

**GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
DIRECTORATE OF EDUCATION; INCLUSIVE EDUCATION BRANCH (IEB)
BEHIND LADY SRI RAM COLLEGE; LAJPAT NAGAR-IV; NEW DELHI-110024**

FORM FOR ACCEPTANCE OF OFFER OF APPOINTMENT

I hereby accept the all terms & conditions to the post of Special Education Teacher (Post Code-87/17) offered to me vide Memorandum No. F.44/DDE(IEB)/Admn.Cell/Pt.File/2019..... dated I hereby submit my particular as under:-

1.	Father's Name		Affix recent Passport size photograph and Signature
2.	Husband's Name		
3.	Date of Birth	(in figure)	
		(in words)	
4.	Religion		
5.	Whether belong to SC/ST/ OBC/PH/ Ex-Servicemen etc.		

6. Academic/Professional Qualification from 10th onwards:-

S. No.	Name of Course/ Degree etc.	Name of Board/ University	Subject	Division	% age	Year of Passing

7.	If Displaced person, Place from where migrated	
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8. Details of Post(s) held previously, if any:-

Name of the post	Date of joining	Date Leaving	of	Name of the Employer(s)

9.	Present Address, Phone No. and E-mail	
10.	Permanent Address & Phone No.	
11.	If employed at present, the date when he/she will be relieved from the post.	
12.	Any other information	

DECLARATION

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

Dated :

Signature:
Name:
(In block letters)

UNDERTAKING

I 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.

UNDERTAKING BY THE CANDIDATE WITH DATE AND SIGNATURE

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 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/clause 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 of India and that I will carry out the duties of my office loyalty, honestly and with impartially.

Dated :

Signature:
Name:
(In block letters)

UNDERTAKING/FORM

Self declaration for getting services from Government Departments/Local Bodies/Autonomous Institutions under GNCT of Delhi.

I _____ son/daughter of Sh. _____

Age _____ (years) resident of _____

Do hereby affirm and declare:-

1. 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 service shall be liable to be terminated without any notice in addition to penal action as warranted by the appropriate authority.

2. 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 by furnishing such false information or concealment of facts shall be liable to be summarily withdrawn.

3. 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 _____

UNDERTAKING
(For OBC candidates only)

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 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
Government of Delhi. It is also declared that I do not belong to person/section
(Creamy Layer) mentioned in Column 3 of the Schedule in Department of Personal
and Training office Memorandum No. 36012/22/93-Estt. (SCT date 8/9/1993, which
is modified vide Department of Personnel and Training office Memorandum No.
36033/3/2004 Estt.(Res) dated 9/3/2004 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 ending on
March 31, 2016. I understand that my appointment/offer will stand cancelled in case
the "Non-creamy Layer Certificate" submitted by me is found not genuine/invalid.

Place:
Dated:

Signature:
Name:
(In block letters)

**EMPLOYEE INFORMATION FOR POSTING ON THE POST OF SPECIAL
EDUCATION TEACHER POST CODE 87/17**

1. First Name : _____
2. Middle Name : _____
3. Last Name : _____
4. Date of Birth : _____
5. Father/Husband Name : _____
6. Marital Status : _____
7. Gender (Male/Female) : _____
8. Category : _____
(SC/ST/OBC/PH/Gen.)
9. Residential Address : _____
10. Nearest Govt. School from : _____
Residence (**For calculation of
Distance for allotment of school**)
11. Contact No. : _____
12. CRR No. of RCI and specialisation: _____

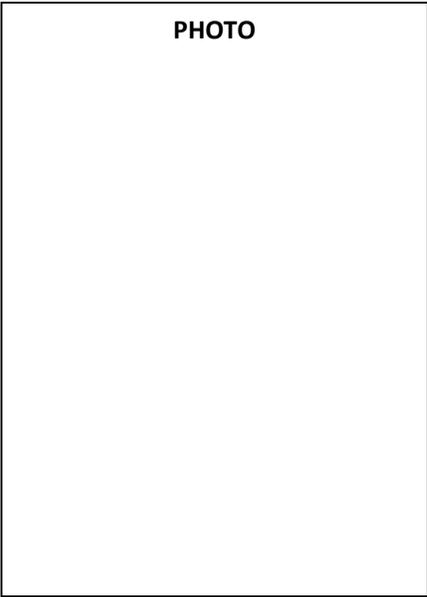
DATED: _____

SIGNATURE OF CANDIDATE

NAME:.....
(in block letters)

UNDERTAKING

I (name of the candidate), S/o, D/o, W/o
..... (name of father/husband) do hereby undertake that I
am the same person who applied for the post of **SPECIAL EDUCATION TEACHER
(POST CODE-87/17)** and whose name, photograph, signature and other particulars
are appeared in the application form/acceptance on offer of appointment, affidavit
and other educational certificate etc.



SIGNATURE OF CANDIDATE

**NAME:.....
(in block letters)**



CHARACTER CERTIFICATE (A)

This is to certify that S/o, D/o
resident of
is known to me for the last years and to the best of my knowledge and belief
he/she bears a good moral character.

He/ She is not related to me.

(SIGNATURE).....

NAME & DESIGNATION
OF THE OFFICE WITH
SEAL & PHONE NO

CHARACTER CERTIFICATE (B)

This is to certify that S/o, D/o
resident of
is known to me for the last years and to the best of my knowledge and belief
he/she bears a good moral character.

He/ She is not related to me.

(SIGNATURE).....

NAME & DESIGNATION
OF THE OFFICE WITH
SEAL & PHONE NO

Note: - Above Two characters certificate should be certified by separate Gazetted Officer