CHECKLIST FOR VERIFICATION OF DOCUMENT IN R/O TRAINED GRADUATE TEACHER - SPECIAL EDUCATION TEACHER POST CODE 93/20 (INCLUSIVE EDUCATION BRANCH) DIRECTORATE OF EDUCATION, GNCTD.

| Sr. no | Documents Required |
|--------|--|
| 1. | Acceptance form |
| 2. | 04 passport size photographs |
| 3. | 10th class certificate showing DOB |
| 4. | 10th class marksheet |
| 5. | 12th class certificate |
| 6. | 12th class marksheet |
| 7. | Graduation degree/ provisional certificate |
| 8. | Graduation marksheet |
| 9. | B.Ed Special Education/ B.Ed General Degree/ Provisional certificate |
| 10. | B.Ed Special Education / B.Ed General Marksheet |
| 11. | Diploma/PGPD in Special Education Certificate |
| 12. | Diploma/PGPD in Special Education Marksheet |
| 13. | Any other qualification certificate |
| 14. | Any other qualification marksheet |
| 15. | RCI Registration Certificate |
| 16. | CTET certificate |
| 17. | SC/ST/OBC (Delhi) Certificate (if applicable) |
| 18. | NCL and EWS certificate issued before cut-off date |
| 19. | Latest NCL and EWS certificate |
| 20. | Affidavit regarding Creamy layer (for OBC candidates only) |
| 21. | One of the original identity card (Aadhar card/DL/PAN card/Voter ID) |
| 22. | Original DSSSB admit card (duly signed by the invigilator) |
| 23. | Any other information |

Note: 02 set of photocopies of each document mentioned above are required.

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI DIRECTORATE OF EDUCATION: INCLUSIVE EDUCATION BRANCH AMRITA SHERGIL SCHOOL BUILDING BEHIND LADY SHRI RAM COLLEGE, LAJPAT NAGAR-IV, NEW DELHI-110024

FORM FOR ACCEPTANCE OF OFFER OF APPOINTMENT

| Grad | uate Teacher - Special Education Te | ccept the all terms & conditions to eacher (Post Code - 93/20) offered to r . dated I hereby submit my p | me vide Memorandum |
|------|-------------------------------------|--|----------------------------------|
| 1. | Father's Name | | |
| 2. | Husband's Name | | |
| | | (in figure) | Affix recent Passport |
| 3. | Date of Birth | (in words) | size photograph and Signature |
| 4. | Religion | | |
| 5. | Whether belong to SC/ST/ | | |
| | OBC/PH/ Ex-Servicemen etc. | | |
| 6 | A and amin/Dunfanional Ovalition | ting from 10th | |

6. Academic/Professional Qualification from 10th onwards:-

| S. No. | Name of Course/ Degree etc. | Name of Board/ University | Subject | Division | % age | Year of Passing |
|-----------|--|------------------------------|---------|----------------------|-------|--------------------|
| | | | | | | |
| | Name of the American Control o | | | | | • |
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| | | | | HAVE THE CHILDREN SO | | |

| 7. | If Displaced person, Place from | |
|----|---------------------------------|--|
| | where migrated | |

8. Details of Post(s) held previously, if any:-

| Name of the post | Date of joining | Date of Leaving | Name of the Employer(s) |
|------------------|-----------------|-----------------|--|
| | | | |
| | | | (100) |
| | | | the second secon |
| | | | |

| 9. | Present Address Phone No. E-mail | |
|-----|--|--|
| 10. | Permanent Address Phone No. | |
| 11. | If employed at present, the date when he/she will be relieved from the post. | |
| 12. | Any other information | |

DECLARATION

I solemnly declare that the information given above is true and correct to the best of my knowledge and belief and nothing has been concealed.

| Dated : | Signature: |
|---------|--------------------|
| Dateu . | Name: |
| | (In block letters) |

UNDERTAKING

| 1 | | | | | give | an und | ertaking | g that I | have | e neve | er be | een |
|---------|------|------------------------|-------------|-------|--------------|----------|----------|------------|--------|----------|-------|-----|
| debarr | ed | by any Boa | rd/Universi | ty/Co | mmission in | any exar | ninatio | n. If at a | iny st | age it i | s fou | und |
| false | or | detected | incorrect, | my | candidature/ | selectio | n/appo | intment | is | liable | to | be |
| cancell | led/ | terminate ⁽ | d automati | cally | without any | notice | to me | and ac | tion | can be | e tal | ken |
| against | t me | e according | gly. | | | | | | | | | |

Signature:

Name: (in block letters)

Roll No. TGT-Special Education Teacher Post code:93/20

DECLARATION

| I hereby declare as under;- | | | | |
|-----------------------------|---|--|--|--|
| (b) (c) | That I am Unmarried/Widower/Widow. That I am married and have only one spouse living. That I have entered into or contracted a marriage with person happlication for grant of exemption is enclosed. That I have entered into and contracted a marriage with anothor of my spouse. Application for grant of exemption is enclosed. | | | |
| | nly affirm that the above declaration is true-and I understation being found to be incorrect/false after my appointment. I srvice. | De Maria III III III III III III III III III I | | |
| Dated : | | Signature: Name: (In block letters) | | |

OATH OF ALLEGIANCE FOR INDIAN NATIONALS

| I do swear/solo | emnly 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 of India and tha | t I will carry out the duties | | | | |
| of my office loyalty, honestly and with impartially. | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| Dated : | Signature: | | | | |
| | Name: | | | | |
| | (In block letters) | | | | |

UNDERTAKING/FORM

| Bodies/Autonomous Institutions under GNCT of Delhi. | | | | | |
|--|--|--|--|--|--|
| 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 | | | | | |

<u>UNDERTAKING</u> (For OBC candidates only)

| I | son/daughter of Shri | |
|---|--|-------------------------------------|
| resident of village/town/city | / | District |
| State her | eby declare that I belong | to the |
| community which is recogn | ized as a backward class by the | e Govt. of Delhi for the purpose of |
| reservation in service/app | oointment in Delhi Governm | nent service in accordance with |
| notification No.28 (93)/91-9 | 92/scst/p&s/4385-95 dated 20 | 0.01.1995 of Government of Delhi. |
| It is also declared that I d | o not belong to person/secti | ion (Creamy Layer) mentioned in |
| Column 3 of the Schedule in | n Department of Personal and | Training office Memorandum No. |
| | | vide Department of Personnel and |
| Training office Memoran | idum No. 36033/3/2004 E | Estt.(Res) dated 9/3/2004 and |
| 36033/3/2004 Estt.(Res) dat | ted 14/10/2008. | |
| parents/guardian is within (year to be checked in case the "Non-creamy Lay OBC certificate no | the prescribed limits as on fired) I understand that my appo | |
| Place: Dated: | | Signature: |
| | | Name: |
| | | (In block letters) |

EMPLOYEE INFORMATION FOR POSTING ON THE POST OF TRAINED GARDUATE TEACHER - SPECIAL EDUCATION TEACHER POST CODE 93/20

| 1. | First Name | ÷ |
|------|--|-------------------------|
| 2. | Middle Name | : |
| 3. | Last Name | ; |
| 4. | Date of Birth | I |
| 5. | Father/Husband Name | \$ |
| 6. | Marital Status | • |
| 7. | Gender (Male/Female) | F |
| 8. | Category (SC/ST/OBC/PH/Gen.) | [|
| 9. | Residential Address | · |
| 10. | Nearest Govt. School from Residence (For calculation of Distance for allotment of school | : ol) |
| 11. | Contact No. | : |
| 12. | CRR No. of RCI and specialisat | ion: |
| Date | d: | SIGNATURE OF CANDIDATE |
| | | NAME:(in block letters) |

SELF DECLARATION FORM

| do hereby dertake that I am the same person who applied for the post of TRAINED GRADUATE ACHER - SPECIAL EDUCATION TEACHER (POST CODE - 93/20) and whose name, notograph, signature and other particulars are appeared in the application rm/acceptance on offer of appointment, affidavit and other educational certificate etc. andidate has to write the above mentioned statement in his/her running handwriting in the box given below) |
|---|
| e box given below) |
| |
| |
| SIGNATURE OF CANDIDATE NAME:(in block letters) |

| Thumb impression | | | |
|------------------|--|--|--|
| RTI | | | |
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UNDERTAKING

It is hereby undertaken that the information furnished by me are true and correct and the OBC Certificate is as per provisions contained in DSSSB advertisement number 04/20 and in the event of being found false or detected incorrect or incomplete at any stage or any ineligibility being detected after the appointment, my candidature/appointment is liable to be cancelled/terminated automatically without any notice and action can be taken against me by the department as per Rules.

| Signature | |
|----------------|-------------------|
| Name of candid | date |
| Roll No | |
| | Post Code - 93/20 |

Trained Graduate Teacher - Special Education Teacher

ATTESTATION FORM

WARNING: THE FURNISHING OF FALSE INFORMATION OR SUPPRESSION OF ANY FACTUAL INFORMATION IN THE ATTESTATION FORM WOULD BE A DISQUALIFICATION, AND IS LIKELY TO RENDER THE CANDIDATE UNFIT FOR EMPLOYMENT UNDER THE GOVT.

Affix signed passport size (5 cm x 7 cm copy of recent photograph)

- If detained, arrested, prosecuted, bound down, fined, convicted, debarred, acquitted, etc. Subsequent to the completion and submission of this form,, the details of communicated immediately to the authorities to whom the attestation form has been sent earlier, falling which it will be deemed to be a suppression of factual information.
- If the fact that false information has been furnished in the Attestation Form ,comes to notice at any time during the service of a person, his services would be liable to be terminated.

| 1. | Name in full (in block capitals letters) with aliases, if any (Place indicate if you have added or dropped in any stage any part of your name of surname. | |
|----|---|--|
| 2. | Present address in full (i.e. Village, Thana and Distt. Or House No., Lane / Street Road and Town) | |
| 3. | (a) Home address in full (i.e. Vill., Thana and Distt. Or House No., Lane / Street / Road and Town have of Distt. Hqr. | |
| | (b) If originally a resident of Pakistan / Bangladesh (erstwhile East Pakistan), the address in that country and the date of migration to Indian Union. | |

4. Particulars of places (with period of residence) where you have resided for more than one year at a time during the preceding five years. In case of stay abroad (including Pakistan), particulars of all places where you have resided for more than one year after attaining the age of 21 years should be given.

| 5. | Name (in full & aliases, if any) | Nationality (by Birth & or by domicile) | Place of birth | Occupation (if employed give designation & official address.) | Present postal address (if dead, give last Address) | Permanent Home Address |
|----------|----------------------------------|--|-------------------|---|--|--|
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| ij | | in Full) | | | | |
| i) ii | | in Full) | | | | |
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| ii ii |) Mother | 95 | | | | - 100-100 - 100-110-110-110-110-110-110- |

| Name Nationality which (By Birth and / Or by Domicile) | Place of Birth | Country in which studying / studying with Full Address | Date from which Studying / Living in the country mentioned in the previous column |
|--|----------------|--|---|
|--|----------------|--|---|

6. Nationality

7. (a) Date of Birth

(b) Present Age

| | (c) | Age at matriculation : | |
|--------------------|-----|---|---|
| 8. | (a) | Place of Birth, Distt., and : State in which situated | _ |
| | (b) | Distt. And State to which : | |
| | (c) | You belonged Distt. And State to which : | |
| | | you Father originally belong | |
| 9. | (a) | Your religion : | _ |
| | (b) | Are you a member of a SC/ST ? Answer | |
| e National Control | | Yes or No : | |

10. Educational qualification showing place of education with years in schools and colleges since 15th years of age.

| Name of School/College with Full Address | Date of Entering | Date of leaving | Examination passed |
|--|---------------------|-----------------|--------------------|
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11. (a) Are you holding or have any time held an appointment under the Central Govt. or State Govt. or a quasi-Govt. body or an Autonomous body or a public undertaking, or a private firm or institution? If so, give full particulars with dates of employment up to date

| Period | | Designation, | Full name / | Reasons for |
|--------|----|-----------------------------------|-------------|--------------------------------|
| From | То | emoluments & Nature of employment | address of | leaving previous service |
| | | | | |
| | | | | |

(b) If the previous employment was under the Govt. of India / State Govt./an undertaking owned or Controlled by the Govt. of India or a State Govt. an Autonomous Body / University / Local Body, if you had left service on giving one month's notice under Rule 5 of the Central Service (temporary service) Rules 1965 or any similar corresponding rules or where any disciplinary proceeding framed against you, or had you been called upon to explain you conduct in any matter at the time you give notice of termination of service or at a subsequent date (s) before your service.

| 12. | (a) (b) (c) (d) (e) (f) | Have you ever been arrested? Have you ever been prosecuted? Have you ever been kept under detention? Have you ever been bound down? Have you ever been fined by a Court of Law? Have you ever been convicted by a Court of law for any offence? | Yes/No Yes/No Yes/No Yes/No Yes/No |
|-----|--|---|--|
| | (g) | Gave you ever been debarred from any Examination or restricted by any University or any other educational authority / institution? | Yes/No |
| | (h) | Have you ever been debarred / disqualified by any Public Service Commission / Staff Selection Commission for any of its examination / selection? | Yes/No |
| | (i) | Is any case pending against you in any Court of Law at the time of filling up this Attestation Form? | Yes/No |
| | (j) | Is any case pending against you in any University or any other educational authority/institution at the | Yes/No |

time of filling up this Attestation Form?

- (k) Whether discharged / expelled / withdrawn Yes/No From any training / institution under the Government or otherwise?
- (ii) If the answer to any of the above mentioned question is "Yes" (give full particulars of the case / arrest / detention / fine / conviction / punishment, etc. and /or the nature of the case pending in the Court / University / Educational Authority, etc. at the time of filling up this Attestation Form.
- NOTE: i) Please also see the "Warning" at the top of this Attestation Form.
 - ii) Specific answers to each of the questions should be given by striking out "Yes" or "No" as the case may be.
- 13. Name of two responsible persons of your locality or two references to whom you are known.

| 9 | 12 |
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| 1. | 2. |
| J., | Ζ. |
| | |

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances which might impair my fitness for employment under Government.

Signature of the Candidate

Place:

Date:

IDENTITY CERTIFICATE

(Certificate to be signed by any of the following)

| i. | Gazetted Officer of Central Government or State Govt. |
|----------------|---|
| ii. | Members of Parliament or State Legislative belonging to the constituency |
| | where the candidate or his parent / guardians ordinarily resident. |
| iii. | Sub-Divisional Magistrate /Officers. |
| iv. | Tehsildars or Naib Deputy Tehsildars authorized to exercise magisterial |
| | power. |
| ٧. | Principal / Headmaster of the recognized School/College/Institution where |
| | the candidate studied last. |
| Vi. | Post Masters |
| vii. | Block Development Officer |
| viii. | Panchayat Inspectors. |
| | |
| Certifi | ed that I have known Shri / Smt./Kum |
| | Son / Daughter of Shri |
| | for the last Years months |
| and that to th | ne best of my knowledge and belief the particulars furnished by him / her are |
| correct. | |
| | |
| | |
| | Signature |
| | Designation or Status & Address |
| Place: | |
| Date : | |
| | |

TO BE FILLED BY OFFICE

- Name, Designation and Full Address of the appointment authority i)
- Post for which the candidate is being considered. ii)