



ALL INDIA INSTITUTE OF MEDICAL SCIENCES PATNA
Phulwarisharif , Patna-801507

Check List for Joining

1.	Joining Report
2.	Character Certificate in the prescribed format
3.	Allegiance to the Constitution in the prescribed format
4.	Declaration regarding bigamous marriage in the prescribed format.
5.	Home town Declaration in the prescribed format.
6.	Declaration on Dependent Family Members in the prescribed format.
7.	Declaration for SC/ST/OBC/PH in the prescribed format.
8.	Declaration for spouse in spouse is employed in the prescribed format
9.	Employee Data Sheet in the prescribed format
10.	Letter of Admission and Authority for Group Savings-Linked Insurance Scheme.
11.	Form of Appointment of beneficiary in the prescribed format
12.	Attestation Form in the prescribed format
13.	Form for New Pension Scheme(details to be furnished by the Govt. Servant)
14.	Undertaking in the prescribed format.
15.	Medical Examination Report in the prescribed format.
16.	Self attested copies of all educational, research & experiences certificates
17.	Declaration of Immovable and movable property
18.	Discharge/Relieving certificate from your previous employer
19.	Affidavit on non-judicial stamp proper mentioning that all your education qualifications and teaching/research experiences are from MCI recognised Institutes/college.

Dated :

To

The Director
All Indian Institute of Medical Sciences (AIIMS), Patna
Phulwarisharif, Patna - 801507

Sub: Submission of Joining Report – regarding.

Dear Sir,

With reference to your offer of appointment letter No.
.....dated.....I report myself on duty in the forenoon /
afternoon of in the post of
Dept. of

I thank you once again for providing me the opportunity to serve the
Institute. I will perform my duties sincerely, honestly and to the best of my
abilities.

Yours sincerely,

Name:

Designation

Department

Date of birth



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CHARACTER CERTIFICATE

Certified that I have known Mr./Ms./..... Son/daughter of
Shri.....for the last.....yearsmonths. He/She bears a good
moral character and is ofnationality. He/She is not related to me.

Place:

Signature

Date :

_____ Name (in Capital Letters)

Designation & Address with Stamp

This certificate should be from any one of the following:

1. Gazetted Officer of Central or State Government;
2. Members of Parliament or State Legislature belonging to the constituency where the candidate or his parent/ guardian is ordinarily resident;
3. Sub-Divisional Magistrates/ Officers;
4. Tehsildars or Naib/ Deputy Tehsildars authorized to exercise magisterial powers;
5. Principal/Head Master of the recognized School/ College/ Institution where the candidate studied last;
6. Block Development Officer;
7. Post Masters;
8. Panchayat Inspectors



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Allegiance to the Constitution

I, do swear in the name of God/solemnly affirm that I will bear true faith and allegiance to the Constitution of India as by law established, that I will uphold the sovereignty and integrity of India, that I will duly and faithfully and to the best of my ability, knowledge and judgment perform the duties of my office without fear or favour, affection or ill-will and that I will uphold the Constitution and the laws.

Signature

Name _____

P.F.No. _____

Designation _____

Department _____



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Dated : _____

Subject: Declaration regarding bigamous marriage

1. I hereby declare that I have only one living legally married spouse neither entered or contracted a marriage with a person having a spouse living.
2. Also, I am a divorcee/not a divorcee from my earlier marriage.

(Please strike out whichever is not applicable)

Signature _____

Name _____

P.F.No. _____

Designation _____

Department _____



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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 Leave Travel Concession for self and family 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.

Home Town/Place of visit	Nearest Rly Station	District/Town & State	Remarks

Signature

Name _____

P.F. No. _____

Designation _____

Department _____

Countersigned by _____

Head of Office



ALL INDIA INSTITUTE OF MEDICAL SCIENCES PATNA
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Date:

Declaration of Dependent Family Members

(1) Personal Details:

1.	Name	
2.	Designation	
3.	Date of Birth	
4.	PF No	
5.	Date of joining	

(2) Details of the Dependent Family Members:

S. No	Name(s) of the member(s) of the family*	Date of birth	Age as on date	Relation ship	Marital Status	Place mention the category: (a)Employed (b)Pensioner (c) Family Pensioner (d)Others	Personal Annual Income of the dependent

(*) (i) I hereby undertake to keep the above particulars up-to-date by notifying to the Head of Office any addition or alteration. (ii) Family for this purpose means family as defined in Clause (b) of sub-rule (14) of Rule 54 of the CCS (Pension) Rules, 1972.[http://persmin.gov.in/pension/rules/pencomp7.htm#Family_Pension,_1964] (iii) Wife and husband shall include respectively judicially separated wife and husband. (iv) A self-certified proof of Date of Birth is enclosed in respect of dependent Brothers/Sisters, if any.

Signature of the employee

(3) For the use of controlling unit/office of the HOD:

Forwarded	Recommended
Section/Unit I/C	HOD

(4) Administrative Approvals:

Checked	Verified & submitted for approval	Approved as per rules
Dealing Assistant	Dean	DDA/Director



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DECLARATION

I, son/daughter of
Shri..... resident of village/ town/ citydistrict
..... State hereby declare that I belong to the
..... Community, which is recognized as a backward class by the Government
of India for the purpose of reservation in services as per orders contained in Department of
Personnel and Training Office Memorandum No. 36012/22/93-Estt.(SCT), dated 08.09.1993. It is
also declared that I do not belong to persons/ sections (Creamy Layer) mentioned in Column 3 of
the Schedule to the above-referred Office Memorandum, dated 08.09.1993.

Date: _____

Signature of the candidate
Name & permanent
address

.....

.....

.....

(Note: To be filled only by OBC category)



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Date: _____

DECLARATION

I, son/daughter of
Shri.....resident of village/town/citydistrict
State hereby declare that my spouse is employed/not employed in
Government Service, and she/he is not availing the following facilities for herself/himself or for any
of the family members from the parent department/Institute working for. I undertake to inform
the Institute as and when there is any change in the status of employment of my spouse in respect
of the following conditions.

- 1) Medical Attendance/Treatment
- 2) House Building Advance
- 3) Children's Educational Assistance
- 4) Family Planning Special Increment
- 5) Leave Travel Concession
- 6) Travelling Allowance
- 7) House Rent Allowance, if residing in Govt. Quarters
- 8) Central Government Health Scheme
- 9) Allotment of Residence

Signature of Spouse, if employed elsewhere in Govt establishments		Signature of Employee	
Name		Name	
P.F. No.		P.F. No.	
Designation		Designation	
Department		Department	
Address		Address	

Fax/ E-mail

Telephone Office:

Residence: Mobile

Day Month Year

6. Date of Birth

7(a). Nationality:

7. (b) Category: SC ST OBC Gen

8. Academic Record starting with Secondary Education:

Examination	Branch/Specialization	College/university/Institute	Year	% of Marks/Grade	Division

9. Professional Experience Record:

Name of Institution/University	Position Held	Date of Joining	Date of Leaving

10. Please provide your family details (dependents only)

S.No	Name	Date of Birth	Relationship	Present occupation

DECLARATION

I, _____ hereby, declare that all entries in this form are true to the best of my knowledge and belief.

Date:

Signature of the employee

FORM-III

LETTER OF ADMISSION AND AUTHORITY

Date: _____

To, _____

Dear Sir,

Re: Group Savings-Linked Insurance Scheme

I wish to join Group Saving-Linked Insurance Scheme arranged with the Life Insurance Corporation of India and request you to admit me as an Insured Member of the Scheme with effect from _____. I hereby authorize you to deduct a sum of Rs. _____ as contribution towards the scheme from my salary starting from the salary for the month of _____. I further agree that this letter of authority shall not be revoked by me so long as I am a regular employee. My date of birth, as recorded in _____ Certificate sent herewith, is _____.

Yours Faithfully, _____

(SIGNATURE)

Name: _____

(In Block Letters) Badge No. or Salary Roll no. or Membership No. _____

Designation : _____

Department & Office: _____

FORM – IV

FORM OF APPOINTMENT OF BENEFICIARY

I, _____ An Insured

Member of the _____
_____ Group Saving-Linked Insurance Scheme hereby appoint in terms of Rule
No.13 headed 'Appointment of Beneficiary' of the Rules governing the Scheme my
(relationship) _____ named _____ and whose address is

_____ as the person to be the
beneficiary to whom the money is payable in terms of the Rules of the Scheme shall be paid in the
event of my death.

Signed at _____ this _____ day

Of _____ 201_____.

Signature of Insured Member

Witnessed by : 1) i) Signature _____

ii) Name _____

iii) Address _____

2) i) Signature _____

ii) Name _____

iii) Address _____



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New Pension Scheme

Annexure-I

(Details to be furnished by the Government servant)

Name of the Government servant (in Block Letters) :
Designation :
Name of Ministry/Deptt./Organization :
Scale of Pay :
Date of Birth :
Date of joining Government service :
Basic Pay :

Nominee for the Pension Account :

S No	Name of nominee(s)	Age Date of Birth	Percentage of share of payable	Relationship with the Government servant
(1)	(2)	(3)	(4)	(5)
1				
2				
3				
4				

Signature of the Government servant



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UNDERTAKING

1. The furnishing of the false information or suppression of factual information on my joining would be a disqualification and is likely to render me unfit for employment under the Government.
2. If the fact that false information has been furnished or that there has been suppression of any factual information comes to notice at any time during the service I would be liable to be terminated.
3. The experiences as mentioned on my online application are teaching/research experiences and the same is recognised by MCI/Govt of India. In case it is found that the same is not recognised by MCI/Gol at any stage, my appointment may be cancelled.
4. I also declare that I possess all requisite qualification and experiences as per the requirement of the advertisement and in case it is found that I am not fulfilling any eligibility criteria, my appointment may be treated as cancelled.

Signature with Date

Name :

RULE 18. MOVABLE, IMMOVABLE AND VALUABLE PROPERTY:

THE SCHEDULE

[See Rule 18 (1)]

Return of Assets and Liabilities on First Appointment on the 31ST December 20.. .

1. Name of the Government servant in full.....
(in block letters)
2. Service to which he belongs.....
3. Total length of service upto date.....
 - (i) Non-gazetted rank
 - (ii) 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 day of January 20 .
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.

Date.....

Signature.....

Note 1. This return shall contain particulars of all assets and liabilities of the Government servant either in his own name or in the name of any other person.

Note 2. If a Government servant is a member of Hindu Undivided Family with coparcenary's rights in the properties of the family either as a 'Karta' or as a member, he should indicate in the return in Form No. I the value of his share in such property and where it is not possible to indicate the exact value of such share, its approximate value. Suitable explanatory notes may be added wherever necessary.

FORM NO. I

Statement of immovable property on first appointment as on the 31st December, 20 .

(e.g. Lands, House, Shops, Other Buildings, etc.)

Sl. No.	Description of property	Precise location (Name of District, 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 held and his/her relationship, if any to the Government servant
1	2	3	4	5	6	7

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 Government servant, if any, with the person/persons concerned) Please see Note 1 below)	Value of the property (see Note 2 below)	Particulars of sanction of prescribed authority if any	Total annual income from the property	Remarks
8	9	10	11	12	13

Date

Signature

Note (1) For purpose of Column 9, the term "lease" would mean a lease of immovable property from year to year or for any term exceeding one year or reserving a yearly rent. Where, however, the lease of immovable property is obtained from a person having official dealings with the Government servant, such a lease should be shown in this Column irrespective of the term of the lease, whether it is short term or long term, and the periodicity of the payment of rent.

Note (2) In Column 10 should be shown -

(a) where the property has been acquired by purchase, mortgage or lease, the price or premium paid for such acquisition;

(b) where it has been acquired by lease, the total annual rent thereof also; and

(c) where the acquisition is by inheritance, gift or exchange, the approximate value of the property so acquired.

FORM NO. II

Statement of liquid assets on first appointment as on the 31st December, 20 .

(1) Cash and Bank balance exceeding 3 months' emoluments.

(2) Deposits, loans, advances and investments (such as shares, securities, debentures, etc.)

Sl. No.	Description	Name & Address of Company, Bank etc.	Amount	If not in own name, name and address of person in whose name held and his/her relationship with the Government servant	Annual income derived	Remarks
1	2	3	4	5	6	7

Date

Signature

Note 1. In column 7, particulars regarding sanctions obtained or report made in respect of the various transactions may be given.

Note 2. The term "emoluments" means the pay and allowances received by the Government servant.

FORM NO. III

Statement of movable property on first appointment as on the 31st December, 20 .

Sl. No.	Description of items	Price or value at the time of acquisition and/or the total payments made upto the date of return, as the case may be, in case of articles purchased on hire purchase or instalment basis	If not in own name, name and address of the person in whose name and his/her relationship with the Government servant	How acquired with approximate date of acquisition	Remarks
1	2	3	4	5	6

Date

Signature

Note 1. In this Form information may be given regarding items like (a) jewellery owned by him (total value); (b) silver and other precious metals and precious stones owned by him not forming part of jewellery (total value), (c) (i) Motor Cars (ii) Scooters/Motor Cycles; (iii) refrigerators/air-conditioners, (iv) radios/radiograms/television sets and any other articles, the value of which individually exceeds Rs. 1,000 (d) value of items of movable property individually worth less than Rs. 1,000 other than articles of daily use such as cloths, utensils, books, crockery, etc., added together as lump sum.

Note 2: In column 5, may be indicated whether the property was acquired by purchase, inheritance, gift or otherwise.

Note 3: In column 6, particulars regarding sanction obtained or report made in respect of various transactions may be given

FORM NO. IV

Statement of Provident Fund and Life Insurance Policy on First Appointment as on the 31st
December, 20 .

Sl. No.	Policy No. and date of policy	Name of Insurance Company	Sum insured date of maturity	Amount of annual premium	Type of Provident Funds / GPF / CPF, (Insurance Policies) account No.	Closing balance as last reported by the Audit / Accounts Officer along with date of such balance	Contribution made subsequently	Total	Remarks (if there is dispute regarding closing balance the figures according to the Government servant should also be mentioned in this column)
1	2	3	4	5	6	7	8	9	10

Date

Signature

FORM NO. V

Statement of Debts and Other Liabilities on First Appointment as on 31st December, 20

Sl. No.	Amount	Name and address of Creditor	Date of incurring Liability	Details of Transaction	Remarks
1	2	3	4	5	6

Date

Signature

Note 1. Individual items of loans not exceeding three months emoluments or Rs. 1,000 whichever is less, need not be included.

Note 2. In column 6, information regarding permission, if any, obtained from or report made to the competent authority may also be given.

Note 3. The term "emoluments" means pay and allowances received by the Government servant.

Note 4. The statement should also include various loans and advances available to Government servants like advance for purchase of conveyance, house building advance, etc. (other than advances of pay and travelling allowance), advance from the GP Fund and loans on Life Insurance Policies and fixed deposits.

NOTARISED AFFIDAVIT
(on a Rs. 10/- stamp paper)

I Dr. _____ aged about _____ years, Son of _____ resident of _____, do hereby solemnly affirm and state as under:-

1. That I am the deponent of this affidavit.
2. That I do hereby declare that I am not indulged or doing private practice of any kind including laboratory and consultant practice.
3. That presently I am not working at any other Institutions or Medical College or Government/Autonomous/Semi Government Organisation. I have been relieved by the Institution where I was working previously before joining AIIMS Patna.
4. That I have passed MBBS in the year _____ and MD/MS/PhD/MCh/DM in the year _____.
5. That I am not drawing any salary/pension from any source other than AIIMS, Patna.
6. That this affidavit is required to be produced before the Director, AIIMS, Patna for necessary action.
7. That all educational qualifications and teaching/research experiences are from MCI/GoI recognised Institutes/college.

That the facts stated above are true to the best of knowledge and belief.

Deponent

Deponent

Notary Public

CANDIDATE'S STATEMENT & DECLARATION

The candidate must make the statement required below prior to his medical examination and must sign the Declaration appended thereto.

1. State your name in Full
(In Block Letters) : _____
Father's Name : _____
2. State your Age & Birth Place: _____
3. (a) Have you ever had small-pox intermittent or any other fever, enlargement or suppuration of glands spitting of blood, asthma, heart disease, fainting attacks, Rheumatism, appendicitis? : _____

(b) Any other disease or accident requiring confinement to bed and medical or surgical treatment? : _____
4. History of vaccination : _____
5. Have you or any of your near relations been afflicted with gout, asthma, fits, or insanity? : _____
6. Have you suffered from a degree of deafness.:
7. Have you suffered from any form of nervousness due to over work or any other cause
8. Furnish the following particulars concerning your family. (disease trend in family and premature death if any)

Photograph



Above statements are true and I have not suppressed any information.*

Candidate's signature

Signed in my Presence Chairman of the board

*Note :- The candidate will be held responsible for the accuracy of above statements

*For female candidate- Chest radiograph to be done only after gynaecology clearance

Report of the medical Board on
Name of the Candidate-

1. i) Height (Without shoes) _____ cm Weight _____ kg
 Chest circumference : After full inspiration _____ cm_ full Expiration _____ cm
 ii) Respiratory system _____
 iii) Circulatory system _____
 (a) Heart: Any organic lesions : _____

 Rate Standing _____
 ECG (pl attach) – date - _____ Please mention abnormality if any
 (b) Blood pressure _____ Pulse rate _____ SpO₂ _____ in room air
 iv) Nervous system: _____
 v) Loco Motor system: _____
 vi) Skin: (any obvious disease) _____

Remarks

(Name & Signature Faculty of Medicine)

2. **Eyes :** (a) Any disease : Yes (mention) /No _____
 (b) Defect in colour vision: Normal/ Abnormal (mention)
 (c) Field of vision: Normal/ Abnormal (mention)
 (d) Visual acuity : _____

	Acuity of vision	Without glass	With glass
Near Vision	Right Eye Left Eye		
Distant Vision	Right Eye Left Eye		

Remarks

(Name & Signature of Faculty Ophthalmology)

3. Ears Inspection _____ Hearing _____ Right Ear: _____

Left Ear: _____

Glands: _____ Thyroid _____

General condition of teeth and oral cavity _____

Remarks

(Signature of Faculty Otolaryngology)

4. Abdomen: Tenderness _____ Hernia _____
(a) Palpable: Liver _____ Spleen _____ Kidneys _____
Any others _____
Genito Urinary System: Hydrocele _____ Varicocele _____

(b) Hemorrhoids _____ Fistula _____ Varicose Vein _____
(c) Lymphadenopathy (Palpable) _____

Remarks

(Name & Signature of Faculty Surgery)

5. Gynecologic history and examination(for female candidates):

- Status: _____ Single/ married
Age at menarche: _____ yrs
History of Polycystic ovarian syndrome(PCOS): _____ yes / no
Last visit to gynaecologist and reason of visit: _____ yes / no
Last whole abdominal ultrasound done and indication : _____ yes / no
Past history of Tuberculosis/ intake of ATT: _____ yes / no
Past history of gynaecologic surgery/ intake of chemotherapy: yes / no
Menstrual cycle:
Length: _____ Duration of flow: _____ Regularity: _____
Associated dysmenorrhoea: _____ Last menstrual period(LMP): _____
Examination: 1) lymphadenopathy/ scars/ other deformities:
2) Breasts and axilla for any evidence of Mass/ abnormal discharge:
3) Abdomen examination

Remarks

(Name & Signature of Faculty, Obst. & Gyn)

6. Hematology, Blood Sugar, Urine analysis report (To be attached)

Blood group and Rh factor –(if known)

Remarks (Please mention if any major abnormalities)

(Name & Signature of Faculty, Biochemistry)

7. Report of screening chest radiograph (no- _____ date- _____)

(Name & Signature of Faculty Radiodiagnosis)

8. Mention if there is anything in the health of the candidate likely to render him/her unfit?

Note: Record their finding under one of the following categories and strike out others

- (i) Fit
- (ii) Unfit on the following reasons _____
- (iii) Temporarily unfit on account of _____

Chairman Medical Board
Seal/Name

Dated : _____

Special medical board opinion (if required)

OFFICE OF THE ALL INDIA INSTITUTE OF MEDICAL SCIENCES, PATNA

ATTESTATION FORM

WARNING:- The furnishing of false information or suppression of 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 should be communicated immediately to the Ministry of Health & Family Welfare, Government of India, New Delhi 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 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 on the attestation form comes to notice at any time during the service of a person, his/her service would be liable to be terminated.

1. Name in full (in block capitals) with address, 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 & Town)

3 (a) Home Address in full (i.e. Village, Thana & District or House No., Lane, Street, Road Town & name of the District Headquarters).

(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 residents) where you have resided over 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 & District or House No., Lane, Street, Road & Town)

Name of the District Headquarters of the place mentioned in the preceding Column

5(a).	Name in full (Aliases, if any)	Nationality (by birth and/or by domicile)	Place of Birth	Occupation if employed give designation & official address	Present Postal address if dead give a last address	Permanent Home address
i)	Father					
ii)	Mother					
iii)	Wife/Husband					
iv)	Brothers					
v)	Sisters					

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 / domicile)	Place of Birth	Country in which studying with full address	Date from which studying/living in the country mentioned in previous column

6. Nationality of the candidates

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 & State to which your father originally belong

9. (a) Your Religion
(b) Are you a member of a Scheduled Caste/
Scheduled Tribe/OBC (Please indicate)

10. Educational qualification showing places of education with years in Schools & Colleges since 15 years of age.

Name of the School/College with full address Date of entering Date of leaving Examination Passed

11. (a) Are you holding or have any time hold on appointment under the Central Govt. or State Govt. or a Semi Govt. or a Quasi Govt. Body or an Autonomous Body or a Public Undertaking with date of employment upto date.

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

11. (b) If the previous employment was under the Govt. of India, a State Govt./An Under-taking, owned or controlled by the Govt. of India or a State Govt./ an autonomous body/University/Local Body. If you had left service on giving a month's notice under Rule 5 of the Central Civil Service (Temporary Service) Rules, 1965 or any similarly corresponding rules were and disciplinary proceedings framed against you or had you been called up to explain conduct in any matter at the time you gave notice of termination of service, or at subsequent date, before your service 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 restricted by any University or any other Educational Authority/Institution? Yes/No
- (h) Have you ever been debarred/disqualified by any Public Service Commission for any of its Examinations/Selections? 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

12. (2) If the answer to any of the above mentioned questions is 'yes' give full particulars of the case/arrest/detention/time/conviction/statement/punishment etc. and or the nature of the case pending in the Court/University/Educational Authority etc. at the time to filling up this form.

NOTE: i) Please also see the 'WARNING' at the top of this Attestation Form.

ii) Specific answers to each of the questions should be given by striking out 'YES' or 'NO' as the case may be.

13. Name of the two responsible persons at your locality or two residents to whom you are known

1.
2.

I certify that the foregoing information is correct and complete to the best of my knowledge and believe. I am not aware of any circumstances, which might impair any fitness for employment under Government.

Place:

Date:

Signature of the Candidate