Acceptance of Offer of Appointment to the Post of Drawing Teacher

| hereby accept all the terr offer/Memorandum for appointment to the post of Drawing Teacher | ns and conditions mentioned in th offered to me vide memorandum No |
|---|---|
| dated | |
| • I hereby submit my particulars as under:- | |
| 51 E | |
| I. Father's name | |
| 2. Husband's name | Latest photograph |
| B. Date of Birth (in figure) | 5 |
| (In words) | |
| 4. Age as on 25.01.2015YearsMonthDays. | · |
| 5. Religion | π. |
| 5. Category Gen./ SC/ST/OBC/PH/Ex-S. Men etcSu | b Ctg./Caste |
| If yes, OBC/SC/ST certificate No | Date of issue |
| Details of certificate issuing Authority with complete address : | |
| 7. Academic/Professional qualifications:- | |
| SI Name of the Name of Name of Institute Whe | ther the Year of Duration W |

| Sl. No | Name of the Course/Degree etc | Name of Board/Univ. | Name of Institute | Whether the Institute is private or Government | Year of Passing | Duration of course | Whether Regular or Distant mode |
|-----------|-------------------------------------|------------------------|-------------------|---|--------------------|-----------------------|--|
| | | 4 - | | | | | |
| | | ÷ | | | | | |
| | | 1.21 | | | | | |
| | | | - | | 13 | | |
| | | | | | | | |

8. If displaced person; place from where migrated _

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

| Name of post | Date of joining | Date of leaving | Name of Ministry/Department |
|--------------|-----------------|-----------------|-----------------------------|
| | | * | |
| | | | |

10. Present/Correspondence Address (At which further communication will be made)

| | | Pin Code |
|---------------------|---|----------|
| Mobile. No | | |
| Permanent Address (| As submitted in original application with | DSSSB) |
| | | |
| | • | Pin Code |
| | • E. mail.ID, (if any) | Pin Code |

DECLARATION

I solemnly affirm and declare that :

- 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)

i.

•

Dated _____

Name_____

(in Block letters)

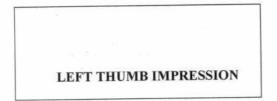
SELF DECLARATION FORM

I (_____) s/o,d/o,w/o (______) do hereby undertake that I am the same person who applied for the post of **Drawing Teacher under (Post Code 208/14)** and whose name, photograph, signatures and other particulars are appeared in the application form/ acceptance of offer of appointment and other educational certificates etc.

(candidate has to write above mentioned statement in his/her running handwriting in the box given below.)

SIGNATURE OF CANDIDATE

(To be signed before the verifying Authority)



EMPLOYEE INFORMATION FOR CREATING EMPLOYEE ID TO THE POST OF

DRAWING TEACHER ; POST CODE-208/14

| 1. | First Name | : | 8 | |
|----|---|--------------------|---------|--|
| 2. | Middle Name | : | | |
| | | | | |
| 3. | Last Name | : | | |
| 4. | Date of Birth | : | | т. в |
| 5. | Father/Husband Name | : | | |
| 6. | Marital Status | : | • | |
| 7. | Gender (Male/Female) | : | | |
| 8. | Category (SC/ST/OBC/PH/Gen.) | : | 3 | Sub catg./Caste |
| 9. | Selection Category (SC/ST/OBC/PH/G Mention the category in which candida | en.): ate is | sele | ected |
| 10 |). Residential Address (As mentioned in | the o | origir | nal application form submitted with DSSSB) |
| | | : | 8 | |
| | | | | 2 |
| | | | | |
| 1 | from current Posidence (May be used | : for of sch | າວດູ່ໄ) | ID |
| | 2. Mobile No | : | | (|
| 1 | 3. Landline No. | : | | |
| | A | | \$ | |
| | | | | |

SIGNATURE

DATE:___

FORM: 3

DECLARATION (Marriage Status)

s/o,d/o,w/o

I ______ declare as under:-

(Put \sqrt{mark} whichever is applicable)

(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.
- (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 after my appointment, I shall be liable to be dismissed from service.

Signature

2

Date

1

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'

(SIGNATURE)

Date:

NAME

FORM: 6 (To be submitted in triplicate, in ink)

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI DIRECTORATE OF EDUCATION; OLD SECTT.; DELHI; 110054 ESTABLISHMENT IV; ROOM NO. 11-B (Phone No. 23890285)

F.No. DE 04(14)/04/Recruitment/Drawing/E-IV/2017

Date:

To,

The Medical Superintendent,

(for office use)

Sub: -Regarding Medical Examination.

Sir,

The bearer of this letter whose name, signature and Date of Birth along with photograph as given below is being considered for appointment to the post of **Drawing Teacher**. This post is a non technical post.

It is, therefore, requested that he/she may kindly be medically and the Medical Examination Report may please be sent to the undersigned at the earliest.

| Name of Candidate | |
|--|--|
| Date of Birth | |
| Name of Father/Husband | |
| Signature of Candidate | |
| Full Corresponding Address with PIN | |
| Mobile No. | |

| Latest photo | | | | | | | |
|--------------|----|--|--|--|----|----------|--------------|
| | 10 | | | | | | |
| | | | | | Se | ction Of | ficer (E-IV) |
| | | | | | | | |

F.No. DE 04(14)/04/Recruitment/Drawing/E-IV/2017

Date:

Copy to candidate with the direction to report to the Chairman Medical Board of

for his/her medical examination. (for office use)

Section Officer (E-IV)