## Acceptance of Offer of Appointment to the Post of (TGT (Computer Science) Under Post Code 39/22)

/Memorandum for a F.DE.4(81)/DRC/E-I	V/TGT(CS)(39/22)/	2024/	dated	W			
reby submit my part							
						Latest	photograph
Age as on 18.11.202	22Years	MonthDa	ys.				
Religion							
* .		//en/EWS etc					
Sub Ctg./Caste-		W M G M	·				
If you ODC/SC/ST	/EW/C contificate No.	. & Date of issue-					
if yes, OBC/3C/31	/E ws certificate (80						
	e issuing Authority v						
Details of certificat	e issuing Authority v		Whether the Institute is private or	Year of Passing	Perce- ntage	Duration of course	Whether Regular or Distant
Details of certificat  Academic/Professio  Name of the  Course/Degree	e issuing Authority value is a suing a sui	with complete address:	Whether the Institute is	Year of	Perce-	Duration	Regular
Details of certificat  Academic/Professio  Name of the  Course/Degree	e issuing Authority value is a suing a sui	with complete address:	Whether the Institute is private or	Year of	Perce-	Duration	Regular or Distant
Details of certificat  Academic/Professio  Name of the  Course/Degree	e issuing Authority value is a suing a sui	with complete address:	Whether the Institute is private or	Year of	Perce-	Duration	Regular or Distant
Details of certificat  Academic/Professio  Name of the  Course/Degree	e issuing Authority value is a suing a sui	with complete address:	Whether the Institute is private or	Year of	Perce-	Duration	Regular or Distant
Details of certificat  Academic/Professio  Name of the  Course/Degree	e issuing Authority value is a suing a sui	with complete address:	Whether the Institute is private or	Year of	Perce-	Duration	Regular or Distant
Details of certificat  Academic/Professio  Name of the  Course/Degree	e issuing Authority value is a suing a sui	with complete address:	Whether the Institute is private or	Year of	Perce-	Duration	Regular or Distant
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Details of certificat  Academic/Professio  Name of the  Course/Degree	e issuing Authority value is a suing a sui	with complete address:	Whether the Institute is private or	Year of	Perce-	Duration	Regular or Distant
Details of certificat  Academic/Professio  Name of the  Course/Degree	e issuing Authority value is a suing a sui	with complete address:	Whether the Institute is private or	Year of	Perce-	Duration	Regular or Distant
Details of certificat  Academic/Professio  Name of the  Course/Degree	e issuing Authority value is a suing a sui	with complete address:	Whether the Institute is private or	Year of	Perce-	Duration	Regular or Distant

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

Name of post	Date of joining	Date of leaving	Name of Ministry/Department
	ence Address (At which furth		
		61 0 1	
Mobile. No.			
12 . Permanent Address	(As submitted in original app	plication with DSSSB)	
		Pin Code	
Contact. No.	E. mai	I.ID, (if any)	
13. Nearest school of the	his Directorate of Education		School Id
14 If any layed at average	sent, the date when he/she wi	II ha reliewed from the po	ost:
14. If employed at pres	ent, the date when he/she wi	if be reneved from the pe	St.
	vant information-		
*			
	<u>,,, , , , , , , , , , , , , , , , , , </u>		

#### **DECLARATION**

ĭ	solemnly	affirm	and	decl	are	that	•
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Dated:-

- 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.

(in running hand)	
Name	

#### **DECLARATION** (Marriage Status)

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 h Application for grant of exemption is enclosed.	aving a spouse living.
d.	That I have entered into and contracted a marriage with another perso my spouse. Application for grant of exemption is enclosed.	n during the lifetime of
declar	ration being found to be incorrect after my appointment, I shall be liable	
Date:	Sig	nature
	OATH OF ALLEGIANCE FOR INDIAN NATIONALS	<u>S</u>
ll uphol	ld the sovereignty and integrity of India, and that I will carry out the dutie	aw established, that I
	'SO HELP ME GOD'	
		( SIGNATURE )
	NAME:	000
	a. b. c. d. I sole declar service Date:	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 happlication for grant of exemption is enclosed. d. That I have entered into and contracted a marriage with another person my spouse. Application for grant of exemption is enclosed.  I solemnly affirm that the above declaration is true and I understand that declaration being found to be incorrect after my appointment, I shall be liable service.  Date:  Sig  OATH OF ALLEGIANCE FOR INDIAN NATIONALS  do swear/solemnly affirm and thful and bear true allegiance to India and to the Constitution of India, as by I uphold the sovereignty and integrity of India, and that I will carry out the dutie nestly and with impartiality.  'SO HELP ME GOD'

#### UNDERTAKING

s/o,d/o,w/o

ereby undertake that I have never been debarred by any Board	
tage it is found false or detected incorrect, my candidature/selc	ection/appointment is liable to be cancelled/ terminated
utomatically without any notice to me and action can be taken	against me accordingly.
	Signature
	Name
	D-II No
	Roll No.
	(in Block letters)
	TGT (Computer Science)
	To T (computer science)

Post Code 39/22

#### UNDERTAKING FORM

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

		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.	application form are genuine and are proved to be fake/false during the council Education as the case may be and sul	e issued by the recognized arse of verification of certi bsequently by the employe	opies Of the same deposited by me with the Institute/Board/University, and if the same are ficates/documents by the DSSSB/Directorate of er, my services Shall be liable to be terminated warranted by the appropriate authority.
3.	stage of the appointment in the encloand belief and nothing material has and giving false information is a purconcealment of facts herein, I will be	been concealed therein. I a nishable offence and in case liable to be punished with that the benefits availed	form of Offer of Appointment and at any Other is true and correct to the best of my knowledge am well aware that concealment of facts ase, I am guilty Of giving false information or h imprisonment and/ or fine as per the relevant d by me furnishing such false information or n.
4.	That I bear good moral Character and	I the same may be got ver	fied from any appropriate authority.
			Signature
Place			
			Name
			(CAPITAL LETTERS)

#### UNDERTAKING

(For OBC candidates only)

1	S/0,d/0,w/0	170
	do hereby declare that	I belongs to the
service/appointment 95 dated 20/01/1995 Layer) mentioned in Estt.(SCT), dated 08	is recognized as a Backward Class by the Government of Delhi for the purposit in Delhi Government services in accordance with notification No.28(93)/91-95 of Government of Delhi. It is also declared that 1 do not belong to person in column 3 of the Schedule in Department of Personnel & Training 0.1M. 08-09-1993 which is modified vide 0M No. 36033/3/2004-Estt.(Res.) dated 09(Res.) dated 14.08.2008.	92/SCST/P&Y4385- ns/sections (Creamy . No. 36012/ 22/93-
prescribed limits as	are that the condition of status/annual income for creamy layer of my parent/gus on financial year ending on March 31, 2020. I understand that my appointme "Non-creamy Layer Certificate" submitted by me is found not genuine/invali	nent offer will stand
Date:	SIGNATURE NAME Roll No.	

#### UNDERTAKING

(For EWS candidates only)

I	s/o,d/o,w/o	r/o
	24-04 W.	declare that I belongs to the
	which is not recognized as a Schedule Caste, Schdule Tribe an	
	freservation in service/appointment in Delhi Government servi	
No. F.87(118)/CCS/F	IQ/EWS/Rev/2019/4517 dated 04/06/2019 of Government of I	Jelhi.
Laleo declare	e that the condition of status/annual income and other assets f	for EWS category of my family is
within the prescribed	limits as on financial year ending on March 31, 2020. I under	erstand that my appointment offer
will stand cancelled i	n case the "EWS Certificate" submitted by me is found not ger	nuine/invalid.
	ÿ	
	SIGNAT	URE
Date	NAME	
Date:		
	Roll No.	

#### 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 of TGT (Computer Science) under (Post Code 39/22) 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 wri	te above mentioned statement in his/her running handwriting in the box given
below.)	
	8
	a a
	×
	SIGNATURE OF CANDIDATE
	(To be signed before the verifying authority)
LEFT THUMB IMPRESSION	RIGHT THUMB IMPRESSION

SIGNATURE

## Employee Information For Creating Employee Id To The Post Of TGT (Computer Science) Post Code-39/22

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.	Original Category (SO	C/ST/OBC/PH/Gen./EWS)	Sub catg./Caste
10.	Selection Category(Se	C/ST/OBC/PH/Gen/EWS.):	
	(Mention the category	in which candidate is selected)	
11.	Residential Address (As	s mentioned in the original application	n form submitted with DSSSB)
	-		
12.	Name & ID of nearest C	Govt. School	
	from current Residence	e (To be used	
	for calculation of distan	ce for allotment	
	of school)		ID
	( Available on www.ed	udel.nic.in)	
13.	( Available on <u>www.ed</u> DSSSB Roll No.	udel.nic.in )	
	DSSSB Roll No.	a	
14.	DSSSB Roll No.	a	
14.	DSSSB Roll No. Mobile No	a	

DATE:\_\_

# DIRECTORATE OF EDUCATION GOVERNMENT OF NCT OF DELHI DR CELL E-IV BRANCH OLD SECRATARIATE DELHI-54

CROSS SIGN. BY CANDIDATE (left side)
PHOTO 4"X6"

NAME:

POST CODE:

ROLL NO:

POST NAME:

DATE:

**SIGNATURE**