# DIRECTORATE OF EDUCATION: GOVT. OF NCT OF DELHI EDTABLISHMENT-II BRANCH, ROOM NO. 223A OLD SECRETARIAT DELHI-110054 FORM FOR ACCEPTANCE OF OFFER OF APPOINTMENT

I ....... hereby accept the all terms & conditions to the post of PGT ...... offered to me vide Memorandum No. DE-2(8)(26/E-II/DR PGT/2016/ .........

1. Father's Name Affix recent Passport photograph and Signature  2. Husband's Name 3. Date of Birth 4. Whether belong to SC/ST/OBC/PH/Ex-Servicemen etc.  5. Academic/Professional Qualification from 10 <sup>th</sup> Onwards:-  5.No Name of Course/Degree etc. Board/University Subject Division % age Year of Passing  6. If Displaced person, Place from where migrated  7. Details of Post(s) held previously:- Name of the post Date of joining Date of Leaving Name of the Employer(s)  8. Present Address  9. Permanent Address  10. If employed at present, the date when he/she will be relieved from	dated	there	of submit further	par	ticular as under	<u>:-</u>			
3. Date of Birth  4. Whether belong to SC/ST/OBC/PH/Ex-Servicemen etc.  5. Academic/Professional Qualification from 10 <sup>th</sup> Onwards:-  S.No Name of Course/Degree etc. Board/University Subject Division % age Year of Passing  6. If Displaced person, Place from where migrated  7. Details of Post(s) held previously:- Name of the post Date of joining Date of Leaving Name of the Employer(s)  8. Present Address  9. Permanent Address	1.	Father's Name							
4. Whether belong to SC/ST/OBC/PH/Ex-Servicemen etc.  5. Academic/Professional Qualification from 10 <sup>th</sup> Onwards:-  S.No Name of Course/Degree etc. Board/University Passing  6. If Displaced person, Place from where migrated  7. Details of Post(s) held previously:-  Name of the post Date of joining Date of Leaving Name of the Employer(s)  8. Present Address  9. Permanent Address	2.	Husband's Name						Signature	2
SC/ST/OBC/PH/Ex-Servicemen etc.  5. Academic/Professional Qualification from 10 <sup>th</sup> Onwards:-  S.No Name of Course/Degree etc.  Board/University  Subject  Division  4 age  Pear of Passing  For Sing  Year of Passing  Year of Passing  For Sing  Person of Passing  And For Sing  Person of Passing  Date of joining  Date of Leaving  Name of the Employer(s)  Represent Address  Permanent Address  If employed at present, the date	3.	Date of Birth							
S.No Name of Course/Degree etc.    Name of Course/Degree etc.   Subject   Division   % age   Year of Passing	4.								
Course/Degree etc.   Board/University	5. A	cademic/Professional Q	ualification from	10 <sup>t</sup>	<sup>th</sup> Onwards:-				
7. Details of Post(s) held previously:-  Name of the post  Date of joining  Date of Leaving  Name of the Employer(s)  8. Present Address  9. Permanent Address  10. If employed at present, the date	S.No			ity	Subject	Division	% age	!	
7. Details of Post(s) held previously:-  Name of the post  Date of joining  Date of Leaving  Name of the Employer(s)  8. Present Address  9. Permanent Address  10. If employed at present, the date									
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8. Present Address  9. Permanent Address  10. If employed at present, the date	7. De	tails of Post(s) held prev	viously:-						
9. Permanent Address  10. If employed at present, the date	Nam	e of the post	Date of joining	С	ate of Leaving	Name of th	ne Emplo	oyer(s)	
9. Permanent Address  10. If employed at present, the date									
9. Permanent Address  10. If employed at present, the date									
10. If employed at present, the date	8.	Present Address							
	9.	Permanent Address							
	10.	If employed at present, the date when he/she will be relieved from the post.							
11. Any other information	11.								

I solemnly declare that the information given above is true and correct to the best of my knowledge and belief

Signature:

Name:

and nothing has been concealed.

Dated:

## **UNDERTAKING**

I ....... give an undertaking that I have never been debarred by any Board/University/Commission in any examination. If at any stage it is found false or detected incorrect, my candidature/selection/appointment is liable to be cancelled/terminated automatically without any notice to me and action can be taken against me accordingly.

**UNDERTAKING BY THE CANDIDATE WITH DATE AND SIGNATURE** 

# **DECLARATION**

I	is hereby declar	re as under:-		
l.	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 pof my spouse. Application for grant of exemption is enclosed.	person during the lifetime		
	I solemnly affirm that the above declaration is true-and I understa ration being found to be incorrect/false after my appointment. I shal service.			
Dated	l:			
		Signature		
		Name:		
		4. 11. 11		
		(In block letters)		
Note:	Please delete clause/clause not applicable.	(In block letters)		
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affirm	OATH OF ALLEGIANCE FOR INDIAN NAT	I <mark>IONALS</mark> do Swear/solemnly d to the Constitution of India,		
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affirm as by	OATH OF ALLEGIANCE FOR INDIAN NAT	I <mark>IONALS</mark> do Swear/solemnly d to the Constitution of India,		
affirm as by my of	OATH OF ALLEGIANCE FOR INDIAN NATE  I  a and declare that I will faith full and bear true allegiance to India and law established, that I will uphold the sovereignty of India and that fice loyalty, honestly and with impartially.	I <mark>IONALS</mark> do Swear/solemnly d to the Constitution of India,		
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# UNDERTAKING/FORM

<u>Self declaration for getting services from Government Departments/Local Bodies/Autonomous Institutions</u> <u>under GNCT of Delhi.</u>
Ison/daughter of Sh
Age (years) resident of
Do hereby affirm and declare:-
1. 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 service shall be liable to be terminated without any notice in addition to penal action as warranted by the appropriate authority.
2. 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 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)

I son/daughter of Sh	ıri
Resident of village/town/city	District
State hereby declare that I belong to the	community which is
recognized as a backward class by the Govt. of Delhi for the p	urpose of reservation in service/appointment in
Delhi Government service in accordance with notification No.28	3 (93)/91-92/scst/p&s/4385-95 dated 20.01.1995
of Government of Delhi. It is also declared that I do not belong	to person/section (Creamy Layer) mentioned in
Column 3 of the Schedule in Department of Personal and Trai	ning office Memorandum No. 36012/22/93-Estt.
(SCT date 8/9/1993, which is modified vide Department of P	ersonnel and Training office Memorandum No.
36033/3/2004 Estt.(Res) dated 9/3/2004 and 36033/3/2004 Estt	.(Res) dated 14/10/2008.
I also declare that the condition of status/annual inc within the prescribed limits as on financial year ending on Ma offer will stand cancelled in case the "Non-creamy Layer genuine/invalid.	rch 31 2016. I understand that my appointment
Place:	
Date:	Signature: Name :

# EMPLOYEE INFORMATION FOR POSTING ON THE POST OF PGT

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)	:	
9.	Residential Address	:	
10.	Nearest Govt. School from Residence (For calculation of Distance for allotn		
11.	Contact No.	:	
Dated:			
			Signature of Applicant Name:
			(In block letters)

Ι		S/o, D/o, W/o	0	do
here	eby undertake that I am t	he same person who applied for the p	oost of	under post
code	e w	hose name, photograph, signatures a	and other par	ticulars are appeared in the
appl	lication form/acceptance of	on offer of appointment, affidavit and o	ther education	al certificated etc.
		РНОТО		
			_	nature of Candidate
				<b>me:</b> block letters)
			(	olock retters;
	THUMB IMPRESSION			