



www.aiismangalagiri.edu.in

అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरी, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

(To be filled in Triplicate)

WARNING: 1. 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, convicted, debarred etc., subsequent to the completion and submission of this form, the details should be communicated immediately to the Union Public Service Commission 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 in the attestation form comes to notice at any time during the service of a person, his / her services would be liable to be terminated.

Affix coloured passport
size photograph (recent)
(5 cm X 7 cm approx.)

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)	SURNAME	NAME
2.	Present Address in full (i.e., Village, Thana and District or House Number, Lane Street / Road and Town)		
3.	(a) Permanent 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 / Bangladesh (erstwhile East Pakistan) the address in that country and date of migration to Indian Union		



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiimsmangalagiri.edu.in

4(a)	Aadhaar Card No. (if available) (Attach copy)	
(b).	PAN No. (if available) (Attach copy)	
5 (a)	Mobile Number	
(b)	E mail ID	
(c)	Emergency Contact Number	
6.	Nationality	
7 (a)	Date of Birth (DOB) (Attach matriculation certificate copy)	
(b)	Present Age	
(c)	Age at Matriculation	
8 (a)	Place of birth, District and state in which the place of birth is situated.	Place of Birth: District: State with PIN:
(b)	District and State to which you belong.	District: State with PIN:
(c)	District and State to which your father originally belong.	District: State:
9 (a)	Your Religion	
(b)	Are you a member of a Scheduled Caste / Scheduled Tribe / Other Backward Classes? (Answer: Yes / No) (Attach Caste certificate copy)	SC / ST / OBC
(c)	If Yes specify the caste and sub caste	Caste: Sub caste:



www.aiimsmangalagiri.edu.in

అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

11. Details of family members:

	Name (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 last address)	Permanent home address
a) Father						
b) Mother						
c) Spouse						
d) Brother/Sister						
e) Brother/Sister						



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

12. 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

13. Educational Qualification showing places of education with years in school and college since 15 years of age.

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



www.aiismangalagiri.edu.in

అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

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

Period		Designation, Emoluments and nature of appointment	Full name and address of employer	Reasons for leaving previous service
From	To			

14. (b) if the previous employment was under the Govt. of India / a State Govt. / an undertaking 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 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 your conduct in any matter at the time you gave notice of termination or service, or at a subsequent date before your services actually terminated?



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

15. (i)	Have you ever been kept under detention?	Yes / No
(a)		
(b)	Have you ever been arrested?	Yes / No
(c)	Have you ever been prosecuted? (i.e., has a charge sheet in a criminal case been filed against you in any court of law)	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 service Commission/Institute of Secretariat Training & Management/Subordinate Services Commission, for any of Their 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
(ii)	If the answer to any of the above-mentioned questions is 'Yes' give full particulars of the case / arrest / detention / fine / conviction / sentence / punishment etc. and or the nature of the case pending in the Court / University / Education authority etc. at the time of filling up this attestation form.	
Note *	Please also see the Warning at the top of this attestation form	
*	Specific answer to each of the questions should be given by striking out Yes' or 'No' as the case may be	



www.aiismangalagiri.edu.in

అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

16. Name of two Responsible persons of your Locality or two references to Whom you are known.

Name, address, contact number of person 1	Name: Address: Mobile No:
Name, address, contact number of person 2	Name: Address: Mobile No:

DECLARATION

I certify that the foregoing information is correct and complete to the best of my knowledge and belief.

I am fully aware that by providing false information or suppressing material information while filling this form, the authorities have full right to terminate my appointment letter and I am also liable for appropriate criminal / civil / legal action as a consequence.

I am not aware of any circumstances which might impair my fitness for employment under Government

Date:

Place:

Signature of the candidate:



www.aiismangalagiri.edu.in

అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

IDENTITY CERTIFICATE

This certificate should be signed 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

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 _____

(Stamp)



www.aiimsmangalagiri.edu.in

అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

DECLARATION REGARDING MARITAL STATUS

I, Shri / Smt./ Kum _____ declares as under:

- (a) That I am unmarried / a widower / a widow
- (b) That I am married and have only one wife living
- (c) That I am married, and my husband has no other living wife to the best of my knowledge.
- (d) That I am married and have more than one wife living
(Application for grant of exemption is enclosed)
- (e) That I am married to a person who have already one wife or more living (Application for grant of exemption is enclosed.)

I solemnly affirm that the above declaration is true, and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Date:

Signature of candidate

Note: Delete or Strike out Clauses not applicable.