



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 (name of the candidate) s/o,d/o,w/o (Name of Father/Husband) 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)**

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'**

( SIGNATURE )

Date:

NAME

**EMPLOYEE INFORMATION FOR CREATING EMPLOYEE ID TO THE POST OF  
PHYSICAL EDUCATION TEACHER(PET); POST CODE-210/14**

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](http://www.edudel.nic.in) )
12. Mobile No : \_\_\_\_\_
13. Landline No. : \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE

**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 **Physical Education Teacher(PET)**. **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)