

**GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
DIRECTORATE OF EDUCATION; OLD SECTT; DELHI; 110 054
(ESTABLISHMENT IV BRANCH; ROOM NO. 11-B)**

FORM FOR ACCEPTANCE OF OFFER OF APPOINTMENT

I _____ hereby accept all the terms and conditions mentioned in the offer to
the post of **ASSISTANT TEACHER (NURSERY)** offered to me vide memorandum No. _____

_____ dated _____. I hereby submit my particulars as under:-

1. Father's name _____
2. Husband's name _____
3. Date of Birth (in figure) _____
(In words) _____
4. Religion _____
5. Whether belongs to SC/ST/OBC/PH/Ex-S. Men etc. _____
6. Academic/Professional qualifications from 10th onwards:-

Affix recent Passport
size photograph with
self attestation.

Sl. No	Name of the Course/Degree etc.	Name of Board/Univ.	Subjects	Division	%age	Year of Passing

7. If displaced person place from where migrated _____

8. Details of post (s) held previously if any:

Name of post	Date of joining	Date of leaving	Name of the employer(s)

9. Present Address & Phone No. _____

Pin Code _____ Tele. No. _____

10. Permanent Address & Phone No _____

Pin Code _____ Tele. No. _____

E. mail.ID, if any _____

11. Nearest school of this Directorate of Education,
GNCT Delhi with code No. _____

(For calculation of Distance for allotment of school)

12. If employed at present, the date when
He/she will be relieved from the post _____

13. Any other information _____

DECLARATION

I solemnly affirm and declare that the information given above is true and correct to the best of my knowledge and belief and nothing has been concealed.

Signature _____

(in running hand)

Dated _____

Name _____
(in Block letters)

UNDERTAKING

I _____ hereby give an undertaking that I have never been debarred by any Board/University/Commission in any examination. If at any stage it is found false or detected incorrect, my candidature/selection/appointment is liable to be cancelled/terminated automatically without any notice to me and action can be taken against me accordingly.

SIGNATURE _____

DATE _____

NAME _____

DECLARATION

I _____ hereby declare as under:-

- (i) That I am unmarried/widower/widow.
- (ii) That I am married and have only one spouse living.
- (iii) That I have entered into or contracted a marriage with a person having a spouse living. Application for grant of exemption is enclosed.
- (iv) That I have entered into and contracted a marriage with another person during the lifetime of my spouse. 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/false after my appointment, I shall be liable to be dismissed from service.

Dated _____

Signature
Name
(In block letters)

Note: Please delete clause/clauses not applicable.

OATH OF ALLEGIANCE FOR INDIAN NATIONALS

I, _____ do swear/solemnly affirm and declare 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 impartiality.

'SO HELP ME GOD'

Date:

SIGNATURE
NAME
(In block letters)

UNDERTAKING FORM

SELF DECLARATION FOR GETTING SERVICES FROM GOVERNMENT DEPARTMENTS/LOCL BODIES/AUTONOMOUS INSTITUTIONS UNDER GOVERNMENT OF NCT OF DELHI

I _____ s/o, w/o, d/o Sh. _____
age _____ Years, r/o _____ do hereby solemnly
affirm and declare as under:

- 1) That I fulfill all the qualification for the post as on crucial date.
- 2) That the certificates/ documents produced by me and the copies of the same deposited by me with the application form are genuine and are issued by the recognized Institute/Board/University, and if the same are proved to be fake/false during the course of verification of certificates/documents by the DSSSB/Directorate of Education as the case may be and subsequently by the employer, my services shall be liable to be terminated without any notice, in addition to initiation of penal action as warranted by the appropriate authority.
- 3) That the information given to the Department in the Acceptance form of Offer of Appointment and at any other stage of the appointment in the enclosed documents/Performa is true and correct to the best of my knowledge and belief and nothing material has been concealed therein. I am well aware that concealment of facts and giving false information is a punishable offence and in case, I am guilty of giving false information or concealment of facts herein, I will be liable to be punished with imprisonment and/ or fine as per the relevant provisions of law. I also undertake that the benefits availed by me furnishing such false information or concealment of facts shall be liable to be summarily withdrawn.
- 4) That I bear good moral Character and the same may be got verified from any appropriate authority.

Signature _____

Full Name in CAPITAL LETTERS _____

Place _____

Date _____