

Latest colour  
passport size  
photograph of  
the candidate

**REVISED ATTESTATION FORM**

(THE CANDIDATE SHOULD PROPERLY FILL THE ATTESTATION  
FORM WITH HIS/HER OWN HAND WRITING)

Name of the  
Department

Name of the Head of  
Department

1. (a) Name in full (Capital letters only) with aliases, if any. Please Indicate if you have  
added/dropped at any stage any part of your name /surname.

SURNAME

NAME

(b) Designation of the candidates with category (Appointment by Direct recruitment /  
Ex-servicemen quota/compassionate ground)  
(Enclose supporting certified copies of the documents.)

(i) Designation

(ii) Place of working

(iii) Date of Entry into  
Service or Date of  
Appointment

(iv) Direct Recruitment

Ex-Servicemen

Compassionate

2 Details of Address

a. Present

b. Permanent

House /Apartment/Flat No.

Name of the Apartment

Lane Name

Street & Road

Village

Mandal/Taluk

Town/City

District

State

Pincode:

Contact Phone Number	Mobile	Landline office (with STD code)	Landline Residence (with STD Code)

(c) If originally a resident of Pakistan, the address in that Dominion and the date of migration to Indian Union

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3 Particulars of places where you have resided during the **preceding five years** from the date of filling up of Attestation Form.

	From (Month/year)	To (Month/year)	Residential Address in full (i.e. House/Apartment/Flat Number, Apartment /Complex/ Lane/ Street/ Colony and Road, Village, Mandal and District / City)	Police Station and District.
1				
2				
3				
4				
5				

4.) Father's details

a) Name in full with aliases, if any

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b) Profession

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c) If in service, give designation and Official address

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d) Present Postal address (if dead, give last address)

House No	
Lane Name	
Street & Road	
Village/Mandal	
Dist	
State	
PIN Code	

e) Permanent House address

House No	
Lane Name	
Street & Road	
Village/Mandal	
Dist	
State	
PIN Code	

5. (i) Nationality of :

a) Father

b) Mother

c) Wife/Husband

(ii) Place of birth of Wife/Husband

6. a) Date of birth of the applicant

b) Present age

c) Age at SSC/Matriculation

7. a) Place of birth, District and State

b) District and State to which you belong

8. a) Religion

b) Are you a member of Scheduled Caste/Scheduled Tribe / Backward Class?

Scheduled Caste

☐

Scheduled Tribe

☐

Backward Class

☐

Please Specify the class/Tribe Grade A,B,C,D, &E

9. Educational Qualifications showing places of education with years in schools and colleges since 15<sup>th</sup> year of age (***Please enclose certified copies of study certificates and indicate whether study is regular or distance/correspondence***)

Course	Name of the school/College with full address (village/Mandal/District/City)	Date of entering (mention month & year)	Date of leaving (Mention Month & Year)	Examination passed with Reg. No. etc (Name of the group i.e. Inter/Degree/ Diploma PG, etc)	Police Station and District.
1.SSC/ Matriculation					
2.Intermediate/ Diploma					
3.Graduation/ Professional Course					
4.Post Graduation					
5.Any other qualification					

**10. If you have at any time been employed, give details. (Please enclose certified copies of the documents)**

Designation of post held or description of work	Period		Full Address of the Office, Firm or Institution	Have you been at any time dismissed / removed from service / resigned to the post? If so, please give details
	From	To		

**11. Have you ever been arrested by the police, convicted by a Court of law or detained under any state/ Central preventive detention laws for any offence? Whether such conviction sustained in the court of Appeal or set aside by the Appellate Court if appealed against.**

(Note: If detained, convicted, debarred etc. subsequent to the completion and submission of this form, the details should be communicated immediately to the concerned Department or the authority to whom the Attestation Form has been sent earlier, as the case may be, failing which it will be deemed to be suppression of factual information). If the answer is 'Yes', the full particulars of the conviction, sentences and detention should be given.

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**12. Name and complete address of two responsible persons of your locality to whom you are known or two referees to whom you are known. (Persons shall not be blood relatives)**

	Referee-1	Referee-2
House /Apartment/Flat No.		
Name of the Apartment/complex		
Lane Name		
Street & Road		
Village		
Mandal/Taluk		
Town/City		
District		
State		
Pincode		

13. Have you ever been member/worker of any Political Party or Communal organization /Youth/Student/Service/Labour? If so furnish details.

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**DECLARATION SHOULD BE SIGNED BY THE CANDIDATE**

1. I hereby declare that the statements made in this form are true to the best of my knowledge and belief.
2. I am married/unmarried and have only one wife living (delete which is not applicable)
3. I am fully aware that furnishing of false information or suppression of any factual information in the Attestation Form would be a disqualification and is likely to render me unfit for employment under the Government.
4. I am also fully aware that if it comes to notice at any time during my service that false information has been furnished or that there has been suppression of factual information in the Attestation Form, my services would be liable to be terminated solely on this ground.

Date:  
Place:

Signature of the candidate

**CERTIFICATE TO BE SIGNED BY A GAZETTED OFFICER OR MEMBER OF  
LEGISLATURE OR OTHER AUTHORITY AS PRESCRIBED BY THE APPOINTING  
AUTHORITY**

Certified that I have known Sri / Smt /Kum \_\_\_\_\_  
\_\_\_\_\_, Son/Daughter/Wife of \_\_\_\_\_ for the  
last \_\_\_\_\_ years \_\_\_\_\_ months and to the best of knowledge and belief, the particulars  
furnished by him/her are correct.

Date :  
Place:

(Signature )  
Name & Designation with seal

Photograph of the candidate attested by Gazetted Officer/ MLA/Other with seal. Competent Authority.
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### **Extra Ordinary Leave Certificate**

This is to certify that Sri/Smt/Kum. \_\_\_\_\_,  
Designation: \_\_\_\_\_, School: \_\_\_\_\_,  
Mandal: \_\_\_\_\_, Medak District has \_\_\_\_\_ (availed /  
not availed) extra-ordinary leave except casual leave during the period from  
\_\_\_\_\_ to \_\_\_\_\_ (\_\_\_\_\_ days) as per Service Register.

Station :

Date:

Sign. of Head Master  
with Seal

### **No Allegation Certificate**

This is to certify that, there are no allegations/disciplinary cases pending  
against Sri/Smt/Kum. \_\_\_\_\_, Designation: \_\_\_\_\_,  
School: \_\_\_\_\_, Mandal : \_\_\_\_\_, Medak  
District up to date as per the original Service Register.

Station :

Date:

Sign. of Head Master  
with Seal

**PHYSICAL FITNESS & HEALTH CERTIFICATE**

**I/we hereby certify that I/We examined**

**Sri/Smt./Kumari.....a**

**candidate for employment.....course and**

Cannot discover that he/she has any disease, communicable or otherwise constitutional

Affection or bodily infirmity except that his/her weight is an excess below the standard

Prescribed except.....

**I do not consider this a disqualification of the employment or service he/she seeks.**

**I/We also certify that her/she has marks of small-pox or vaccination.**

**His/her age according to her/his own statement is-----**

**Years and by appearance about..... years.-----**

**1.Height:.....Feet.....inches.....**

**2. Weight:.....kgs.....**

**3. Chest measurements**

**A) On full Inspiration.....b)On full expiration.....**

**Acuteness of**

**Vision.....**

**Appearance.....**

**Fitness for out door work -----**

**Personal Marks of Identification: 1).....**

**2) .....**

Place:

Date:

**Signature of Medical Authority**

Regd.No