

Passport photo

ATTESTATION FORM
FOR APPOINTMENT AS MEDICAL OFFICER IN
MANIPUR HEALTH SERVICE

		First name	Middle Name	Last Name
1	Name in full (in BLOCK letters): (as given in MBBS pass certificate)			
2	Date of birth (DD/MM/YYYY): (as in Class-X certificate)			
3	Gender (Male / Female / 3 rd Gender):			
4	Nationality:			
5	Caste in which you are selected : (UR / OBC-M / OBC-MP / OBC-TN / SC / ST)			
6	Present address: Street name Village/ Tehsil Police Station District State			
7	Permanent address: Street name Village/ Tehsil Police Station District State			
8	Mobile Number:			
9	WhatsApp Number:			
10	Email ID:			
11	Details of Parents/ Guardians:			
11a	Name in full:			
11b	Present & Permanent addresses:			

12. Educational Qualifications (Class-X onwards) showing Schools, Colleges, University attended:

Name of School/ College / University with full address.	Month & Year of entering.	Month & Year of leaving.	Examination passed.

13. Work Experiences showing details of job & offices:

Designation of post.	Job descriptions.	Month & Year of joining.	Month & Year of leaving.	Full Address of office attended.

14. Details of TWO responsible persons of your locality you are known:

Name in full	Address	Contact Number

15. Have you ever been prosecuted, kept under detention or bound down/ finally convicted by any court of law for any offences; Is any case pending against you in any court of law at the time of filling up this attestation form? YES / NO

If the answer is "Yes", full particulars of the case, detention, crime conviction, sentence etc. should be given as enclosures.

16. I,, undertake and certify that the foregoing information is correct and complete to the best of my knowledge and belief; and I shall be responsible and may be prosecuted for willfully submitting wrong or fabricated information, if there is any.

Place:

Date:

Signature in full of Candidate.

IDENTITY CERTIFICATE

(to be signed by any of the following: Gazetted Officer of Central or State Government / Member of Parliament or State Legislature / Sub- Divisional Magistrate / Officers / Tashildars / Sr. Tashildars authorized to exercise Magisterial power)

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

Place:

Signature:

Date:

Designation:

Office Seal:

CHARACTER CERTIFICATE

Certified that I have known Shri / Smt /Kum
.....
son / daughter of Shri..... of
..... for the last
..... years months and that to the best of my knowledge and belief, he/she bears
reputable character and has no antecedent which render him / her unsuitable for
Government Employment.

Shri/ Smt/ Kum.....is not related to
me.

Place.....

Signature.....

Dated.....

Designation.....

MEDICAL FITNESS CERTIFICATE

I certify that I have examined ,
a candidate for employment in the office of
.....

as..... , has any disease, constitutional affection
or bodily infirmity except I do not consider this
a disqualification for employment in the office of

His/her age according to his / her statement is.....years
and by appearance about.....

LEFT HAND THUMB & FINGER IMPRESSIONS:

Little finger	Ring finger	Middle finger	Index finger	Thumb

Signature of the selected Doctor taken

before an officer as witness :

Name of Officer/Witness :

Designation of the Officer :

FORM OF UNDERTAKING TO BE GIVEN FOR PROVISIONAL APPOINTMENT

I the undersigned understand that the scale of pay is undergoing revised and whenever revised scale is notified with or without retrospective effect, I agree to accept them without any reservation and undertake to refund over-drawal of pay and allowances, if any.

Signature of Candidate

FORM OF UNDERTAKING TO BE GIVEN FOR PROVISIONAL APPOINTMENT

I the undersigned understand that my appointment to the post of
..... is purely provisional pending the issue of a certificate of eligibility in my favour and that in the event of such certificate being refused my appointment shall stand cancelled.

Signature

DECLARATION REGARDING MARRIAGE

I,
declare as under:

- (i) That, I am a bachelor / widower / widow.
- (ii) That, I am married and have only one wife / husband living.
- (iii) That, I am married to a person who has no other wife / husband living.

I request that in view of the reasons stated below, I may be granted exemption from the operation of restriction on the recruitment to service of persons having more than one wife living.

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.

Signature

CANDIDATE'S DECLARATION PRIOR TO MEDICAL EXAMINATION

1. Name in full (in BLOCK letters):.....
2. Age and Place of birth :
3. (a) Have you ever had small pox, intermittent or had other fever, enlargement or palpation of glands, spitting of blood, asthma, heart disease, lung disease, fainting attacks, rheumatism, appendicitis ? YES / NO

"OR

(b) Any other disease or accident requiring confinement in bed and medical or surgical treatment ? YES / NO
4. When were you last vaccinated?
5. Have you or any of your near relatives been afflicted with consumption, scrofula, gout, asthma, fits/ epilepsy or insanity? YES / NO
6. Have you suffered from any form of nervousness to overwork or any other cause?

YES / NO
7. Have you been examined and declared unfit for Government Service by a Medical Officer / Medical Board within the last three years. YES / NO
8. Furnish the following particulars concerning your family:-

Father's age if living & the Sate of Health	Father's age at death & cause of death	Number of brothers living their ages & state of health	Number of brothers dead & their ages & causes of death

I declare that the above statements are true and correct to the best of my knowledge & belief.

I also solemnly affirm that I have not received disability certificate / pension on account of any disease or other condition.

Signature :

Name :

Date:-

UNDERTAKING

I, Dr.
Bearing Merit list No. in the Manipur Public Service Commission's letter
No. dated do hereby undertake / declare
that I shall not claim or make any request for change of my first place of posting as decided
by the Government till I complete 2 (two) years period in this first place of posting as a
Medical Officer in Manipur Health Service.

2. That, I am aware of Rule 20 of C.C.S.(Conduct) Rules and shall not bring or attempt
to bring any political or outside influence accordingly to bear upon any superior authority to
further my interest in respect of matter pertaining to my transfer and posting before
completion of 2 (two) years period in the first place of posting . If any representation is
received on my behalf from another person in respect of transfer and posting before the said
2(two) years period, the authority of Health department can presume that I am aware of such
a representation and that it has been made at my instance and action may be taken against
me for violation of this undertaking as per relevant Conduct Rules.

3. My full signature is given here under.

Place:

Date

Signature of Candidate

FORM OF OATH OF ALLEGIANCE FOR INDIAN NATIONALS

I do 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 out the duties of my office with loyalty, honestly and with
impartiality.

Place:

Date

Signature of Candidate