

Passport photo

**ATTESTATION FORM**

1. Name in full (in block capital with aliases, if any please indicate if you have added or dropped at any stage any part of your or surname.	SURNAME	NAME										
2. a. Present address in full (Village, Thana, District, House No. & Town). b. If originally resident of Pakistan, the address in that country and the date of migration to Indian Union.												
3. Permanent address in full (Village, Thana, District, House No. & Town Street/ Road of Town).												
4. Particulars of places (with period of residence) you have resided for more than three months at a time during preceding five years.												
FROM	TO	RESEDENTIAL ADDRESS IN FULL i.e. village Thana & District or House No. Land / Street/ Road										
<p>5. Particular of Father:</p> <table border="0" style="width:100%"> <tr> <td style="width:50%">a. Name in full with aliases if any</td> <td style="width:50%">a.</td> </tr> <tr> <td>b. Present postal address</td> <td>b.</td> </tr> <tr> <td>c. Permanent home address</td> <td>c.</td> </tr> <tr> <td>d. Profession</td> <td>d.</td> </tr> <tr> <td>e. If in any service, give designation &amp; official address</td> <td>e.</td> </tr> </table>			a. Name in full with aliases if any	a.	b. Present postal address	b.	c. Permanent home address	c.	d. Profession	d.	e. If in any service, give designation & official address	e.
a. Name in full with aliases if any	a.											
b. Present postal address	b.											
c. Permanent home address	c.											
d. Profession	d.											
e. If in any service, give designation & official address	e.											
<p>6. Nationality:</p> <p>a. of Candidate</p> <p>b. of Father</p> <p>c. of Mother</p> <p>d. of Husband/ Wife</p> <p>e. Place of birth of husband/ wife</p>	<p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p> <p>e.</p>											
<p>7. a. Exact date of birth</p> <p>b. Present age</p> <p>c. Age at Matriculation</p>	<p>a.</p> <p>b.</p> <p>c.</p>											
<p>8. a. Place of Birth ,District &amp; State</p> <p>b. District &amp; State to which you belong</p>	<p>a.</p> <p>b.</p>											
<p>9. a. Your religion</p> <p>b. Are you a member of Scheduled Caste/ Scheduled Tribes. If the answer is (Yes) state the name thereof.</p>	<p>a.</p> <p>b.</p>											

10. Educational Qualification showing places of your School & College since 15 years of age.

Name of School/ College with full address	Year of entering	Year of leaving	Exam passed

11.	If employed at any time, state designation of the post held or description of work	Give details of the period		Full address of the Office
		From	To	

12.	Have you ever been prosecuted, kept under detention or bound down/ finally convicted by court of law of any offences; 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, crime conviction, sentence etc. should be given.	
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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 circumstance which might impair my fitness for employment under Government.

Date:

Place:

SIGNATURE OF CANDIDATE

**IDENTITY CERTIFICATE**  
**CERTIFICATE TO BE SIGNED BY ANY OF THE FOLLOWING:**

- i. Gazetted Officer of Central or State Government.
- ii. Member of Parliament or State Legislature.
- iii. Sub- Divisional Magistrate/ Officers.
- iv. Tashidars or Rait/ 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:

Address:

**CHARACTER CERTIFICATE**

Certified that I have known Shri/ Smt. Kum.....  
.....Son/ Daughter of Shri/ Smt.....  
.....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.....

**CHARACTER CERTIFICATE**

Certified that I have known Shri/ Smt. Kum.....  
.....Son/ Daughter of Shri/ Smt.....  
.....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 do hereby certify that I have examined.....  
a candidate for employment in the office.....  
as.....has any disease, constitutional  
affection or bodily infirmity except.....I do not  
consider this a disqualification for employment in the office of the.....

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

Left hand thumb and finger impression.

<b>Little finger</b>	<b>Ring finger</b>	<b>Middle finger</b>	<b>Index finger</b>	<b>Thumb</b>

Taken before

Name of Office

Designation of the Officer

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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.....

**FORM OF UNDERTAKING TO BE GIVEN BY PROVISIONAL APPOINTMENT**

I the undersigned understands 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, Shri/ Smt/ Kum .....

Declare as under:

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

That I am married to a person who has another wife 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.....

Reasons.

Dated

*\*Note: Please delete clauses not applicable.*

## CANDIDATE'S 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 had other fever, enlargement or palpation of glands, spitting of blood, asthma, heart disease, lung disease, fainting attacks, rheumatism, appendicitis ?

**“OR”**

- (b) Any other disease or accident requiring confinement in bed and medical or surgical treatment ?
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?
6. Have you suffered from any form of nervousness 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 & the State of Health	Father's ages at death & cause of death	No. of brothers living their ages & state of health	No. of brother dead & their age & cause of death

I declare all the above answers to be true and correct to the best of my belief.

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

Candidate's Signature & Name

Date:-

DECLARATION

I, Shri/ Smt/ Km/.....  
declare as under

- i) That I am unmarried/ a widower/ a widow.
- ii) That I am married and have only one wife living.
- iii) That I am married and have more than one wife living.  
Application for grant of exemption is enclosed.
- iv) That I am married and have during the life time of  
spouse I have contracted another marriage.  
Application for grant of exemption is enclosed.
- v) That I am marriage and my husband has no other person  
living wife to the best of my knowledge.
- vi) That I have contracted a marriage with a person who  
has already one wife or more living.  
Application for grant of exemption is enclosed.

I solemnly affirm that the above declaration is true and I understood 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 of Candidate

Date .....

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*Note: - Please delete clauses not applicable.*

ANNEXURE – II

FORM OF OATH OF ALLEGIANCE FOR INDIAN NATIONALS

Swear

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.

SO HELP ME GOD

Signature of Candidate

Date .....