Acceptance of Offer of Appointment to the Post of Physical Education Teacher(PET)

offer/Memorandum for appointment to the post of <u>Physical Education</u> nemorandum No.	d
I hereby submit my particulars as under:-	
. Father's name	
2. Husband's name	Latest photograph
. Date of Birth (in figure)	Eurost protograph
(In words)	-
. Age as on 25.01.2015YearsMonthDays.	
. Religion	
o. Category Gen./ SC/ST/OBC/PH/Ex-S. Men etcSub C	Ctg./Caste
	Date of issue

7. Academic/Professional qualifications:-

SI. 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
			β. Δ				е

- 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
		0.000	

-2-

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______
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

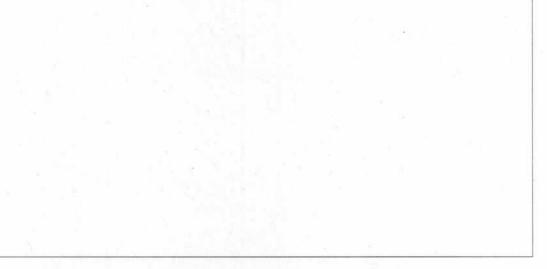
(in Block letters)

FORM: 2

SELF DECLARATION FORM

I <u>(name of the candidate)</u> s/o,d/o,w/o <u>(Name of Father/Husband)</u> do hereby undertake that I am the same person who applied for the post of **Physical Education Teacher (PET) under (Post Code 210/14)** 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)

LEFT THUMB IMPRESSION

DECLARATION (Marriage Status)

I

1

s/o,d/o,w/o

(Put \sqrt{mark} whichever is applicable)

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.
- (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'

(SIGNATURE)

Date:

NAME

SIGNATURE

EMPLOYEE INFORMATION FOR CREATING EMPLOYEE ID TO THE POST OF

PHYSICAL EDUCATION TEACHER(PET); POST CODE-210/14

1.	First Name				
2.	Middle Name				
				. 1 S .	
3.	Last Name	:			
4	Date of Birth				
4.	Date of Birth				
5	Father/Husband Name				
5.	rutici/itabbana Name				
6.	Marital Status	i perte			
			-		
7.	Gender (Male/Female)				
8.	Category (SC/ST/OBC/PH/Ge	en.) :	S	ub catg./Caste_	
		a K			
9.	Selection Category (SC/ST/OBC	C/PH/Gen.):			
	Mention the category in which o	andidate is sele	cted		
10.	Residential Address (As mention	ned in the origin	al application	form submitted	with DSSSB
	5				
11.	Name & ID of nearest Govt. Sc				
	from current Residence (May be calculation of distance for allotn			ID	
	(Available on <u>www.edudel.nic.ir</u>			e	
12.	Mobile No				
13.	Landline No.				
	*				

DATE:

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

No. DE.4/E-IV/Rect.PET/(P.Code-210/14)/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 <u>Physical Education Teacher(PET)</u>. This is a non-technical post.

It is, therefore, requested that he/she may kindly be medically examined 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)

No. DE.4/E-IV/Rect.PET/(P.Code-210/14)/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)