**Check list for joining**

|  |  |
| --- | --- |
| Sr. | Particular |
| No. |
|  |
| 1 | Joining Report. |
| 2 | Character Certificate in the prescribed format |
| 3 | Allegiance to the Constitution in the prescribed format |
| 4 | Oath of Secrecy in the prescribed format. |
| 5 | Declaration regarding bigamous marriage in the prescribed format. |
| 6 | Home town Declaration in the prescribed format. |
| 7 | Declaration on Dependent Family Members in the prescribed format. |
| 8 | Declaration for SC/ST/OBC/PH in the prescribed format. |
| 9 | Declaration for spouse in spouse is employed in the prescribed format |
| 10 | Employee Data Sheet in the prescribed format |
| 11 | Letter of Admission and Authority for Group Savings-Linked Insurance |
| Scheme. |
|  |
| 12 | Form of Appointment of beneficiary 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 | Declaration of Immovable and movable property |
| 16 | Discharge/Relieving certificate from your previous employer |

Affidavit on non-judicial stamp proper mentioning that all your education

1. qualifications and teaching/research experiences are from MCI recognized Institutes/college.
2. Medical Examination Report in the prescribed format.
3. Self attested copies of all educational, research & experiences certificates
4. Format for Identity Card
5. Attestation Form in the prescribed format

To,

The Medical Superintendent,

All India Institute of Medical Sciences,Mangalagiri,

Dharmashala Block, Old Sanitorium road, Mangalagiri, Guntur

Andhra Pradesh - 522503

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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,

(Signature)

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHARACTER CERTIFICATE**

**Form-I**

Certified that I have known Dr./Mr./Ms./Mrs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Son/daughter of Shri

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for the last \_\_\_\_\_ years

\_\_\_\_\_\_ months. He/She bears a good moral character and is of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ nationality. 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

**CHARACTER CERTIFICATE**

Form-II

 Certified that I have known Dr./Mr./Ms./Mrs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Son/daughter of Shri

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for the last \_\_\_\_\_ years

\_\_\_\_\_\_ months. He/She bears a good moral character and is of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ nationality. 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

**Allegiance to the Constitution**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM -I**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) 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, that I will uphold the sovereignty and integrity of India, and that I will carry out the duties of my office loyally, honestly, and with impartially. So help me God”.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM-II**

Form of oath proposed for Government servants who are foreign nationals “I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a citizen

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ temporarily residing in

and holding a Civil post under the Government of India to swear/ solemnly affirm that, having the faith and allegiance I owe to\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I will, during the period of my service as aforesaid, be faithful to India and the Constitution of India as by law established and that I will carry out the duties of my office loyally, honestly and with impartiality. So help me God”.

\*Here insert the name of the country conferred.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated : \_\_\_\_\_\_\_\_\_\_\_\_

**Declaration regarding bigamous marriage**

I hereby declare that I have not entered into or contracted a marriage with a person having a spouse living, or who, having a spouse living, have not entered into or contracted a marriage with me.

Signature :

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P.F.No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOME TOWN DECLARATION**

[FORM 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 11-11956.

|  |  |  |  |
| --- | --- | --- | --- |
| Home Town/Place of visit | Nearest Railway | District/Town | Remarks |
| Station | & State |
|  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Name | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Designation | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Countersigned by | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Head of Office |  |  |

**Declaration of Dependent Family Members**

**(1) Personal Details:**

* 1. Name
	2. Designation
	3. Date of Birth
	4. PF No
	5. Date of appointment
1. **Details of the Dependent Family Members:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | Place |  |
|  |  |  |  |  |  | mention the | Personal |
|  |  | Date | Age |  |  | category: |
|  | Name(s) of the |  | Marital | Annual |
| S. | member(s) of the | of | as | Relation | (a)Employed | Income of |
| No | family\* | birth | on | ship | Status | (b)Pensioner | the |
|  |  |  | date |  |  | (c)Family | dependent |
|  |  |  |  |  |  | Pensioner |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  | (d)Others |  |
|  |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |
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| 6 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

* (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/](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

1. **For the use of controlling unit/office of the HOD Forwarded**

|  |  |  |
| --- | --- | --- |
| Filled in my presence | Verified & submitted for | Approved as per rules |
|  | Approval |  |
| Dealing Assistant | Sr. Administrative Officer/ | DDA/Director |
|  |
|  | Administrative Officer |
|  |  |

**DECLARATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_son/daughter of Shri\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_resident of village/ town/ city\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_district\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ son/daughter of Shri\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_resident of village/town/city \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_district\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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 read the enclosed provisions made in the Government Orders (printed overleaf) in this regard and 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. Family Pension
8. House Rent Allowance, if residing in Govt. Quarters
9. Central Government Health Scheme
10. Allotment of Residence

The relevant rules as summarized in the enclosure (appended overleaf) are read and certified that the same will be compiled from time to time. I/we understand that any violation will attract legal proceedings and penal provision as per Govt. rules.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Spouse, if employed |  | Signature of |  |
| elsewhere in Govt establishments |  | Employee |  |
| Name |  | Name |  |
|  |  |  |  |
| PF No |  | PF No |  |
|  |  |  |  |
| Designation |  | Designation |  |
|  |  |  |  |
| Department |  | Department |  |
|  |  |  |  |
| Address |  | Address |  |
|  |  |  |  |

**Employee Data Sheet**

1. Name in full (Surname First)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2. | Married [ ] | Single [ ] | Male [ ] | Female [ ] |
| 3. | Father’s Name(First Surname) |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
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4. Present Address (for Communication)

5. Permanent Address

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fax E-mail | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| Telephone Office | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| Residence | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| Mobile | : |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. | Date of Birth | \_\_\_\_\_\_\_\_(Day) | \_\_\_\_\_\_\_\_\_ (Month) \_\_\_\_\_\_\_\_\_ (Year) |
| 7. | (a) Nationality : |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. Category | : | SC [ ] | ST [ | ] |  | OBC [ ] |  | Gen [ | ] |  |  |
| 9. Academic Record starting with Secondary Education: |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sr. |  |  |  |  | Branch/ | College/university/ |  |  |  | % of |  |  |  |  |  |
| No. |  | Examination |  |  | Specialization | Institute |  |  |  | Year |  | Marks/Grade |  | Division |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 10. Professional Experience Record: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sr. No. |  | Name of Institution/University |  | Position Held |  |  | Date of Joining | Date of Leaving |  |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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1. Please provide your family details (dependents only)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr.No | Name | Date of Birth | Relationship | Present occupation |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

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 moneys 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 :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. i) Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ii) Name :

iii) Address :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 accumulations the Pension Account :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S | Name of nominee(s) | Age | Date of | Percentage of | Relationship with the |
| No | Birth | share of payable | Government servant |
|  |  |
| (1) | (2) | (3) | (4) | (5) | (6) |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

Signature of the Government servant

DDA

**UNDERTAKING**

1. The furnishing of the false information or suppression of factual information in on my joining would be a disqualification and is likely to render the candidate unfit or 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/GoI 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 | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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)

1. Service to which he belongs : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Total length of service up to date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. in non-gazetted rank.
4. in gazetted rank.
5. Present post held and place of posting\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Total annual income from all sources during the Calendar year immediately preceding the 1st day of January 20 .
7. 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 meunder 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 coparcenaries 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.)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | If not in own |
|  |  |  |  |  | Precise location |  |  |  |  |  |  |  |  |  | name, state |
|  |  |  |  |  | (Name of District, |  |  |  |  |  |  |  |  |  | in whose |
|  |  |  |  |  | Division, Taluk and |  |  |  |  |  |  |  |  |  | name held |
|  |  |  |  |  | Village in which |  | Area of |  | Nature of |  |  |  |  | and his/her |
|  |  |  |  |  | the property is |  | land (in |  | land in |  |  |  | relationship, |
|  |  |  |  |  | situated and also |  | case of |  | case of |  |  |  |  | if any to the |
| Sl. |  |  |  |  | its distinctive |  | land and |  | landed |  | Extent of |  | Government |
| No |  | Description of property |  | number, etc.) |  | buildings) |  | property |  | interest |  |  | servant |
| 1 |  |  | 2 | 3 |  |  | 4 |  |  | 5 |  | 6 |  | 7 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Date of |  | How acquired |  | Value of |  | Value of |  | Total Annual income from |  | Remarks |
| acquisition | (whether by |  | property (see |  | the |  | the property |  |  |  |  |
|  |  |  | purchase, |  | Note 2 below |  | property |  |  |  |  |  |  |  |  |
|  |  |  | mortgage, lease |  |  |  | (see Note |  |  |  |  |  |  |  |  |
|  |  |  | inheritance, gift or |  |  |  | 2 below |  |  |  |  |  |  |  |  |
|  |  |  | 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) |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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

1. where the property has been acquired by purchase, mortgage or lease, the price or premium paid for such acquisition;
2. where it has been acquired by lease, the total annual rent thereof also; and
3. 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.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | if not in own |  |  |
|  |  |  |  | name, name |  |  |
|  |  |  |  | and address of |  |  |
|  |  | Name & |  | person in whose | Annual |  |
| Sl. |  | Address of |  | name held and |  |
| Description | Amount | income | Remarks |
| No. | Company, | his/her |
|  |  | derived |  |
|  |  | Bank etc. |  | relationship |  |
|  |  |  |  |  |
|  |  |  |  | with the |  |  |
|  |  |  |  | Government |  |  |
|  |  |  |  | servant |  |  |
|  |  |  |  |  |  |  |
| 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\_\_\_\_.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Price or value |  |  |  |
|  |  | at the time of |  |  |  |
|  |  | acquisition |  |  |  |
|  |  | and/or the |  |  |  |
|  |  | total payments |  |  |  |
|  |  | made up to the |  |  |  |
|  |  | date of return, | If not in own |  |  |
|  |  | as the case | name, name and |  |  |
|  |  | may be, in case | address of the |  |  |
|  |  | of articles | person in whose |  |  |
|  |  | purchased on | name and his/her |  |  |
|  |  | hire purchase | relationship with | How acquired with |  |
| Sl. |  | or installment | the Government | approximate date |  |
| No. | Description of items | basis | servant | 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. | Policy | Name of | Sum | Amount | Type of | Closing | Contribution | Total | Remarks (if |
| No | No. | Insurance | insured | of | Provident | balance | made |  | there is |
| . | and |  | date of | annual | Funds / | as last | subsequently |  | dispute |
|  | date | Company | maturity | premium | GPF / | reported |  |  | regarding |
|  | of |  |  |  | CPF, | by the |  |  | closing |
|  | policy |  |  |  | (Insurance | Audit / |  |  | balance the |
|  |  |  |  |  | e Policies) | Account |  |  | figures |
|  |  |  |  |  | account | s Officer |  |  | according |
|  |  |  |  |  | No. | along |  |  | to the |
|  |  |  |  |  |  | with |  |  | Government |
|  |  |  |  |  |  | date of |  |  | t servant |
|  |  |  |  |  |  | such |  |  | should also |
|  |  |  |  |  |  | balance |  |  | 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\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name and |  | Date of | Details of |  |
| Sl. No. | address of | Amount | incurring | Remarks |
| Transaction |
|  | Creditor |  | Liability |  |
|  |  |  |  |
| 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.

Before the Notary Public, Mangalagiri.

**AFFIDAVIT**

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 Mangalagiri.
4. That I have passed MBBS in the year \_\_\_\_\_\_\_ and MD in the year \_\_\_\_\_\_.
5. That I am not drawing any salary/pension from any source other than AIIMS, Mangalagiri.
6. That this affidavit is required to be produced before the Director/DDA, AIIMS, Mangalagiri for necessary action.
7. That all educational qualifications and teaching/research experiences are from MCI recognised Institutes/college.

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

Deponent Deponent

 Notary Public

**Identity Card Form**

Colour Photo (3X3 cms) with 75% area covered with image of the face) front attested by sponsoring authority to be

**FORM - A**

For officials of Central Govt./State Governments/ UT Administrations and their Attached/Subordinate Officers and Undertakings/Autonomous Bodies Owned or controlled by them.

PART-I

(To be filled by Applicant)

Colour Photo

(3X3 cms)

with 75% area

covered with

image of the face) to be pasted here (Not to be attested)

(Signature of the Applicant

inside the above box)

|  |  |  |  |
| --- | --- | --- | --- |
| 01. | Type of Identity Card |  | Category of Employee |
|  | (i) Central Government |  | Regular/ Casual/Departmental Employee/ |
|  |  | Service Personnel |
|  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | (ii) State Govt/UT Administration | Regular/ Casual/Departmental Employee/ |
|  | Service Personnel |
|  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | (iii) Corporation/Undertaking/ |  | Regular/ Casual/Departmental Employee/ |
|  | Autonomous Body |  | Service Personnel |
| 02. | Name of the Applicant |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | (IN CAPITAL LETTERS) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 03. | Designation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 04. | Pay Scale/Pay Band |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 05. | Grade Pay (wherever applicable) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 06. | (a) Ministry/State Government |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | (b) Department/Public Undertaking |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 07. | Blood Group |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 08. | Present Address: |  | Permanent Address: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09. | Date of Birth |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. | Telephone Numbers |  | Mob.: |  |  |  |  |  | Emergency: |
| 11. | Father’s/Husband’s Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12. | Date of Superannuation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13. | Mark of Identification |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14. | Gazetted/Non-Gazetted |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15. | Reasons for issue |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | (i) Renewal |  | (ii) Loss/Mutilation |
|  | (iii) Change in designation |  | (iv) Fresh appointment |
|  | (v) Transfer |  | (vi) any other (specify) |

* Certified that the aforesaid information is correct.

Signature of the Applicant:

Date:

**Attestation Form**

Form 1: Employee Personal Information

Name of Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Employee Personal Information |  |  |
| First Name | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Passport size |
|  |  |  |
| Middle Name | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Photograph |
| Last Name | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Date of Birth | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Father/Mother/husband Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male [ ] Female [ ] Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identity Mark:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* Mark the attached documents

Medical Fitness [ ] Character Certificate [ ]

Height (in c.m.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caste : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Category : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Blood group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No (In Case of Emergency) Nearest Railway St.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Office Details:

Current Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_ Current Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the candidate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form 2: Employee Address Information**

Name of Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Address Detail

Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Block: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Panchayat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pin Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail(if any)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Block: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Panchayat : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pin Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail(if any)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Joining Details

Date of Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Order Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office name at the time of initial joining in Dep’t:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Joining in the Dep’t:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial Designation:\_\_\_\_\_\_\_\_\_

Mode of Recruitment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Name & Signature

|  |  |
| --- | --- |
| WARNING: 1. The furnishing of false information or suppression of |  |
|  |
| any factual information in Attestation Form would be a |  |
| disqualification and is likely to render the candidate unit employment | Affix Passport Size |
| under the Govt. | Photograph |

1. If detained convicted debarred etc. subsequent to the completion and submission of this form, the details should be communicated immediate to the All India Institute of Medical Sciences, Temporary Campus Siddhartha Medical College, Mangalagiri, Vijayawada,(AP) or the

Authority to whom the attestation form has been sent earlier, as the case may be, falling which it will be deemed to be a suppression of fractural information.

1. If the fact that false information has been furnished or that there has I finished or that here has been suppression of any factual information in the attestation form comes to notice at any time during the service of a person, his services would be liable to be terminated.

|  |  |  |
| --- | --- | --- |
| 1. Name in full (in block capitals) With | SURNAME | NAME |
| aliases, if any (please indicate if you |  |  |
| have added or Dropped in any stage |  |  |
| any part of your name or summate) |  |  |
|  |  |  |
| 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 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. |  |  |
|  |  |  |

1. Particulars of places (with periods of residences) 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 | Name of the District |
|  |  | (i.e. village | Thana | and | Head Quarter of the |
|  |  | District or | house Number | Place | mentioned in |
|  |  | Lane/Street/ | Road | and | the | Preceding |
|  |  | Town). |  |  |  | Column. |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Signature of the candidate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S. No. | Name | Nationality | Place of | Occupation | Present Address | Permanent Home |
|  |  | by birth | Birth | (if employed |  | Address |
|  |  | and/or by |  |  |  |
|  |  |  | provide designation |  |  |
|  |  | domicile |  |  |  |
|  |  |  | & Official Address) |  |  |
|  |  |  |  |  |  |

1. Father
2. Mother
3. Wife/ Husband
4. Brother (S)
5. Sister (S)

Signature of the candidate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. (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 | Place of | Country in | Date from |
|  | birth or domicile | Birth | which | which |
|  |  |  | studying/living | studying/ |
|  |  |  | with full | living in the |
|  |  |  | address | country |
|  |  |  |  | mentioned in |
|  |  |  |  | previous Col. |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 6. |  | Nationality | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7. | (a) | Date of Birth | (a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | (b) | Present Age | (b) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | (c) | Age at Matriculation | (c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. (a) Place of birth, District &(a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State in which situated

|  |  |  |
| --- | --- | --- |
| (b) District and State to which | (b) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| you belong |  |  |
| (c ) District and state to which | (c) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| your father originally belongs |  |  |
| 9. (a) Your religion | (a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (b) Are You a member of | (b) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Scheduled Cast/ Schedule |  |  |
| Tribe? Answer ‘Yes’ or ‘No’ |  |  |

1. Educational Qualifications showing places of education with years in Schools and Colleges 15th year of age:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School/ College with | Year of | Year of | Examination(s) |
| full | Admission | Passing | Passed |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Signature of the candidate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. (a) Are you holding or have anytime held an appointment under the Central or State Govt. or semi-Govt. or a quasi- Govt. Body or an autonomous body or a public undertaking or a private firm or institution? If so, five particulars with date of employment up-to date.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Period |  | Designation, | Full name and | Reasons for |
|  |  |  | employments and | address of | leaving |
| From |  | To | nature of employment | employer | previous |
|  |  |  |
|  |  |  |  |  | service |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. (b) If the previous. Employment was under the govt. of India or a State Govt. /an undertaking owned or controlled by the Govt. of India or a State govt./an autonomous body/University Local body.

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

……………………………………………………………………………………………………………………………………………………………

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 12.(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 | Yes/No(\_\_\_\_\_\_\_) |
|  | Offence? |  |  |  |  |  |
| (g) | Have you ever been debarred from any examination or | Yes/No(\_\_\_\_\_\_\_) |
|  | rusticated by any University Or any other educational |  |
|  | Authority/institution? |  |  |  |  |  |
| (h) | Have you ever been debarred/disqualified by any Public service | Yes/No(\_\_\_\_\_\_\_) |
|  | Commission/Institute | of | Secretariat | Training | & |  |
|  | Management/Subordinate Services Commission, for any of |  |
|  | Their examinations/selections? |  |  |  |  |
| (i) | Is any case pending against you in any court of law at the time | Yes/No(\_\_\_\_\_\_\_) |
|  | Of filling up this Attestation From? |  |  |  |
| (j) | Is any case pending against you in any university or any other | Yes/No(\_\_\_\_\_\_\_) |
|  | educational authority /Institution at the time of filling up this |  |
|  | Attestation Form? |  |  |  |  |  |

Signature of the candidate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the answer to any of the above mentioned question is “Yes” give full particular of the case/arrest/detention/fine/conviction/sentence/punishment etc. and /or the nature of the case pending in the Court/University/Educational Authority etc., at the time of filling up this from.

Note: (i) Please also see the “warring” at the top of this attestation Form.

Specific answers to each of the questions should be given by striking our “Yes" or "No" as the case may be.

13. Name of two

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible persons of your

Locality or two references to

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Whom you are known.

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATE OF CHARACTER**

This is to certify that, I have known Dr./Mr/Mrs./Ms

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Son/Daughter/Husband of Shri

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for the last\_\_\_\_\_\_\_\_ years \_\_\_\_\_\_\_ months and that to the best of my knowledge and belief he/she bears reputable character and has no antecedents which render him unsuitable for employment in this institute.

Dr./Mr./Mrs./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is not related to me.

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dist. Magistrate or Sub-Divisor

Magistrate or Gazette Officer

(Seal)

Name (In English) -

Designation-

Department-

Qualification –

 Did you have Hindi as a subject in your l0+2 Exam? (Yes or No) (Please Tick)

Did you have Hindi as a subject during your Graduation? (Yes or No) (Please Tick)

Did you have Hindi as a subject during your post Graduation? (Yes or No) (Please Tick)

Can you type in Hindi? (Yes or No) (Please Tick)

Can you do Write, Speak and Read Hindi. (Yes or No) (Please Tick)

If you did not have Hindi as a subject during your 10\*2, Graduation and Post Graduation then

Which subject was studied by you instead of Hindi? (Yes or No) (Please Tick)

Are you willing to learn Hindi and Telugu? (Yes or No) (Please Tick)

(Signature)

**(For Official Use Only)-**