SYSTEM ANALYST to please upload the following documents on - **Public Circular Domain** under the head:-

Documents to be filled by the candidates to be appointed to the post of Gr.II (DASS)/ASO and to be submitted at the time of document verification

24/6/E-I 3/107/020

5.0 (E-I)

ANNEXURE- [ATTESTATION FORM (To be submitted in triplicate)

-	Affix signed Passport size (5 cms. X 7 cms.)		2	"WARNING The furnishing of false information or suppression of any factual information in the Attestation Form would be disqualification, and is likely to render the candidate unfit for employment under the Government.
-	Approx. copy of recent photograph		3.	If detained, arrested prosecuted, bound down, fines convicted, debarred, acquitted etc. subsequent to the completion and submission of this form, the details should be communicated immediately to the authorities to whom the Attestation Form has been sent early, failing which it will be deemed to be a suppression of factual information
			٥.	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 services would be liable to be terminated".
1.	Name in full (in block capitals) Present Address in full (i.e. Village, Thana and District, or House No., Lane/Street/Road & Town):		60	Surname Name
3.(a)	Home Address in full (i.e. Village, Thana & District, or House No., Lane/Street/Road and Town and name of District Headquarters)		A CATALON AND ADDRESS OF THE PARTY AND ADDRESS	
(b)	If originally a resident of Pakistan/Bangladesh (erstwhile East Pakistan) the address in that country and the date of migration to Indian Union.	The state of the s		
4.	than one year at a time during	the of a	e pro	sidence) where you have resided for more ceeding five years. In case of stay abroad aces where you have resided for more than irs, should be giveh.

	То	Residential A full (i.e. Villa & District or Lane/Street/F Town	ige Thana House No.	Name of the District Head Quarter or the place mentioned in preceding column.				
5.	Name (in full & aliases if any	Nationality (by birth & or by domicile	Place of birth	Occupation if employed give designation & official address	Present postal address (if dead vive last address	Perma- nent Home address		
) Father								
o) Mother								
c) Spouse					+			
d) Brother(s	;)							
	-							
e) Sisters(s)								
e) Sisters(s) 5 (a)	Information	to be furnished	with regar	d to son(s) and/	or daughters in	n case the		
e) Sisters(s) 5 (a) Name	Information are studyin Nationality & or by dor	g/living in a fore by birth Place	I with regar ign country of birth	cd to son(s) and/ : Country in which studying/living with full address	Date from studying/	which living in ry d in the		
5 (a)	are studyin Nationality	g/living in a fore by birth Place	ign country	Country in which studying/living	Date from studying/ the count mentione	n which living in try d in the		
5 (a) Name	are studyin Nationality	g/living in a fore by birth Place	ign country	Country in which studying/living	Date from studying/ the count mentione	n which living in try d in the		

	(b)	Pres	ent age	2									
	(c)	Age	at Matr	riculation						2			
8.	(a)		e of bir hich sit	th, district uated	and stat	е							
	(b)	1	District and State to which you belong										
	(c)		District and State to which your ather originally belong										
9.	(a)	(a) Your Religion											
	(b)	Cas	Are you a member of a scheduled Caste/Scheduled Tribe? (Answer Yes/No										
10			tional Qualification showing places of education with years in Schools and Colleges 15 th year of age:										
	ne of		ol/Colle	ge (with	Date of	Enter	ring	Date of Leaving			Examination Passed		
11	(a)	Gov	vernmer onomou	nt or a	Semi-Go a public	vern Sect	ment or Unde	or a Q ertaking	uasi G orapri	overn vate f	er Central or Sta ment body or irm or institution?	an	
	P	eriod		Designat	ion,		Full na	me & ad	dress	Reas	ons for leaving		
Fro	m	То			ents & of emplo			oloyer		prev	ious service		
			- 1										
	(b)	under	rtaking		controlle	d by	the Gov	rernment			State Governmen State Governmen		
		Servi any d expla	ces (Te lisciplin iin your	mporary S ary proced conduct i	Service) R edings fra n any ma	lules imed itter	1965, d against at the ti	or any sir you, or me you g	nilar co had you gave no	rrespo Lbeer tice of	the Central Civil onding rules, were a called upon to f termination of terminated?		
12(i)	(a)		ou ever b							Yes/	No	
		(b)	Have y	ou ever b	een pros	ecute	ed?				Yes/	No	

Т	(c)	Have you ever been kept under deter	ntion? Yes/N						
	(d)	Have you ever been bound down?	Yes/N						
	(e)	Have you ever been fined by a Court Law?	of Yes/N						
	(f)	Have you ever been convicted by a c of Law for any Office?	ourt Yes/N						
	(g)	Have you ever been debarred from a examination or rusticated by any University or any other educational authority/institution?	ny Yes/N						
	(h)	Have you ever been debarred/disqua by any Public Service Commission/SI Selection Commission for any of its examination /selection?							
	(i)	Is any case pending against you in a Court of Law at the time or filling up Attestation Form?							
	(j)	Is any case pending against you in a University or any other educational authority /institution at the time of f this Attestation Form?							
	(k)	Whether discharged/expelled/withdr from any training/institution under t Government or otherwise?							
(ii)			ion/fine/conviction/sentence/punishment nding in the Court/University/Educational						
Notes:	(i)	Please also see the 'WARNING' at t	he top of this Attestation Form						
	(ii)	(ii) Specific answers to each of the questions should be given by sor 'No' as the case may be							
13	you	r locality or two references to om you are known:	1)						
			2)						

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

... Signature of Candidate: Date: Place: IDENTITY CERTIFICATE (Certificate to be signed by any one of the following) (i) Gazetted officer of Central or State Government; (ii) Members of Parliament or State Legislature belonging to the constituency where the candidate or his parents/guardian is ordinary resident; (iii) Sub-Divisional Magistrates/Officers; Tehsildars or Naib/Deputy Tehsildars authorized to exercise magisterial powers; (iv) (v) Principal/Head Master of the recognized School/College/Institution where the candidate studied last; (vi) Block Development Officers; (vii) Post Masters; (viii) Panchayat Inspectors. Certified that I have known Shri/ Smt./ Kumari_ son / daughter of Shri_ _for the last_ years_____months and that to the best of my knowledge and belief, the particulars furnished by him/her are correct. Date: Signature: Place: Designation or status & address:

TO BE FILLED BY THE OFFICE

i) Name, Designation and full address of the appointment authority.

ii) Post for which the candidate is being considered.

FORM FOR CHARACTER VERIFICATION

1.	Candidate's Full Name	
2.	Alias Name, If Any	
3.	Father's Name	4
4.	Mother's Name	
5.	Marital Status	*
6.	Name of Spouse	
7.	Blood Group	
8.	Place of Birth	4.
9.	Date of Birth	-
10.	Gender (Male/Female)	
11.	Contact Number	-
12.	E-mail ID	
13.	Nationality	
14.	Religion	
15.	Present Address	
-		e e
16.	Permanent Address	

17.	Present Address Duration	From		То	
		Month	Year	Month	Year
					20.79
18.	Add More Than One Address Here	Address	From	Т	0
19.	Police Station				75.775 V
20.	District				
21.	Criminal History				
22.	Category				
23.	Passport Size Photograph				
	Copies of one of the followin	g Document	s are required	I (S.N. 24 & 2	5)
24.	Photo Identity Proof				Card, Driving
25.	Residential Address Proof				Bill (Land Line), nt Agreement
26.	Signature				

GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI DIRECTORATE OF EDUCATION, ESTABLISHMENT-I BRANCH DIRECTORATE OF EDUCATION, OLD SECRETARIAT, DELHI-110054

FORM FOR ACCEPTANCE OF OFFER OF APPOINTMENT

			offered		me	vide	Memorandum
No			d	ated	thereof subn	nit further partic	ulars as under:-
1.	Father's name					Affix recei	nt Passport size
2.	Husband's Name	· ·				photograp	oh and signature
3.	Date of Birth						
4.	Whether belong Sc/ST/OBC/PH/Ex Serviceman etc.						
5. Acad	emic/Professional Qual	ification from	m 10 th onwards	ii-	3.11		
S.No.	Name of Cours/Degreetc.		of /University	Subject	Division	% age	Year of Passing
6.	If displaced person, p	olace from w	vhere		× #		
7. Deta	migrated il of p\Post(s) held prev	iously:-					
					1		
Name o	of Post	Date of Jo	ining	Date of L	eaving	Name of t	he Employer(s)
	7	1					
8.	Present Address						
9.	Permanent Address						
10.	If employed at prese be relieved from the		when he/she v	vill			
11.	Any other information		ir				
				SECLADATION			
				DECLARATION			
	nly declare that the info	ormation giv	en above is tru	ie and correct to	the best of my kn	owledge and be	lief and nothing ha
been co	oncealed.						
Dated:						Signature	:

Name:

UNDERTAKING

I							give	an		
undertaking	that	ı	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.										

UNDERTAKING BY THE CANDIDATE WITH DATE AND SIGNATURE

DECLARATION

1	is hereby declare as under:-
ì.	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 person having a spouse living. Application for grant of exemption is enclosed.
iv.	That I 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: Plea	se delete clause/clauses not applicable.
	OATH OF ALLEGIANCE FOR INDIAN NATIONALS
declare th by law est	do Swear/solemnly affirm and at I will faithful and bear true allegiance to India and to the Constitution of India, as ablished, that I will uphold the sovereignty of India and that I will carry out the duties ce loyalty, honestly and with impartially.
Dated:	
	Signature:
	Name (In Block Letters):

UNDERTAKING/FORM

<u>Self declaration for getting services from Government Departments/Local Bodies/Autonomous Institutions under Govt. of NCT of Delhi:</u>

l		Son/Daugl	nter	of	Sh.
••••		Age (Ye	ars),	resident	of
	•••••		,		
		do hereby affir	m and decl	are:	
	1.	That the certificates/documents produced by me and the copies	of the same	e deposited	by me
		with the application form are genuine and are is	sued by	the recog	gnized
		Institute/Board/University, and if the same are proved to be fa	ke/false du	ring the cou	rse of
		verification of certificates/documents by the Department concern	ned, my ser	vice shall be	liable
		to be terminated without any notice in addition to penal a	action as v	warranted b	y the
		appropriate authority.			
	2.	2. That the information given to the Department in the Ac	ceptance f	orm of Off	er of
		Appointment and at any other stage of the appointment in the en	nclosed doc	uments/pro	forma
		is true and correct to the best of my knowledge and belief an	d nothing	material has	been
		concealed therein. I am well aware that concealment of facts ar	nd giving fa	lse informat	ion or
		concealment of facts herein, I will be liable to be punished with	imprisonm	ent and/or f	ine as
		per the relevant provisions of law. I also undertake that the	benefits	availed by r	ne by
		furnishing such false information or concealment of facts sha	ll be liable	to be sumi	maril y
		withdrawn.			
	3.	3. That I bear good moral Character and the same be got ver	rified from	any Appro	priate
		Authority.			
		Signature:			
		Full Name in Capital Letters:			
		Place:			

Date:

UNDERTAKING

(For OBC Candidates Only)

I Son/Daughter of Sh
resident of
hereby declare that I belong to the
community which is recognized as a backward class by the Govt. of Delhi for the purpose of
reservation in service/appointment in Delhi Government service in accordance with notification
$No.28\ (93)/91-92/SCST/P\&S/4385-95\ dated\ 20.01.1995\ of\ Govt.\ of\ Delhi.\ It\ is\ also\ declared\ that$
I do not belong to person/section (Creamy Layer) mentioned in Column 3 of the Schedule in
DoPT OM No. 36012/22/93-estt.(SCT) dated 08.09.1993, which is modified vide DoPT ON
No.36033//3/2004-Estt. (Res) dated 09.03.2004 and 36033/3/2004-Estt. (Res.) dated
14.10.2008.
I also declare that the condition of status/annual income for creamy layer of my
parents/guardian is within the prescribed limits as on financial year 2018-19. I understand that
my offer of appointment will stand cancelled in case the "Non Creamy Layer Certificate"
submitted by me is found not genuine/valid.
Place:
Date:
Signature:
Name:

1													
do	hereby	undertake	that	l a	m th	e same	person	who	applied	for	the	post	of
signatures and other particulars are appeared in the application form/acceptance on offer of													
app	appointment, affidavit and other educational certificates etc.												

РНОТО

Signature of Candidate:

Name (In Block Letters):

THUMB IMPRESSION (Left)	THUMB IMPRESSION (Right)

BIO-DATA

1.	Name of the Official	
2.	Father's Name	
3.	Date of Birth	
4.	Marital Status	
5.	Date of Joining as Gr.II	
	(DASS)/ASO in GNCTD	
6.	Gender (Male/Female)	
7.	Residential Address	,
8.	Mobile Number	
9.	E-mail ID	
10.	Qualifications	
11.	Category (UR/SC/ST/OBC)-	
	with Caste as per certificate	,
12.	OH/VH/HH/EXSM/SP etc.	
13.	Previous Department	

Signature of the Official:

Name (In Block Letters):