## GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI DIRECTORATE OF EDUCATION: INCLUSIVE EDUCATION BRANCH AMRITA SHERGIL SCHOOL BUILDING BEHIND LADY SHRI RAM COLLEGE, LAJPAT NAGAR-IV, NEW DELHI-110024

# FORM FOR ACCEPTANCE OF OFFER OF APPOINTMENT

1		here	by acce	ept the all t	terms	& condi	tions to	the post of
Special Education Teacher (Post Code-01/13) offered to me vide Memorandum No.								
1.	Father's Name						Affix Passpo	recent rt size
2.	Husband's Name						photogr	aph and
3.	Date of Birth		(in figur				_ Oignatu	
4.	Religion							
5.	Whether belong to S OBC/PH/ Ex-Service							
6.	Academic/Professi	ional Qualif	ication fr	om 10 <sup>th</sup> onv	vards:-			
S. No.	Name of Course/ Degree etc.	Name of University		Subject	Divis	sion 9	% age	Year of Passing
7.	If Displaced person, from where migrated							
8. D	8. Details of Post(s) held previously, if any:-							
Name of the post Date of		fjoining	Date Leaving	of	Name	of the Em	iployer(s)	

9.	Present Address, Phone No. and E-mail	
10.	Permanent Address & Phone No.	
11.	If employed at present, the date when he/she will be relieved from the post.	
12.	Any other information	
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# **DECLARATION**

I	solemnly	declare	that the	information	given	above	is	true	and	correct	to	the	best	of	my
k	nowledge	and beli	ef and no	othing has be	een co	ncealed	d.								

	Signature:
Dated:	Name:
	(In block letters)

# **UNDERTAKING**

١									give an ι	undertaking t	hat I
hav	e ne	ver be	en debar	red b	y an	y Board/l	<b>Jniversit</b>	y/Cor	nmission in	any examina	ation.
lf	at	any	stage	it	is	found	false	or	detected	incorrect,	my
car	dida	ture/se	lection/ap	opoir	ntmer	nt is liable	e to be	cance	elled/termina	ted automati	cally
with	nout a	any not	tice to me	e and	actio	on can be	e taken a	agains	st me accord	lingly.	

UNDERTAKING BY THE CANDIDATE WITH DATE AND SIGNATURE

### **DECLARATION**

l	hereby declare as u	nder:-
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- 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 person having a spouse living. Application for grant of exemption is enclosed.
- IV. 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.

I solemnly affirm that the above declaration is true-and I understand that in the event of the declaration being found to be incorrect/false after my appointment. I shall be liable to be dismissed from service.

	Signature:
Dated :	Name:
	(In block letters)

Note: Please delete clause/clause not applicable.

# OATH OF ALLEGIANCE FOR INDIAN NATIONALS

l	do	swear/solemnly	attirm	and
declare that I will be faithful and bear true allegiand	e to	India and to the	Constitu	ution
of India, as by law established, that I will uphold the	ne so	overeignty of Indi	a and t	hat I
will carry out the duties of my office loyalty, honestly	and	with impartially.		
		Ciamatuma		
Dated:		Signature: Name:		
		(In block lett	ers)	

# **UNDERTAKING/FORM**

Self declaration for getting services from Government Departments/Local Bodies/Autonomous Institutions under GNCT of Delhi.

son/daughter of Sh
Age (years) resident of
Do hereby affirm and declare:-
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 ecognized 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 service shall be liable to be terminated without any notice in addition to penal action as warranted by the appropriate authority.
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 acts 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 by furnishing such false information or concealment of facts shall be liable to be summarily withdrawn.
3. That I bear good moral Character and the same may be got verified from any Appropriate Authority.
Signature
Full Name in Capital Letters
Place
Date

UNDERTAKING
(For OBC candidates only)

Ison/daugnte	er of Shri
resident of village/town/city	
State hereby declare that	I belong to the
community which is recognized as a back purpose of reservation in service/appoint accordance with notification No.28 (93)/91-Government of Delhi. It is also declared (Creamy Layer) mentioned in Column 3 of and Training office Memorandum No. 3607 is modified vide Department of Personnel 36033/3/2004 Estt.(Res) dated 9/3/2004 14/10/2008.	thment in Delhi Government service in 92/scst/p&s/4385-95 dated 20.01.1995 of that I do not belong to person/section the Schedule in Department of Personal 12/22/93-Estt. (SCT date 8/9/1993, which and Training office Memorandum No.
I also declare that the condition of a my parents/guardian is within the prescrib March 31, I understand that my case the "Non-creamy Layer Certificate genuine/invalid.	appointment/offer will stand cancelled in
Place: Dated:	Signature: Name: (In block letters)

# EMPLOYEE INFORMATION FOR POSTING ON THE POST OF SPECIAL EDUCATION TEACHER POST CODE-01/13

1. First Name	:
2. Middle Name	:
3. Last Name	<b>:</b>
4. Date of Birth	:
5. Father/Husband Name	:
6. Marital Status	:
7. Gender (Male/Female)	<u> </u>
8. Category (SC/ST/OBC/PH/Gen.)	:
9. Residential Address	:
10. Nearest Govt. School from Residence (For calculation of Distance for allotment of school)	<b>:</b>
11. Contact No.	<u>:</u>
12. CRR No. of RCI and specialisation	:
DATED:	
	SIGNATURE OF CANDIDATE
	NAME:(in block letters)

# **UNDERTAKING**

am the same person who ap (POST CODE-01/13) and w	. (name of father/husband) do oplied for the post of <b>SPECIAL</b> phose name, photograph, signa- ation form/acceptance on offer	hereby undertake that I EDUCATION TEACHER ture and other particulars
	РНОТО	
	SIGN	ATURE OF CANDIDATE
	N/	AME:(in block letters)
THUMB IMPRESSION	u	