

**NEW PROFORMA
ANNEXURE-I**

ATTESTATION FORM

WARNING :

Affix signed passport size (5 cm x 7 cm appx) copy of recent photograph where asked for

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 detained, arrested, prosecuted, bound down fined, convicted, debarred, acquitted etc. Subsequent to the completion and submission of this form the details should be communicated immediately to the authorities to whom the attestation form has been sent early, failing which it will be deemed to be a 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 service would be liable to be terminated.

		SURNAME	NAME
1	Name in full (in BLOCK capitals) with aliases, if any (Please indicate if you have added or dropped in any stage any part of your name or surname)		
2.	Present Address in full i.e. Village, Thana and District or House No., Lane/Street/ Road and Town.		
3.	a) Home Address in full i.e. Village, Thana and District or House No., Lane/Street/ Road and Town and name of District Headquarters.		
	b) If originally a resident of Pakistan, the address in that country and the date of migration to Indian Union.		

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4. Particulars of places (with periods of residence) where you have resided for more than one year at a time during the preceding five years. In case of stay abroad (including Pakistan) particulars of all 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 and District or House No., Lane/Street/ Road and Town).	Name of the District Headquarters of the place mentioned in the preceding column.

5.

	Name	Nationality (by birth or by domicile)	Place of Birth	Occupation (if employed give designation & official address)	Present Postal address (if deal give last address)	Permanent Home address
i) Father (Name in full aliases, if any)						
ii) Mother						
iii) Wife/ Husband						
iv) Brother(s)						
v) Sister (s)						

Contd..3/-..

5(a) Information to be furnished with regard to son(s) and/or daughter(s) in case they are studying/living in a foreign country:-

Name	Nationality (by birth and/or by domicile)	Place of Birth	Country in which studying/living with full address	Date from which studying/living in the country mentioned in previous column.

- 6. Nationality
- 7. (a) 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 -
(c) District and State to which you/father originally belong -
- 9. (a) Your Religion -
(b) Are you member of a SC/ST? Answer in Yes or No.

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10. Educational Qualification showing places of education with year in School and College since 15th year of age.

Name of School/College with full address	Date of Entering	Date of Leaving	Examination Passed

11.(a) Are you holding or have any time held an appointment under the Central or State Government or a semi-government or a Quasi-Govt. body or an autonomous body or a public undertaking or a private firm or institution, if so give full particulars with date of employment up-to-date.

Period		Designation & nature of employment	Emoluments	Full name & address of employer	Reasons for leaving previous service
From	To				

11.(b) If the previous employment was under the Government of India, a State Government/an Undertaking owned or controlled by the Government of India or a State Government/an Autonomous Body/University/Local Body.

If you had left service on giving a month's notice under the Rule 5 of the Central Civil Service (Temporary Service) Rules, 1965 or any similar corresponding rules were any disciplinary proceedings framed against you, or had you been called upon to explain your conduct in any matter at the time you gave notice of termination of service or a subsequent date before your services actually terminated.

- 12(1) a) Have you ever been arrested ? Yes / No
- b) Have you ever been prosecuted ? Yes / No
- c) Have you ever been kept under detention ? Yes / No
- d) Have you ever been bound down ? Yes / No
- e) Have you ever been fined by a Court of Law ? Yes / No
- f) Have you ever been convicted by a Court of Law for any offence ? Yes / No
- g) Have you ever been debarred from any examination or rusticated by any University or any other educational authority, institution ? Yes / No
- h) Have you ever been debarred/disqualified by any Public/ Staff Selection Commission or any of if examination/ selection ? Yes / No
- i) Is any case pending against you in any Court of Law at the time of filling up this Attestation Form ? Yes / No
- j) Is any case pending against you in any university or any other educational authority institution at the time of filling up this Attestation Form ? Yes / No
- k) Whether discharged/expelled/withdrawn from any training institution under the Government or otherwise ? Yes / No

12(2) If the answer to any of the above mentioned question is Yes, give full particulars of the case/arrest/detention/fine/conviction/sentence/ punishment etc. and the nature of the case pending in the Court/University/Educational authority etc. at the time of filling up this form.

NOTE:(i) Please also see the warning at the top of this attestation form.
(ii) Specific answer to each of the questions should be given by striking out 'Yes' or 'No' as the case may be.

13. Names of two responsible person of 1.
your locality or two references to
whom you are known. 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 Candidate _____

Date _____

Place _____

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IDENTITY CERTIFICATE

(TO BE SUBMITTED IN DUPLICATE FROM TWO DIFFERENT GAZETTED OFFICERS)

- (I) GAZETTED OFFICER OF CENTRAL / STATE GOVT.
- (II) MEMBERS OF PARLIAMENT OR STATE LEGISLATION.
- (III) NON-GAZETTED SUB-DIVISIONAL MAGISTRATES / OFFICERS.
- (IV) TESHILDAR OR NAIB TESHILDAR/ DY.TESHILDAR AUTHORISED TO EXERCISE MAGISTERIAL POWERS.

Certified that I have known Shri/Smt./Kum-----, son/daughter of Shri.----- for the last ----- year (s) ----- months and that to the best of my knowledge and belief he/ she the particulars furnished by him are correct.

Place: -----

Signature -----

Date :-----

Designation or status -----

Address -----

IDENTITY CERTIFICATE

(TO BE SUBMITTED IN DUPLICATE FROM TWO DIFFERENT GAZETTED OFFICERS)

- (I) GAZETTED OFFICER OF CENTRAL / STATE GOVT.
- (II) MEMBERS OF PARLIAMENT OR STATE LEGISLATION.
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Certified that I have known Shri/Smt./Kum-----, son/daughter of Shri.----- for the last ----- year (s) ----- months and that to the best of my knowledge and belief he/ she the particulars furnished by him are correct.

Place: -----

Signature -----

Date :-----

Designation or status -----

Address -----

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MEDICAL CERTIFICATE

Please Paste
Passport Size
Photograph

CANDIDATES 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 (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 or suppuration of glands, spitting of blood, Asthama, Heart Disease, Lung Disease, fainting attack, 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, asthama, 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 fit 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
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

1.
2.
3.

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
1.			
2.			
3.			

I declare all the above answers to be, the best of my belief, true and correct.
 I also solemnly affirm that I have not received disability certificate/pension on account of any disease or other condition.

Candidates' Signature _____
 Signed in my presence _____
 Signature of Medical Officer

I, do hereby certify that I have examined Shri/Smt./Kumari _____
 a candidate for employment in the Kendriya Vidyalaya _____
 and cannot discover that he/she has any disease communicable or otherwise constitutional alliction 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 the Officer _____

Designation of Officer (This Officer should be District Medical Officer/CMO or Medical Officer of equal rank)

SIGNATURE OF OFFICER
(District Medical Officer/CMO or
MEDICAL OFFICER of equivalent rank)
WITH SEAL AND DATE

MOVEABLE, IMOVEABLE AND VALUEABLE PROPERTY
THE SCHEDULE

Rule-18 of CONDUCT
RULES 1964

[Rule-18(1)]

2 Return of assets and Liabilities on the first appointment on 31st December-----

1. Name of the Government Servant in full(in block letters)

Service to which he belongs

Total length of service up to date

(i) in non Gazetted rank

(ii) in Gazetted rank

4 Present Post held and place of posting

5. Total annual income from all sources during the Calendar
year immediately preceding the 1st January, 2015 to 31st
December-----

6. Declaration :-

I hereby declare that the return enclosed namely, Forms I to V are complete, true and correct as on ----- to
the best of my knowledge and belief, in respect of information due, to be furnished by me under the provisions
of sub-rule(1) of Rule 18 of the Central Services(Conduct) Rules, 1964.

Dated:-

Signature
(Name of the Government Servant)
Designation with place of posting

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FORM-1

STATEMENT OF IMMOVABLE PROPERTY ON FIRST APPOINTMENT/AS ON 31st December -----
(Lands, houses, shops, other buildings etc.)

#	Description of property	Precise location, Name of Districts, Division, Taluk and Village in which the property is situated and also its 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 own name, state in whose name it is held and his/her relationship, if any, to the Government servant	Date of acquisition	How acquired (whether by purchase, mortgage, lease, inheritance, gift or otherwise) and name with details of person/ persons from whom acquired, address and connection of the Govt. servant if any with the person/persons concerned	Value of the property	Particular of sanction of prescribed authority, if any	Total annual income from the property	Remarks
	2	3	4	5	6	7	8	9	10	11	12	13
1												
2												
3												
4												
5												

Signature

Date:

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Form No. IV

STATEMENT OF PROVIDENT FUND & LIFE INSURANCE POLICY ON FIRST APPOINTMENT 31st December

Insurance policies		Provident Fund					Remarks (if there is dispute regarding closing balance, the figures according to the Govt. servant should also be mentioned in the column		
No.	Policy No. & date of policy	Name of Insurance Company	Sum insured/ date of maturity	Amount of annual premium	Type of provident fund/ G.P.F, C.PF Account No.	Closing balance as last reported by the Audit/ Accounts Officer along with date of such balance		Contribution made subsequently	Total
	2	3	4	5	6	7	8	9	10

Signature

ate:

(19)

Form No. V

STATEMENT OF DEBTS & OTHER LIABILITIES ON FIRST APPOINTMENT AS ON 31st December-----

Sl. No.	Amount	Name & address of creditor	Date of incurring liability	Detail of transaction	Remarks
1	2	3	4	5	6

Date:

Signature

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CHARACTER CERTIFICATE

Certified that I have known Shri/Smt./Kum. _____

_____ son/wife/daughter of Shri _____

_____ for the last* _____ years _____

months and that to the best of my knowledge and belief he/she bears a reputable character and has no antecedents which render him/her unsuitable for Government Employment.

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

Place _____

Signature _____

Date _____

Designation _____

Office Stamp

* At least 6 months at the time of signing the certificate.

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FORM

HOME TOWN DECLARATION

[OM No. 43/15/57-Estts. (A) dated 24-6-1958]

I, _____ hereby declare that my home town is at the place as shown below for the purpose of availing my self of the Travel Concession as notified in the Govt. of India, Ministry of Home Affairs, New Delhi O.M. No. 43/1/55/Estts - (A) Part-II dated 11-1-1956 conveyed vide Secretary (Finance) to the Delhi Administration endorsement No. F 13(3) / 54 / Finance dated 22-12-1956.

Name of State	Name of the District	Name of the Village	Name of the Railway station	Remarks
1.	2.	3.	4.	5

Signature of the Govt. Servant

Nomination by _____
Designation _____
Date of receipt of nomination _____

Signature of Head of Office _____
Date _____
Designation _____