

9. If displaced person; place from where migrated- _____

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

Name of post	Date of joining	Date of leaving	Name of Ministry/Department

11. Present/Correspondence Address (At which further communication will be made)

Pin Code _____

Mobile. No. _____

12 . Permanent Address (As submitted in original application with DSSSB)

Pin Code _____

Contact. No. _____ E. mail.ID, (if any) _____

13. Nearest school of this Directorate of Education with school Id _____

14. If employed at present, the date when he/she will be relieved from the post: _____

15 Any other relevant information-

DECLARATION

I solemnly affirm and declare that :

1. I had never been debarred nor declared unfit for any public examination/Govt. job by Central /State/UT Govt.

2. The information given above/submitted is true and correct to the best of my knowledge and belief and nothing has been concealed.

Signature_____

(in running hand)

Dated

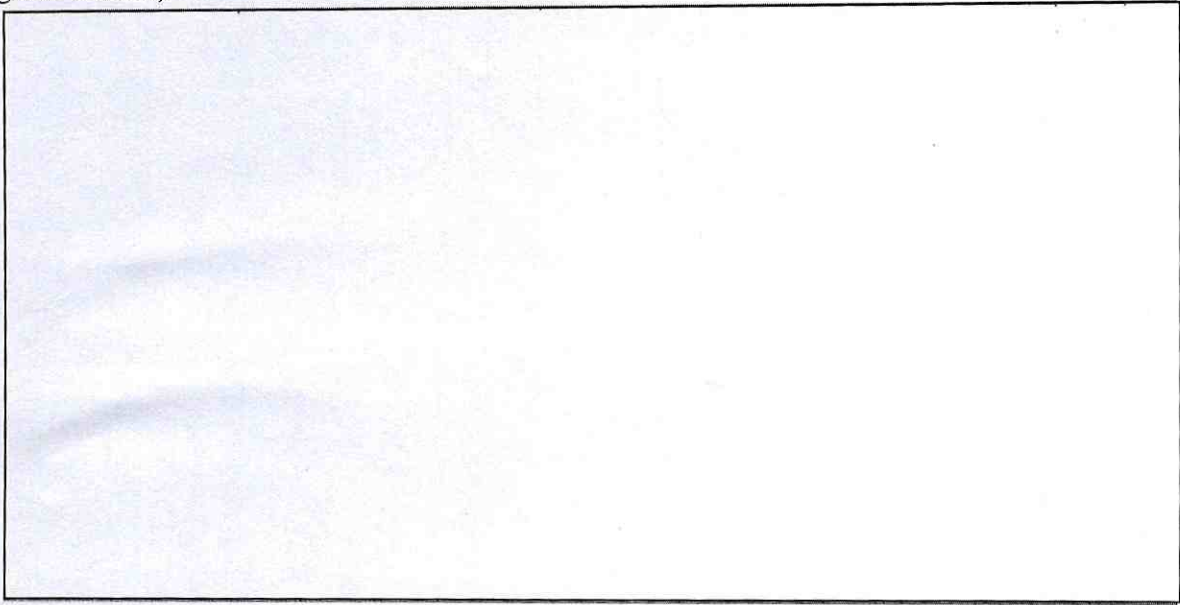
Name_____

(in Block letters)

SELF DECLARATION FORM

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 (Drawing Teacher Post Code 90/20) and whose name, photograph, signatures and other particulars are appeared in the application form/ acceptance of offer of appointment and other educational certificates etc.

(candidate has to write above mentioned statement in his/her running handwriting in the box given below.)



SIGNATURE OF CANDIDATE

(To be signed before the verifying authority)

LEFT THUMB IMPRESSION

RIGHT THUMB IMPRESSION

DECLARATION (Marriage Status)

1. I _____ declare as under:-
- a. That I am unmarried/widower/widow.
 - b. That I am married and have only one spouse living.
 - c. That I have entered into or contracted a marriage with a person having a spouse living. Application for grant of exemption is enclosed.
 - d. 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.
2. 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

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'

(SIGNATURE)

Date:

NAME:

UNDERTAKING

I _____ s/o,d/o,w/o _____

hereby undertake 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 _____

Name _____

(in Block letters)

UNDERTAKING FORM

SELF DECLARATION FOR GETTING SERVICES FROM GOVERNMENT DEPARTMENTS/LOCAL BODIES/AUTONOMOUS INSTITUTIONS UNDER DELHI GOVERNMENT

I _____ s/o,d/o,w/o _____ 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.

Place _____

Signature _____

Name _____

(CAPITAL LETTERS)

UNDERTAKING
(For OBC candidates only)

I _____ s/o,d/o,w/o _____ r/o _____ do hereby declare that I belongs to the community which is recognized as a Backward Class by the Government of Delhi for the purpose of reservation in service/appointment in Delhi Government services in accordance with notification No.28(93)/91-92/SCST/P&Y4385-95 dated 20/01/1995 of Government of Delhi. It is also declared that I do not belong to persons/sections (Creamy Layer) mentioned in column 3 of the Schedule in Department of Personnel & Training O.M. No. 36012/ 22/93-Estt.(SCT), dated 08-09-1993 which is modified vide O.M No. 36033/3/2004-Estt.(Res.) dated 09.03.2004 & O.M No.- 36033/3/2004- Estt.(Res.) dated 14.08.2008.

I also declare that the condition of status/annual income for creamy layer of my parent/guardian is within the prescribed limits as on financial year ending on March 31, 2017. I understand that my appointment offer will stand cancelled in case the "Non-creamy Layer Certificate" submitted by me is found not genuine/invalid.

Date:

SIGNATURE
NAME

**DIRECTORATE OF EDUCATION
GOVERNMENT OF NCT OF DELHI
DR CELL (E- IV) BRANCH
OLD SECRETARIAT, Delhi - 54**

Cross sign by candidate (left side)

Photo size 4" x 6"

Name :

Post code:

Roll no. :

Post name:

Date:

Candidate's Signature

**EMPLOYEE INFORMATION FOR CREATING EMPLOYEE ID TO
THE POST OF Drawing Teacher POST CODE-90/20**

1. First Name : _____
2. Middle Name : _____
3. Last Name : _____
4. Date of Birth : _____
5. Father Name : _____
6. Husband Name : _____
7. Marital Status : _____
8. Gender (Male/Female) : _____
9. Category(SC/ST/OBC/PH/Gen./EWS) _____ Sub catg./Caste _____
10. Selection Category(SC/ST/OBC/PH/Gen/EWS.): _____
(Mention the category in which candidate is selected)
11. Residential Address (As mentioned in the original application form submitted with DSSSB)

12. Name & ID of nearest Govt. School _____
from current Residence (May be used _____
for calculation of distance for allotment _____
of school) ID _____
(Available on www.edudel.nic.in)
13. Mobile No : _____
14. E-mail Id. : _____

DATE: _____

SIGNATURE