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 i          | in full (Capital letters only)wit<br>led/dropped at any stage any p | th aliases, if any. Please Indicate   | if you have   |
| SURNAME                |   |   |               |
| NAME                   |   |   |               |
|                        | Ex-servicemen quota/com   | ntes with category (Appointment lapassionate ground) 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  |
| Hou                    | use /Apartment/Flat No.   |   |               |
| Name of the Apartment  |   |   |               |
| Lane Name              |   |   |               |
| Street & Road          |   |   |               |
| Villa                  | ıge   |   |               |
| Man                    | dal/Taluk   |   |               |
| Tow                    | n/City  |   |               |
| Dist<br>State<br>Pince | e   |   | ]             |
|                        |   |   |               |

|                                     |        | Mobile            |                     |   |   | lline Residence |                     |  |  |
|-------------------------------------|--------|-------------------|---------------------|---|---|-----------------|---------------------|--|--|
|                                     |        |                   |                     | (with STD code)   | (with                                   | (with STD Code  |                     |  |  |
| Contact Phone Number                |        |                   |                     |   |   |                 |                     |  |  |
|                                     |        |                   |                     |   | •                                       |                 | •                   |  |  |
| (a) If or                           | ricina | ally a resident o | f l                 |   |   |                 |                     |  |  |
|                                     |        | the address in    | 1                   |   |   |                 |                     |  |  |
|                                     |        | ninion and the d  | late                |   |   |                 |                     |  |  |
| of n                                | nigra  | tion to Indian U  | Jnion               |   |   |                 |                     |  |  |
|                                     |        |                   | <del></del>         |   |   |                 |                     |  |  |
|                                     |        |                   | ere you have re     | sided during  | g the <i>preceding five ye</i>          | <u>ars</u> from | the date of filling |  |  |
| up of                               | t Atte | estation Form.    | T                   | D .   | 1 .' 1 A 1 1                            |                 | D 1: Ct t:          |  |  |
|                                     |        | From (Month/woor) | -                   | · ·   |   |                 | Police Station      |  |  |
|                                     |        | (Month/year)      | (Month/year)        | House/Apartment/Flat Number, and District.  Apartment /Complex/ Lane/ Street/ |   |                 |                     |  |  |
|                                     |        |                   |                     |   | nd Road, Village, Mand                  |                 |                     |  |  |
|                                     |        |                   |                     | Colony at   | District / City)                        | ai and          |                     |  |  |
|                                     | 1      |                   |                     |   | _ ===================================== |                 |                     |  |  |
|                                     |        |                   |                     |   |   |                 |                     |  |  |
|                                     |        |                   |                     |   |   |                 |                     |  |  |
|                                     | 2      |                   |                     |   |   |                 |                     |  |  |
|                                     | 3      |                   |                     |   |   |                 |                     |  |  |
| F                                   |        |                   |                     |   |   |                 |                     |  |  |
| -                                   | 4      |                   |                     |   |   |                 |                     |  |  |
|                                     | 5      |                   |                     |   |   |                 |                     |  |  |
| L                                   |        |                   |                     |   |   |                 |                     |  |  |
| 4.) Far                             | ther's | s details         |                     |   |   |                 |                     |  |  |
| a)                                  | Nan    | ne in full with a | liases, if any      |   |   |                 |                     |  |  |
| <b>b</b> )                          | Duot   | fession           | <u> </u>            |   |   |                 |                     |  |  |
| b)                                  | PIOI   | lession           |                     |   |   |                 |                     |  |  |
| c)                                  |        | service, give d   |                     |   |   |                 |                     |  |  |
| and Official address                |        |                   |                     |   |   |                 |                     |  |  |
|                                     |        |                   |                     |   |   |                 |                     |  |  |
| d)                                  | Pres   | sent Postal addr  | ess (if dead,       | TT NT.  | <u> </u>                                |                 |                     |  |  |
| give last address)                  |        |                   | House No.           |   |   |                 |                     |  |  |
|                                     |        |                   | Lane Nan Street & I |   |   |                 |                     |  |  |
|                                     |        |                   |                     |   |   |                 |                     |  |  |
|                                     |        |                   |                     | Village/M   | iandai                                  |                 |                     |  |  |
|                                     |        |                   | Dist<br>State       |   |   |                 |                     |  |  |
|                                     |        |                   | PIN Code            |   |   |                 |                     |  |  |
|                                     |        |                   |                     | PIN Code  | ,                                       |                 |                     |  |  |
| e) Permanent House address House No |        |                   |                     |   |   |                 |                     |  |  |
| c) I crimatent House address        |        |                   | Lane Nan            |   |   |                 |                     |  |  |
|                                     |        |                   | Street & I          |   |   |                 |                     |  |  |
|                                     |        |                   | Village/M           |   |   |                 |                     |  |  |
| ŀ                                   |        |                   |                     | Dist  | iuiiuui                                 |                 |                     |  |  |
|                                     |        |                   | State               |   |   |                 |                     |  |  |
|                                     |        |                   | PIN Code            | ;   |   |                 |                     |  |  |

| 5. (i) Nationality of: a) Father   |   |            |   |  |  |                                       |
|--|---|------------|---|--|--|---------------------------------------|
| b) Mother  |   |            |   |  |  |                                       |
| c) Wife/H  | lusband   |            |   |  |  |                                       |
| (ii) Place of birth of   | of Wife/Husband   |            |   |  |  |                                       |
| 6. a) Date of birth of t   | the applicant   |            |   |  |  |                                       |
| b) Present age   |   |            |   |  |  |                                       |
| c) Age at SSC/Ma   | ntriculation  |            |   |  |  |                                       |
| 7. a) Place of birth, D  | istrict and State   |            |   |  |  |                                       |
| b) District and State which you belo                                     |   |            |   |  |  |                                       |
| 8. a) Religion   |   |            |   |  |  |                                       |
| b) Are you a mem   | ber of Scheduled Ca   | ste/Sche   | eduled Tribe  | Backward Class?                              |  |                                       |
| Scheduled Cast   |   | cheduled   |   | Backward                                     | Class  |                                       |
| Please Specify   | the class/Tribe Grad  | de A,B,C   | C,D, &E   |  |  |                                       |
| 9. Educational Quality since 15 <sup>th</sup> your of whether study isre | fications showing pl<br>f age ( <i>Please enclosegular or distance</i> /co  | se certifi | ied copies oj                                       |  |  |                                       |
| Course   | Name of the<br>school/College with<br>address (village/Ma<br>District/City) |            | Date of<br>entering<br>(mention<br>month &<br>year) | Date of leaving<br>(Mention<br>Month & Year) | Examination passed with Reg. No. etc (Name of the group i.e. Inter/ Degree/ Diploma PG, etc) | Police<br>Station<br>and<br>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<br>held or description  | Period |    | Full Address of the Office, Firm or | Have you been at any time dismissed /                     |
| of work   | From   | То | Institution                         | removed from<br>service / resigned to<br>the post? If so, |

| held or description                          | Per   | iod  | Office, Firm or  | any time dismissed /   |  |
|--|---|--|--|--|--|
| of work                                      | From  | То   | Institution  | removed from<br>service / resigned to<br>the post? If so,<br>please give details |  |
|  |   |  |  |  |  |
|  | tention laws for any  | ice, convicted by a Cooffence? Whether suc f appealed against.   |  |  |  |
| the details sh<br>whom the A<br>deemed to be | ould be communicate<br>ttestation Form has be<br>suppression of factu | tc. subsequent to the dimmediately to the deen sent earlier, as the lal information). If the nation should be given. | concerned Department<br>the case may be, failing<br>the answer is 'Yes', the | nt or the authority to ng which it will be                                       |  |
|  |   |  |  |  |  |
|  |   | oonsible persons of yo<br>Persons shall not be bl  |  | you are known or   |  |
|  |   | Referee-1  | Refere   | ee-2   |  |
| House /Apartment/Flat No.                    |   |  |  |  |  |
| Name of the A                                | partment/complex  |  |  |  |  |
| Lane Name                                    |   |  |  |  |  |
| Street & Road                                |   |  |  |  |  |
| Village                                      |   |  |  |  |  |
| Mandal/Taluk                                 |   |  |  |  |  |
| Town/City                                    |   |  |  |  |  |
| District                                     |   |  |  |  |  |
| State  |   |  |  |  |  |
|  | _   |  |  |  |  |

Pincode

| 13. Ha           | ve you ever been n<br>n/Student/Service/L   | nember/worker of any Political Party or Communal organization abour? If so furnish details.   |
|------------------|---|---|
|                  |   |   |
| DECL             | ARATION SHOU  | JLD BE SIGNED BY THE CANDIDATE  |
| 1.               | I hereby declare t belief.  | hat the statements made in this form are true to the best of my knowledge and   |
| 2.               | I am married/unn  | narried and have only one wife living (delete which is not applicable)  |
| 3.               |   | that furnishing of false information or suppression of any factual information in orm would be a disqualification and is likely to render me unfit for employment ment.   |
| 4.               | information has   | aware that if it comes to notice at any time during my service that false been furnished or that there has been suppression of factual information in the my services would be liable to be terminated solely on this ground. |
| Date:<br>Place:  |   | Signature of the candidate  |
| <u>I</u>         |   | TO BE SIGNED BY A GAZETTED OFFICER OR MEMBER OF OR OTHER AUTHORITY AS PRESCRIBED BY THE APPOINTING  |
|                  |   | <u>AUTHORITY</u>  |
|                  | Certified that I  | have known Sri / Smt /Kum   |
|                  |   | Son/Daugher/Wife offor the  |
| last _           | years_  | months and to the best of knowledge and belief, the particulars   |
| furnish          | ned by him/her are  | correct.  |
|                  |   | (Signature ) Name & Designation with seal   |
| Date :<br>Place: |   |   |
| by (             | notograph of the indidate attested Gazetted Officer/LA/Other with eal. Competent Authority. |   |