

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. _____

11. Permanent Address (As submitted in original application with DSSSB)

_____ Pin Code _____

Contact. No. _____ E. mail.ID, (if any) _____

12 Any other relevant information _____

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) _____

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 **Librarian (Post Code 69/10)** 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)

LEFT THUMB IMPRESSION

DECLARATION (Marriage Status)

1 I _____ s/o,d/o,w/o _____
declare as under:-

(Put ✓ 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.

2 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.

Date _____

Signature

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'

Dated: _____

(SIGNATURE OF CANDIDATE)

NAME _____

ROLL NO. _____

ADDRESS _____

**EMPLOYEE INFORMATION FOR CREATING EMPLOYEE ID TO THE POST OF
LIBRARIAN UNDER POST CODE 69/10**

1. First Name : _____
2. Middle Name : _____
3. Last Name : _____
4. Date of Birth : _____
5. Father/Husband Name : _____
6. Marital Status : _____
7. Gender (Male/Female) : _____
8. Category (SC/ST/OBC/PH/Gen.) : _____ Sub catg./Caste_____
9. Selection Category (SC/ST/OBC/PH/Gen.): _____
Mention the category in which candidate is selected
10. Residential Address (As mentioned in the original application form submitted with DSSSB)
: _____

11. Name & ID of nearest Govt. School : _____
from current Residence (May be used for
calculation of distance for allotment of school) _____ ID _____
(Available on www.edudel.nic.in)
12. Mobile No : _____
13. Landline No. : _____

DATE: _____

(SIGNATURE OF CANDIDATE)

**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 02/DRC/E-IV/DE/2016/

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 **Librarian under post code 69/10**. 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

--

Section Officer (E-IV)

F.No. DE 02/DRC/E-IV/DE/2016/

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)