GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI DIRECTORATE OF EDUCATION; OLD SECTT; DELHI; 110 054 (ESTABLISHMENT IV BRANCH; ROOM NO. 11-B)

FORM FOR ACCEPTANCE OF OFFER OF APPOINTMENT

I ______ hereby accept all the terms and conditions mentioned in the offer

to the post of ASSISTANT TEACHER (Primary) offered to me vide memorandum No.

_____dated ______. I hereby submit my particular as under:-

6. Academic/Professional qualifications:-

SI. No	Name of the Course/Degree etc.	Name of Board/Univ.	Subjects	Division	%age	Year of Passing
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
						17

7. If displaced person place from where migrated _____

Details of post (s) held previously if any: 8.

of post	Date of joining	Date of leaving	Name of the employer(s)
Present Addre			
		-	
	Pin Code		Tele. No
Permanent Ad	dress & Phone		
	Pin Code		Tele. No.
E. mail.ID, if a			
	of this Directorate o		
	ith code No		
	present, the date wh		
He/she will be	relieved from the pos	st	
Any other info	rmation		

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DECLARATION

I solemnly affirm and declare that the information given above 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)

UNDERTAKING

I______S/o,D/o,W/o______

hereby undertake 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.

Signature _____

Name_____

(in Block letters)

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

I	s/o, w/o, d/o Sh	
r/o		do hereby solemnly

affirm and declare as under:

- 1) 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.
- 3) 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.
- 4) That I bear good moral Character and the same may be got verified from any appropriate authority.

Signature

Full Name in CAPITAL LETTERS

Place _____

DECLARATION

1	declare as under:		
(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.		
(i)	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 sole	emnly affirm that the above declaration is true and I understand that in the even of the		

I solemnly affirm that the above declaration is true and I understand that in the even of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Dated

Signature

Please delete clause/clauses not applicable.

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 NAME

Date:

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UNDERTAKING (For OBC candidates only)

I	, d/o, w/o Shri
Residence of	do hereby
declare that I belongs to the	community which is recognized as
service/appointment in Delhi Government servic 92/SCST/P&S/4385-95 dated 20/01/1995 of Gove belong to persons/sections (Creamy Layer) ment	f Delhi for the purpose of reservation in ces in accordance with notification No. 28(93)/91- ernment of Delhi. It is also declared that I do not tioned in column 3 of the Schedule in Department stt.(SCT), dated 08-09-1993 which is modified vide
0	004 & OM No 36033/3/2004- Estt.(Res.) dated

I also declare that the condition of status/annual income for creamy layer of my parent/guardian is within the prescribed limits as on financial year ending on March 31, 2017. I understand that my appointment offer will stand cancelled in case the "Non-creamy Layer Certificate" submitted by me is found not genuine/invalid.

SIGNATURE NAME

Date: