

5 (a) Particulars of family members:

	Name	Nationality	Place of Birth	Occupation	Present Address	Permanent Home Address
1. Father						
2. Mother						
3. Spouse						
4. Brother						
5. Sister						
6. Children						

(b) Information to be furnished with regard to sons(s) and/or daughter(s) in case they are studying/living in a foreign country.

Name	Nationality (by birth and/or by domicile)	Place of birth	Country in which studying / living with full address	Date from which studying/living in the country mentioned in previous column

6 Nationality:

7 (a) Date of Birth: (in fig.) _____ (in words) _____

(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

(c) District and State to which your :
father originally belongs

9 (a) Your religion :

(b) Are you a member of Scheduled Caste/ Scheduled
Tribe / OBC / Physically Handicapped?

Yes/No

If Yes, state the name of the category

Answer 'Yes' or 'No'.

If the answer is 'Yes', state the name thereof.

10 Educational qualification showing place of education with years in School and Colleges since 15th year of age.

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

11 (a) Are you holding or have, at any time, held an appointment under the Central or State Government or Semi-Government or Quasi Government body, or an Autonomous Body or a Public Undertaking, or a Private Firm or Institutions? If so, give full particulars with dates of employment up-to-date.

Period		Designation, employment and nature of employment	Full name and address of employer	Reason for leaving previous service
From	To			

(b) If the previous employment was under the Government of India / State Govt. / an Undertaking owned or controlled by the Govt. of India or a State Govt./ an Autonomous Body / University / Local Body.

If you had left the services on giving a month's notice under Rule 5 of the Central Civil Service (Temporary Service) Rules, 1965, or any similar corresponding rules where any disciplinary proceedings framed against you, or had you been called upon to explain your conduct in any matter at the time you have given notice of termination of service, or at a subsequent date, before your services actually terminated?

- | | | |
|----|--|--------|
| 12 | (a) Have you ever been arrested? | Yes/No |
| | (b) Have you ever been prosecuted? | Yes/No |
| | (c) Have you ever been kept under detention? | Yes/No |
| | (d) Have you ever been bound down? | Yes/No |
| | (e) Have you ever been fined by a Court of Law? | Yes/No |
| | (f) Have you ever been convicted by a Court of Law for any offence? | Yes/No |
| | (g) Have you ever been debarred from any examination or rusticated by any University or any other educational authority / Institution? | Yes/No |
| | (h) Have you ever been debarred / disqualified by any Public Service Commission / Staff Selection Committee for any of its examination / selection? | Yes/No |
| | (i) Is any case pending against you in any Court of Law at the time of filling up this Attestation Form? | Yes/No |
| | (j) Is any case pending against you in any University or any other educational authority / Institution at the time of filling up the Attestation Form? | Yes/No |
| | (k) Whether discharged / expelled / withdrawn from any training institutions under the Government or otherwise? | Yes/No |
| | (l) If the answer to any of the above mentioned question is 'yes', give full particulars of the case / arrest / detention / fine / conviction / sentence / punishment etc. and/or the nature of the case pending in the Court / University / Educational Authority etc. at the time of filling up this form. | |

NOTE:

- (i) Please also see the 'Warning' at the top of this Attestation Form.
- (ii) Specific answers to each of the question should be given by striking out 'Yes' or 'No' as the case may be.

- 13 Names of two responsible person of your locality or two reference with full address (not relation) to who you are known
- | | |
|-------|-------|
| 1. | 2. |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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

Note:

To be countersigned by Gazette Officer

Place:

Signature of Candidate

Date: