NO". If the answer is YES, state the name thereof	
10) Education Qualification Showing places of Education with years in Schools and Colleges since:	

11. If you have at any time been employed, give details:

Designation or post held or Description of work	Period		Full address of the Office/firm/institution	Full reasons for leaving the previous service
	From	To		
12. Have you ever been prosecuted, kept under detention or bound down, fined, convicted, by a Court of Law for any offence? If 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. Name of 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: _____

Name (in BLOCK LETTERS): _____

Date: _____

Place: _____

Contd....4...

IDENTITY CERTIFICATE

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

- i) Gazetted Officer of Central Government or State Govt.
- ii) Members of Parliament or State Legislative belonging to the constituency where the candidate or his parent / guardians ordinarily resident.
- iii) Sub-Divisional Magistrate /Officers.
- iv) Tehsildars or Naib Deputy Tehsildars authorized to exercise magisterial power .
- v) Principal / Headmaster of the recognized School/College/Institution where the candidate studied last.
- vi) Post Masters
- vii) Block Development Officer
- viii) Panchayat Inspectors.

Certified that I have known Shri/Smt/Kum. _____
Son/Daughter of Shri _____ 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 / Status and Address (Seal)

Place: _____

Date: _____

Return of Assets and Liabilities on First Appointment or as on the 1st August, 2014/31st March 20.....*
(Under Sec.44 of the Lokpal and Lokayuktas Act, 2013)

1. Name of the Public servant in full
(in block letters)

2. (a) Present public position held
(Designation, name and address
of organization)

- (b) Service to which belongs
(if applicable)

Declaration:

I hereby declare that the return enclosed namely, Forms I to IV are complete, true and correct to the best of my knowledge and belief, in respect of information due to be furnished by me under the provisions of section 44 of the Lokpal and Lokayuktas Act, 2013.

Date

Signature

*--In case of first appointment please indicate date of appointment.

Note 1: This return shall contain particulars of all assets and liabilities of the public servant either in his/her own name or in the name of any other person. The return should include details in respect of assets/liabilities of spouse and dependent children as provided in Section 44(2) of the Lokpal and Lokayuktas Act, 2013.

(Section 44(2): A public servant shall, within a period of thirty days from the date on which he makes and subscribes an oath or affirmation to enter upon his office, furnish to the competent authority the information relating to –

- (a) The assets of which he, his spouse and his dependent children are, jointly or severally, owners or beneficiaries;
- (b) His liabilities and that of his spouse and his dependent children.)

Note 2: If a public servant is a member of Hindu Undivided Family with co-parcenary rights in the properties of the family either as a 'Karta' or as a member, he should indicate in the return in Form No.III 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.

Note 3: "dependent children" means sons and daughters who have no separate means of earning and are wholly dependent on the public servant for their livelihood. (Explanation below Section 44(3) of Lokpal and Lokayuktas Act, 2013

FORM No.I

Details of Public Servant, his/her spouse and dependent children

S.No.		Name	Public Position held, if any	Whether return being filed by him/her, separately
1	Self			
2	Spouse			
3	Dependent-1			
4	Dependent-2			
5*	Dependent-3			

*-- Add more rows, if necessary.

Date _____

Signature _____

FORM No.II

Statement of movable property on first appointment or as on 1.8.2014/31st March 20....

(Use separate sheets for self, spouse and each dependent child)

Name of public servant/spouse/dependent child: _____

S.No.	Description	Remarks, if any
(i)*	Cash in Bank Balance	
(ii)**	Insurance (Premia paid)	
	Fixed/Recurring Deposit(s)	
	Shares/Bonds	
	Mutual Fund(s)	
	Pension Scheme/Provident Fund	
	Other investments, if any	
(iii)	Personal loans/ advance given to any person or entity including Firm, Company, Trust, etc and other receivables from debtors and the amount (exceeding two months basic pay or Rupees One lakh as the case may be)	
(iv)	Motor Vehicles (Details of Make/registration number / year of purchase and amount paid)	
(v)	Jewellery [Give details of approximate weight (plus or minus 10 gms in respect of gold and precious stones, plus or minus 100 gms in respect of silver)]	
	Gold	
	Silver	
	Precious metals and precious stones	
	Composite items (indicate approximate value)***	
	Any other assets [Give details of movable assets not covered in (i) to (v) above]	
(vi)	(a) Furniture	
	(b) Fixtures	
	(c) Antiques	
	(d) Paintings	
	(e) Electronic equipments	
	(f) Others	
	[Indicate the details of an asset, only if the total current value of any particular asset in any particular category (e.g. furniture, fixtures, electronic equipments, etc.) exceeding two months basic pay or Rs 1.00 lakhs, as the case may be]	

Date _____

Signature

*-- Details of deposits in the foreign Bank(s) to be given separately.

**-- Investments above Rs. 2 lakhs to be reported individually. Investments below Rs. 2 lakhs may be reported together.

***-- Value indicated in the first return need not be revised in subsequent returns as long as no new composite item had been acquired or no existing items had been disposed of, during the relevant year.

FORM No.III

Statement of immovable property on first appointment or as on the 1st August, 2014/ 31st March 20.....

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

[Held by Public Servant, his/her spouse and dependent children]

Sl. No.	Description of Property (Land/House/ Flat/Shop/ Industrial etc.)	Precise location (Name of District, Division, Taluk and Village in which the property is situated and also in distinctive number, etc.)	Area of land (in case of land and buildings)	Nature of land in case of landed property	Extent of interest	If not in name of public servant, state in whose name held and his/her relationship, if any to the public servant	Date of acquisition	How acquired (whether by purchase, mortgage, lease, inheritance, gift or otherwise) and name 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) and cost of acquisition.	Present value of the Property (If exact value not known, approx value may be indicated)	Total annual income from the Property.	Remarks
1	2	3	4	5	6	7	8	9	10	11	12

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.

FORM No.IV

Statement of Debts and Other Liabilities on first appointment or as on 1.8.2014/31st March 20.....

S.No.	Debtor (Self/Spouse or Dependent Children)	Name and Address of Creditor	Nature of debt/liability and amount	Remarks
1	2	4	5	7

Date _____

Signature _____

Note 1: Individual items of loans not exceeding two months basic pay (where applicable) and Rs.1.00 lakh in other cases need not be included.

Note 2: The statement should include various loans and advances (exceeding the value in Note 1) taken from banks, companies, financial institutions, Central/State Government and from individuals."