ATTESTATION FORM

Affix signed Passport size copy of recent photograph		2	"WARNING The furnishing of false information or suppression of any factual information in the Attestation Form would be disqualification, and is likely to render the candidate unfit for employment under the government. If detained, arrested prosecuted, bound down, fines convicted, debarred, acquitted etc. subsequent to the completion and submission of this form, the details should be communicated immediately to the authorities to						
		1 1	whom the Attestation Form has been sent early, failing which it will be deemed to be a suppression of factual information.						
If, the fact that false information has been furnished or the suppression of any factual information in the Attestation notice at any time during the service of a person his service to be terminated.						peen furnished or that there has been			
1.	Name in full (in b	lock	canitals)		Cuman				
	with aliases, if an	v. (Pl	lease		Surname	Name			
	indicate if you har	ve ad	lded or			,			
	dropped in any sta	age, a	any part						
	of your name or s	urnar	ne):						
2.	Present Address i	n full	(i.e.						
	Village, Thana an	d Dis	strict, or						
	House No., Lane/Street/Road								
3.(a)	and Town):	0.11							
3.(a)	Home Address in full (i.e.								
	Village, Thana and District, or								
	House No., Lane/Street/Road and Town and name of District								
	Headquarters)								
(b)	If originally a resi	dent	of						
(-)	Pakistan/Bangladesh (erstwhile								
	East Pakistan) the address in								
	that country and the date of								
	migration to India	n Un	ion.						
4.	Adhar Card No. (i	f ava							
5.	PAN No. (if availa	able)							
6.	Nationality								
7.(a)	Date of Birth			0					
(b)	Present age								
(c)	Age at Matriculati								
8.(a)	Place of birth, dist	rict a	nd state						
(1-)	in which situated			_					
(b)	District and State t	o wh	ich you b	elong					
(c)	District and State	o wh	ich your	father					
9.(a)	originally belong Your Religion								
(b)	Are you a member	of a	المالية والم	1					
(0)	Caste/Scheduled T	ora 'riba/	achequie Other	.I					
	Backward Classes			/No)					

^{10.} Particulars of places (with periods of residence) where you have resided for more than one year at

	all plac	es where yo	receding ou have	g five y resided	for mo	case re tha	or stay	y abroad year aft	er att	aining	the ago	e of 21 years, should
Fr	be give	To	Co Residential Address in full (i.e. Village Thana & District or House No., Lane/Street/Road and Town						Name of the District Head Quarter of the place mentioned in preceding column.			
										n		
11		Name (in full & aliases if any (by birth & or by domiciles		Place of birth		Occupa n if employ give designa n & officia addres	postal addres dead v natio last addres		ss (if vive	Permanent Home address		
a) I	Father			11			=	an I		2 7	, 5	1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b) :	Mother			17						7.4		
c)	Spouse							٠,				
12		Informati studying	ion to be	furnis a fore	hed with	rega	rd to s	on(s) an	d /or			case they are
Na	ame	Nationa by birth by domi		lity & or	ity Place of & or birth		Country in wh studying/livin full address			g with studying/livi		m which Iliving in the country ed in the previous
							7					
13				on sho	wing pla	ices c	of educ	ation wi	th ye	ar in so	chools	and colleges since
	Marile of Benoon Comego (With				ate of Date		Date	e of Leaving I		Exan	nination Passed	

1.(a)	Are you holding or have any time held an appointment under Central or State Government or a Semi Government or a Quasi Government body or an autonomous body or a public Sector Undertaking or a private firm or institution? If so, give full particulars with date of									
				it so, give iuii pa	rticulars with	date of				
		oyment up-t		T 11	D C	1 :				
	Perio		Designation,	Full name &		or leaving previous				
rom		То	emoluments & nature of	address of	service					
			employment	employer						
				1						
	1			100						
	If the previous employment was under the Government of India/a State Government/									
	undertaking owned or controlled by the Government of India or a State Government/ and									
1	Autonomous Body/University/Local Body.									
-										
	If you have left service on giving a month's notice under Rule 5 of the Central Civil Services									
	(Temporary Service) Rules 1965, or any similar corresponding rules, were any disciplinary									
	proceedings framed against you, or had you been called upon to explain your conduct in any									
	matter at the time you gave notice of termination of service, or at a subsequent dates(s), before									
	your service actually terminated?									
15.(i)		Have you e	Yes / No							
		Have you e	Yes / No							
	(c)	Have you ever been prosecuted?								
	(0)	(i.e. has a charge sheet in a criminal case been filed against you in								
		any court o								
	(d)	Is any criminal case pending against you in any Court of Law at the Yes / No								
	(4)	time of filling up this Attestation form?								
	(e)	Have you e	Yes / No							
	(f)	Whether di	Yes / No							
	(1)		Sovernment or otherwise?							
	(a)	Have you e	Yes / No							
	(g)		2007210							
			l authority/Institution?	:C - 11 DL1:	- Camilaa	Vac / Na				
	(h)		ever been debarred / disqual		c Service	Yes / No				
			on/Staff Selection Commiss	ion for any of its						
	-	examinatio	n/selection?	!	(Va.) since 6.1	I mantiaulana of the				
(ii)		If the answ	er to any of the above ment	ioned question is	res give iui	ha natura of the cas				
		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								
				monai Aumority e	ete at the time	of fifting up uns				
	-	attestation	form:							
		7 -4.7								
				0.11	allan Pa					
Notes	(i)	Please also see the 'WARNING' at the top of this Attestation Form								
					-					
	(ii)	Specific ar	iswers to each of the question	on should be giver	i by striking (out 'Yes' or 'No' a				
			ay be							

16.	Names of two responsible person of your locality or two references to whom you are known:	1.						
		2.						
DECLARATION								
I an this for appropr	I certified that the foregoing information is correct and correct and correct and							
Signature of Candidate:								
	Date:							
	Place:							

TO BE FILLED BY THE OFFICE

- i) Name, Designation and full address of the appointment authority.
- ii) Post for which the candidate is being considered.