

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 02/13)** 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 02/13**

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 04(06)/406/Rectt. Of Lib./E-IV/Pt. file/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 02/13**. 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 04(06)/406/Rectt. Of Lib./E-IV/Pt. file/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)