

ACCEPTANCE OF OFFER OF APPOINTMENT

I hereby accept the offer of appointment to the post of
..... in Kendriya Vidyalaya made in your letter
No. dated and conditions mentioned therein. I agree to join
at the place and on the date indicated therein and I will not request for transfer within three years of
Initial appointment and will serve atleast 3 years at the place of first posting.

Date

Signature

Place

Name in Full

(Block letters).....

(To be forwarded to the Principal of concerned K.V.)

ACCEPTANCE OF OFFER OF APPOINTMENT

I hereby accept the offer of appointment to the post of
..... Kendriya Vidyalaya made in your
letter No. dated and also the terms and conditions mentioned therein,
I agree to join at the place and on the date indicated therein and I will not request for transfer within
three years of Initial appointment and will serve atleast 3 years at the place of first posting.

Date

Signature

Place

Name in Full

(Block letters).....

(To be forwarded to the Regional Office)

KENDRIYA VIDYALAYA SANGATHAN

APPENDIX - VII "A"

CANDIDATE'S STATEMENT AND DECLARATION

The candidate must make the statement required below prior to his medical examination and must sign the declaration appended thereto. His attention is specially directed to the warning contained in the note below :

1. State your name in full
(in block letters)

2. State your age and place of birth

3. (a) Have you ever had small-pox intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, Heart disease, lung disease, fainting attacks, rheumatism, appendicitis:

OR

(b) Any other disease or accident requiring confinement to bed and medical or surgical treatment?

4. When were you last vaccinated ?

5. Have you or any of your near relations been afflicted with consumption, scrofula, gout, asthma, fits, epilepsy or insanity?

6. Have you suffered from any form of nervousness due to over-work or any other cause?
.....

7. Have you been examined and declared unfit for Government service by a Medical Office Medical Board within the last three years?

(2)

8. Furnish the following particulars concerning your family :

Father's age, if living and state of health	Father's age at death and cause of death	No. of brothers living their ages and state of health	No. of brother dead, their ages at death and cause of death
Mother's age, if living and state of health	Mother's age at death and cause of death	No. of sisters living their ages and state of health	No. of sisters dead, their ages at death and cause of death

I declare all the above answers to be, the best of my belief, true and correct..

I also solemnly affirm that I have not received a disability certificate/pension on act of any disease or other condition

Candidates signature

Signed in my presence

Signature of Civil Surgeon or
Medical Officer of equal rank

Note: The candidate will be held responsible for the accuracy of the above statement. By wilfully suppressing any information, he will incur the risk of losing the appointment and if appointed, of forfeiting all claims to superannuation allowance or gratuity.

MEDICAL CERTIFICATE

APPENDIX -

Name of candidate for appointment
(in block letters)

Caste or Race

Residence

Father's name and address

Date of birth by Christian era
nearly as can be ascertained

Exact height by measurement

Personal marks of identification

Signature of the Candidate

I do hereby certify that I have examined Shri/Smt./Kum a
candidate for employment in the Kendriya Vidyalaya cannot
discover that he/she has any disease communicable or otherwise constitutional affli... or bodily
infirmity, except

I do not consider this a disqualification for employment in the Kendriya Vidyalaya Sangathan
His/her age is, according to his/her own statement isyears and he/she
appears aboutyears.

I also hereby certify that I have examined Smt
..... and do not discover that she is pregnant.

(For married female candidates)

Left hand thumb and finger impression of the candidate.

Signature of the candidate

Taken before

Name of the Officer

Designation of the officer

on (date)

DECLARATION

1. Shri/Smt/Ku. declares as under :

- * a) That I am unmarried/a Widower/a widow..
- *b) That I am married and have only one wife living.
- *c) That I am married and have more than one wife living Application for grant of exemption is enclosed.
- *d) That I am married and that during the life time of my spouse, I have contracted another marriage. Application for grant of exemption is enclosed.
- *e) That I am married and my husband has no other living wife, to the best of my knowledge.
- *f) That I have contracted a marriage with a person who has already one wife or more living. 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

*Delete clauses not applicable

** Applicable in the case of clauses (a), (b) and (c) only.

OATH TO BE TAKEN BEFORE THE CHAIRMAN/PRINCIPAL OF THE VIDYALAYA

I.....solemnly affirm that I will be faithful and bear, true allegiance to India and to the Constitution of India as by law established and that I will carry the duties of my office loyally, honestly and with impartiality.

So help me God.

Signature

Date

Designation

(2)

5. (a) Fathers name In full with aliases, If any
(b) Present Postal address (if dead, give last address)
(c) Permanent Home Address
(d) Profession
(e) If in service, give designation and Official address

.....
.....
.....
.....
.....

6. Nationality

- (a) Father
(b) Mother
(c) Husband/Wife
(d) Candidate

.....
.....
.....
.....

II Place of birth

- (a) Exact date of birth
(b) Present age
(c) Age at Matriculation

.....
.....
.....
.....

8. (a) Place of birth District and state in which situated
(b) District and State to which you belong

.....
.....
.....

9. (a) Your religion
(b) Are you a member of Scheduled Caste/ Scheduled Tribe? Answer 'Yes' or 'No' and if the answer is 'Yes', state the name thereof

.....
.....

10. Educational qualifications showing places of education with years in Schools and Colleges since 15 years of age:

Name of School / College with full address	Date of entering	Date of leaving	Examination passed

11. If you have at anytime been employed, give details.

Designation of Post held or Description of work	Period		Full address of the office, firm, or institution	Full reasons for leaving the previous service
	From	To		

12. Have you ever been prosecuted, kept under detention, or bound down/fined, convicted by a court of law for any offence?

Is any case pending against you in any court of Law at the time of filling up this attestation form?

If the answer is 'Yes', full particulars of the case, detention, fine, conviction, sentence etc. should be given.

13. Name of the two responsible persons of your locality or two reference to whom you are known.

- 1.
- 2.

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances which might impair my fitness for employment under Government,

Date

Signature of Candidate

Place

IDENTITY CERTIFICATE

Certificate to be signed by any one of the following:

- (i) Gazetted Officers of Central or State Government
- (ii) Members of Parliament or State Legislature.
- (iii) Non-gazetted Sub-Divisional Magistrates / Officers.
- (iv) Tehsildars or Naib /Dy. Tehsildars authorised to exercise magisterial powers.

Certified that I have known Shri / Smt/ Kumari

son/daughter of Shri for the last

years months and that to the best of my knowledge and belief the particulars

furnished by him/her are correct

Place

Date :

Signature

Designation or Status
and Address

.....
.....

CHARACTER CERTIFICATE

APPENDIX - VI

Certified that I have known Shri/Smt./Ku.
..... son/daughter of for the
last years months and that to the best of my
knowledge and belief, he/she bears reputable character and has no antecedents which render him/
her unsuitable for employment in the Kendriya Vidyalaya Sangathan.

Shri / Smt / Ku.
is not related to me.

Place

Signature

Date

Designation.....

DISCHARGE CERTIFICATE

Ministry / Department / Office

No. Place..... Date

Shri / Smt. / Ku. has / had been working
as in the Ministry / Department / Office of
from to He / She was
drawing Rs. as pay with / without allowances and his / her services have
been or are likely to be terminated with effect from on account reduction
in the establishment. His / her work and conduct was satisfactory.

He/She was employed through Union Public Service Commission / through the Employment
Exchange / from the open market after obtaining a non
availability certificate from the Employment Exchange / with the prior approval of the Ministry of
Home Affairs / direct without reference to the Employment Exchange or to the Ministry of Home
Affairs.

Signature.....

(Designation of Officer and Office Seal)