ATTESTATION FORM

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

Latest colour passport size Photograph of the candidate

NI 641	N CALITY I					
Name of the Department	Name of the Head of the Dept.					
· · ·	ters only with aliases, if any. Please indi- t any stage any part of your name/surnan	-				
SURNAME						
NAME						
Recruitment/Ex- Service	date with category (Appointment by Diremen quote/compassionate ground) ified copies of the documents	rect				
(i) Designation						
(ii) Place of Working						
(iii) Direct recruitment	Ex-Serviceman Compas	ssionate				
2. Details of addresses:						
	a. Present	b. Permanent				
House/Apartment/Flat No.						
Name of Apartment						
Lane Name						
Street & Road						
Village						
Mandal / Taluk						
Town / City						
District						
State						
Pin Code						

Contact Phone Numbers		Mobile			ine office STD Code)	Landline Residence (with STD Code)	
i C	c) If originally a roof Pakistan, the ad not that Dominion a late of migration to Jnion	dress nd the o Indian					
3	3. Particulars of p from the date o	•			-	receding five	years
	From (Month / Year)	To (Month / Yo	ĺ	(i.e.,	House / A Flat Nun artment/Cor eet/Colony	mplex/Lane/	Police station and District
1							
2							
3							
4 5							
4	6. Father's detai		if any				
(b) Profession							
	(c) If in service, official addre		tion and				
(d) Present postal address (if dead, give last address			,		lame & Road e/Mandal		
(e) Permanent House Address				Village Dist			
				State Pin Co	de		

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 member of Scheduled Caste / S	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 15th 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,etd	Police
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	Have you been at any time dismissed /
	From	То	Office, Firm or Institution	removed from service / resigned to the post? If so, please give details.

		bo, prease give details.
state /central prev the Court of Appeal (Note: If detailed, c form, the details sh authority to whom the will be deemed to	rentive detention laws for any of or set aside by the Appellate Co onvicted, debarred etc. subsequal hould be communicated immediate Attestation Form has been sen	diately to the concerned Department or to not earlier, as the case may be, failing which formation). If the answer is 'Yes', the failing which
•	address of two responsible person you are known. (Persons sha	ons of your locality to whom you are known
Name	Referee-1	Referee-2
H.No./Plot No.		
Name of Apts./ Complex		
Street & Road		
Village		
)		
Mandal/Taluk		
Mandal/Taluk Town/City		
Town/City		

DECLARATION SHOULD BE SIGNED BY THE CANDIDATE

- 1. I here 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:		Signature of Candidate
Place:		
	LATURE OR OTHE	BY A GAZETTED OFFICER OR MEMBER OF R AUTHORITY AS PRESCRIBED BY THE INTING AUTHORITY
		nt / Kum.
	Son / Daughter /	Wife of
For the last	years	months and to the best of my knowledge and belief,
the particulars fu	rnished by him / her ar	re correct.
Date:		(Signature) Name & Designation with Seal
Place:		

Photograph of the candidate attested by Gazetted Officer / MLA / other with seal Competent Authority