Form 1

		hereby acco	ept all the to	erms and	condition	ons menti	oned in t
fer/Memorandum	for appointment to the	he post of (Assistan	t Teacher (Pr	imary) Co	de 42/2	1) offered	d to me vi
emorandum No					da	ted	
hereby submit my	particulars as under:-						
	e-						6
	n figure)						
						Late	est photogra
Age as on 24.0	5.2021 - Years	MonthD	ays.			6	
Category Gen./	SC/ST/OBC/PH/Ex-S.	Men/EWS etc					
Sub Ctg./Caste							
If yes, OBC/So	C/ST/EWS certificate N	o. & Date of issue-					
Details of cert	ficate issuing Authority	with complete addres	s:				
			s:				
	essional qualifications:- Name of		Whether the Institute is private or Government	Year of Passing	Perce- ntage	Duration of course	Whether Regular or Distant mode
Academic/Prof Name of the Course/Degree	essional qualifications:-		Whether the Institute is private or	Year of	Perce-	Duration	Whether Regular or Distant
Academic/Prof Name of the Course/Degree	essional qualifications:-		Whether the Institute is private or	Year of	Perce-	Duration	Whether Regular or Distant
Academic/Prof Name of the Course/Degree	essional qualifications:-	Name of Institute	Whether the Institute is private or	Year of	Perce-	Duration	Whether Regular or Distan
Academic/Prof Name of the Course/Degree	essional qualifications:-	Name of Institute	Whether the Institute is private or	Year of	Perce-	Duration	Whether Regular or Distan
Academic/Prof Name of the Course/Degree	essional qualifications:-	Name of Institute	Whether the Institute is private or	Year of	Perce-	Duration	Whether Regular or Distant
Academic/Prof Name of the Course/Degree	essional qualifications:-	Name of Institute	Whether the Institute is private or	Year of	Perce-	Duration	Whether Regular or Distant

9. If displaced person; place from where migrated-

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

Pin Code Mobile. No. 12 . Permanent Address (As submitted in original application with DSSSB) Pin Code	
1. Present/Correspondence Address (At which further communication will be made Pin Code Mobile. No. 2. Permanent Address (As submitted in original application with DSSSB) Pin Code Contact. No. E. mail.ID, (if any)	
Pin Code Mobile. No. 2 . Permanent Address (As submitted in original application with DSSSB) Pin Code Contact. No. E. mail.ID, (if any)	
Pin Code Mobile. No. 2. Permanent Address (As submitted in original application with DSSSB) Pin Code Contact. No. E. mail.ID, (if any)	
Pin Code Mobile. No. 2 . Permanent Address (As submitted in original application with DSSSB) Pin Code Contact. No. E. mail.ID, (if any)	
Mobile. No	
12 . Permanent Address (As submitted in original application with DSSSB) Pin Code Contact. No. E. mail.ID, (if any)	
Pin Code Contact. No. E. mail.ID, (if any)	
Pin Code Contact. No. E. mail.ID, (if any)	
Pin Code Contact. No. E. mail.ID, (if any)	
13. Nearest school of this Directorate of Education	
	School Id
14. If employed at present, the date when he/she will be relieved from the post:	
15 Any other relevant information-	

DECLARATION

Ĭ	solemnly	affirm	and	dec	lare	that	
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Dated

- 1. I had never been debarred nor declared unfit for any public examination/Govt. job by Central /State/UT Govt.
- 2. The information given above/submitted is true and correct to the best of my knowledge and belief and nothing has been concealed.

	Signature
	(in running hand)
	Name
	(in Block letters)

DECLARATION (Marriage Status)

1.	I		declare as under:-
		a.	That I am unmarried/widower/widow.
		b.	That I am married and have only one spouse living.
		c.	That I have entered into or contracted a marriage with a person having a spouse living. Application for grant of exemption is enclosed.
		d.	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.		lara	mnly affirm that the above declaration is true and I understand that in the event of the ation being found to be incorrect after my appointment, I shall be liable to be dismissed from e.
	ъ.		
	Dat	e:	Signature
			OATH OF ALLEGIANCE FOR INDIAN NATIONALS
W	ill up	hol	do swear/solemnly affirm and declare that I will be d bear true allegiance to India and to the Constitution of India, as by law established, that I d the sovereignty and integrity of India, and that I will carry out the duties of my office mestly and with impartiality.
			×
			'SO HELP ME GOD'
		i.	
			(SIGNATURE)
Date	: :		NAME:

UNDERTAKING

s/o,d/o,w/o	
hereby undertake that I have never been debarred by any Board/University/Costage it is found false or detected incorrect, my candidature/selection/a terminated automatically without any notice to me and action can be taken again	ppointment is liable to be cancelled/
	Signature
	Name
	Roll No.
	(in Block letters)
	Assistant Teacher (Primary)
	Post Code 42/21

s/o,d/o,w/o

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

r/o

	do hereby solemnly affirm and declare as under:
I.	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.
2	That the information since to the Department in the Assertance form of Offer of Appointment and at any
 4. 	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. That I bear good moral Character and the same may be got verified from any appropriate authority.
10.000	Signature
Place	
	Name
	(CAPITAL LETTERS)

UNDERTAKING

(For OBC candidates only)

	s/o,d/o,w/o	r/o
		declare that I belongs to the
service/appointment in Delh 92/SCST/P&Y4385-95 dated 20 persons/sections (Creamy Layer 0.1M. No. 36012/ 22/93-Estt.(S	as a Backward Class by the Government of Delhini Government services in accordance with 0/01/1995 of Government of Delhi. It is also don mentioned in column 3 of the Schedule in Depter ScT), dated 08-09-1993 which is modified vide (033/3/2004- Estt.(Res.) dated 14.08.2008.	ith notification No.28(93)/91- eclared that I do not belong to artment of Personnel & Training
I also declare that the co	ondition of status/annual income for creamy layer of	f my parent/guardian is within the
prescribed limits as on financial	I year ending on March 31, 2021. I understand that	my appointment offer will stand
cancelled in case the "Non-crean	my Layer Certificate" submitted by me is found not	genuine/invalid.
	* *	
	SIGNAT	URE
Date:	NAME	
	Roll No.	

UNDERTAKING
(For EWS candidates only)

1	S/0,d/0,W/0		F/O
			are that I belongs to the
	ot recognized as a Schedule		
(Central List) for the purpose of re-			
notification No. F.87(118)/CCS/HC	2/EWS/Rev/2019/4517 dated	04/06/2019 of Governme	ent of Delhi.
I also declare that the cond	dition of status/annual incom	e and other assets for EW	VS category of my family is
within the prescribed limits as on	financial year ending on Mar	rch 31, 2021. I understand	d that my appointment offer
will stand cancelled in case the "EV	WS Certificate" submitted by	me is found not genuine/	invalid.
,			
	10		
		SIGNATURE	
Date:		NAME	
		Roll No.	

SELF DECLARATION FORM

same person who a whose name, photo	applied for the post of As ograph, signatures and	me of Father/Husband) do hereby und sistant Teacher (Primary) under (Po other particulars are appeared in the educational certificates etc.	ost Code 42/21) and
		atement in his/her running handwriting	ng in the box given
		SIGNATURE (To be signed before the	OF CANDIDATE
		(To be signed before the	verifying authority)
	-		

SIGNATURE

Employee Information For Creating Employee Id To The Post Of Assistant Teacher (Primary) Post Code-42/21

l.	First Name	:	
2.	Middle Name		
3.	Last Name	•	
4.	Date of Birth	<u> </u>	
5.	Father Name	•	
6.	Husband Name		
7.	Marital Status	·	
8.	Gender (Male/Female)	ii	
9.	Original Category (SC	/ST/OBC/PH/Gen./EWS)Sub catg./Caste	
10.	Selection Category(So	C/ST/OBC/PH/Gen/EWS.):	
	(Mention the category	n which candidate is selected)	
11.		as mentioned in the original application form submitted with	
12.		ovt. School	80
		e (To be used	
		ce for allotment	
	of school)	ID	
	(Available on www.edu	del.nic.in School Information)	
13.	Mobile No		
14.	E-mail Id.	1	

DATE:____

DIRECTORATE OF EDUCATION GOVERNMENT OF NCT OF DELHI DR CELL E-IV BRANCH OLD SECRATARIATE DELHI-54

		CROSS SIGN. BY CANDIDATE(left side)	
		PHOTO 4"X6"	
		PHO10 4 X6	
NAM	1 🗆	POST CODE: 42/21	
INAIV	I C.	1031 0002. 42/21	
ROLL	NO:	POST NAME: Assistant Teache	er
		(Primar	y)

SIGNATURE

DATE: