

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.

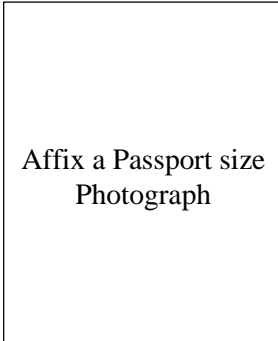
Signature: _____
Designation: _____

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.



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: _____