

**GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
DIRECTORATE OF EDUCATION; OLD SECTT; DELHI; 110 054
(ESTABLISHMENT IV BRANCH; ROOM NO. 11-B)**

FORM FOR ACCEPTANCE OF OFFER OF APPOINTMENT

I _____ hereby accept all the terms and conditions mentioned in the offer to the post of **ASSISTANT TEACHER (Nursery)** offered to me vide memorandum No. _____ dated _____. I hereby submit my particulars as under:-

1. Father's name _____
2. Husband's name _____
3. Date of Birth (in figure) _____
(In words) _____
4. Religion _____
5. Whether belongs to SC/ST/OBC/PH/Ex-S. Men etc. _____
6. Academic/Professional qualifications:-



| Sl. No | Name of the Course/Degree etc. | Name of Board/Univ. | Subjects | Division | %age | Year of Passing |
|--------|--------------------------------|---------------------|----------|----------|------|-----------------|
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7. If displaced person place from where migrated _____

8. Details of post (s) held previously if any:

| Name of post | Date of joining | Date of leaving | Name of the employer(s) |
|--------------|-----------------|-----------------|-------------------------|
| | | | |
| | | | |

9. Present Address & Phone _____

Pin Code _____ Tele. No. _____

10. Permanent Address & Phone _____

Pin Code _____ Tele. No. _____

E. mail.ID, if any _____

11. Nearest school of this Directorate of Education,
GNCT Delhi with code No. _____

(For calculation of Distance for allotment of school)

12. If employed at present, the date when
He/she will be relieved from the post _____

13. Any other information _____

DECLARATION

I solemnly affirm and declare that the information given above is true and correct to the best of my knowledge and belief and nothing has been concealed.

Signature _____

(in running hand)

Dated _____

Name _____

(in Block letters)

UNDERTAKING

I _____ S/o,D/o,W/o _____
hereby undertake that I have never been debarred by any Board/University/Commission in any examination. If at any stage it is found false or detected incorrect, my candidature/selection/appointment is liable to be cancelled/ terminated automatically without any notice to me and action can be taken against me accordingly.

Signature _____

Name _____

(in Block letters)

UNDERTAKING FORM
SELF DECLARATION FOR GETTING SERVICES FROM GOVERNMENT DEPARTMENTS/LOCL
BODIES/AUTONOMOUS INSTITUTIONS UNDER DELHI GOVERNMENT

I _____ s/o, w/o, d/o Sh. _____
r/o _____ do hereby solemnly
affirm and declare as under:

- 1) That I fulfill all the qualification for the post as on crucial date.
- 2) That the certificates/ documents produced by me and the copies of the same deposited by me with the application form are genuine and are issued by the recognized Institute/Board/University, and if the same are proved to be fake/false during the course of verification of certificates/documents by the DSSSB/Directorate of Education as the case may be and subsequently by the employer, my services shall be liable to be terminated without any notice, in addition to initiation of penal action as warranted by the appropriate authority.
- 3) That the information given to the Department in the Acceptance form of Offer of Appointment and at any other stage of the appointment in the enclosed documents/Performa is true and correct to the best of my knowledge and belief and nothing material has been concealed therein. I am well aware that concealment of facts and giving false information is a punishable offence and in case, I am guilty of giving false information or concealment of facts herein, I will be liable to be punished with imprisonment and/ or fine as per the relevant provisions of law. I also undertake that the benefits availed by me furnishing such false information or concealment of facts shall be liable to be summarily withdrawn.
- 4) That I bear good moral Character and the same may be got verified from any appropriate authority.

Signature _____

Full Name in CAPITAL LETTERS _____

Place _____

UNDERTAKING
(For OBC candidates only)

I _____ s/o, d/o, w/o Shri _____
Residence of _____ do hereby
declare that I belongs to the _____ community which is recognized as a
Backward Class by the Government of Delhi for the purpose of reservation in service/appointment in
Delhi Government services in accordance with notification No. 28(93)/91-92/SCST/P&S/4385-95 dated
20/01/1995 of Government of Delhi. It is also declared that I do not belong to persons/sections (Creamy
Layer) mentioned in column 3 of the Schedule in Department of Personnel & Training O.M. No. 36012/
22/93-Estt.(SCT), dated 08-09-1993 which is modified vide OM No. 36033/3/2004-Estt.(Res.) dated
09.03.2004 & OM No.- 36033/3/2004- Estt.(Res.) dated 14.08.2008.

I also declare that the condition of status/annual income for creamy layer of my parent/guardian is
within the prescribed limits as on financial year ending on March 31, 2017. I understand that my
appointment offer will stand cancelled in case the "Non-creamy Layer Certificate" submitted by me is
found not genuine/invalid.

Date:

SIGNATURE
NAME

DECLARATION

1 I _____ declare as under:-

- (i) That I am unmarried/widower/widow.
- (ii) That I am married and have only one spouse living.
- (iii) That I have entered into or contracted a marriage with a person having a spouse living. Application for grant of exemption is enclosed.
- (i) That I have entered into and contracted a marriage with another person during the lifetime of my spouse. Application for grant of exemption is enclosed.

2 I solemnly affirm that the above declaration is true and I understand that in the even of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Dated _____

Signature

- Please delete clause/clauses not applicable.

OATH OF ALLEGIANCE FOR INDIAN NATIONALS

I, _____ do swear/solemnly affirm and declare that I will be faithful and bear true allegiance to India and to the Constitution of India, as by law established, that I will uphold the sovereignty and integrity of India, and that I will carry out the duties of my office loyally, honestly and with impartiality.

'SO HELP ME GOD'

Date:

**SIGNATURE
NAME**