

ACCEPTANCE OF OFFER OF APPOINTMENT

I _____ hereby accept the offer of appointment to the post of _____ in Kendriya Vidyalaya No. _____ made in your Memo 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: _____

Place: _____
Date: _____

To
The Deputy Commissioner,
Kendriya Vidyalaya Sangathan,
Regional Office, Railway Colony,
Mancheswar, Bhubaneswar – 751017.

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To
The Principal,
Kendriya Vidyalaya,

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 _____

_____ 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.

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) : _____

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.

No. of patients treated during the year	No. of patients referred to other hospitals	No. of patients referred to other hospitals for special treatment	No. of patients referred to other hospitals for special treatment (continued)

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

_____ 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 : _____

DISCHARGE CERTIFICATE
(Ministry/Department/ Office)

No : _____

Dated : _____

Shri / Srimati / Kumari, _____
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 or are likely to be terminated with effect from _____
on account of reduction in establishment.

2. He/She was employed through the Union public services 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)

ATTESTATION FORM



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. 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)

(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 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. Village, Thana and District or Home/House Number, Lane/Street/Road and Town

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

Designation of Post held or description of work	Period		Full address of the office, firm or institution	Full reason 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 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 : _____

P.T.O.

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. Tehsildar of Naib/Dy. Tehsildar authorised to exercise magisterial Powers.

Certified that I know Shri/Smt./Kum. _____ for the last
son / daughter of Shri _____ years _____ months and that to the
best of my knowledge and belief the particulars furnished by him/her are correct.

Place :

Date :

Signature _____

Designation or
Status and Address _____