DIRECTORATE OF EDUCATION: GOVT. OF NCT OF DELHI ESTABLISHMENT III BRANCH OLD SECRETARIAT DELHI- 110054 FORM FOR ACCEPTANCEOF OFFER OF APPOINTMENT

			hereby accept all				Post of emorandum
	culars details as un				uaicu	the	cor submit
I here	eby submit my part	iculars as unde	r:-				
1	FATHER'S	NAME					
2	HUSBAND	NAME					
3	DATE OF BIRTH					Affix recent Passport size photograph and	
4	WHETHER BE SC/ST/OBC/PH ETC	I/EX-MEN				sign across it.	
Acad	emic/Professional	qualifications f	from 10 th onwards:-				
Sl. No	Name of the Course/Degree etc	Name of Board/Univ		Subject	Division	Percentage	Year of passing
<u>. </u>					1	1	

9. If displaced person; place from where migrated -

5.

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

Name of post	Date of joining	Date of leaving	Name of Ministry/Department		
11. Present/Corresp	pondence Address (At whi	ch further communication	on will be made)		
			<u> </u>		
	dress (As submitted in orig		SSSB)		
			;		
Contact. No		_E. mail.ID, (if any)			
13. If employed at	t present, the date when he	s/she will be relieved fro	m the post:		
15 Any other relevant information-					
	that the information given		orrect to the best of my knowledge and		
Dated:					
			Signature:		
			Name:		

Undertaking

Board/University/Commission in any	give an undertaking that have never been debarred by any examination. If at any stage it is found false or detected incorrect, is liable to be cancelled/terminated automatically without any gainst me accordingly.
UNDERTAKING BY THE CANDII	DATE WITH DATE AND SIGNATURE
Dated	(in running hand)
	Name (in Block letters)

DECLARATION

1.	I	declare as under:-
	a.	That I am unmarried/widower/widow.
	b.	That I am married and have only one spouse living.
	c.	That I have entered into or contracted a marriage with a person having a spouse living. Application for grant of exemption is enclosed.
	d.	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.		mnly affirm that the above declaration is true and I understand that in the event of the ation being found to be incorrect after my appointment, I shall be liable to be dismissed from e.
	Date:	Signature
		OATH OF ALLEGIANCE FOR INDIAN NATIONALS
faithfi uphol	ul and b d the so	do swear/solemnly affirm and declare that I will be ear true allegiance to India and to the Constitution of India, as by law established, that I will vereignty and integrity of India, and that I will carry out the duties of my office loyally, with impartiality.
		'SO HELP ME GOD'
		(SIGNATURE)
Date:		NAME:

UNDERTAKING

I	s/o,d/o,w/o
at any stage it is found false or detected inc	d by any Board/University/Commission in any examination. If correct, my candidature/selection/appointment is liable to be notice to me and action can be taken against me accordingly.
	Signature
	Name
	(in Block letters)
	Roll No.
	TGT
	POST CODE (/)

UNDERTAKING FORM

$\frac{\text{SELF DECLARATION FOR GETTING SERVICES FROM GOVERNMENT DEPARTMENTS/LOCAL BODIES/AUTONOMOUS}{\text{INSTITUTIONS UNDER DELHI GOVERNMENT}}$

	s/o,d/o,w/o	r/o
		_do hereby solemnly affirm and declare as
ınder:		
1.	That I fulfill all the qualification for the post as on crucial date	2.
2.	That the certificates/ documents produced by me and the copapplication form are genuine and are issued by the recognized are proved to be fake/false during the course of verification DSSSB/Directorate of Education as the case may be and subset be liable to be terminated without any notice, in addition to in appropriate authority.	Institute/Board/University, and if the same ication of certificates/documents by the equently by the employer, my services Shall
3.	That the information given to the Department in the Acceptance form of Offer of Appointment and at an Other stage of the appointment in the enclosed documents/performa is true and correct to the best of m 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 find 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 ver	ified from any appropriate authority.
Place	·	Signature
		N.
		Name
		(CAPITAL LETTERS)

UNDERTAKING

(For OBC candidates only)

I	s/o,d/o,w/o	r/o
		doherebydeclarethatIbelongstothe
com	munity which is recognized as a Back	ward Class by the Government of Delhi for
the purpose of reservation in s	service/appointment in Delhi Governm	nent services in accordance with notification
` /		ment of Delhi. It is also declared that 1 do
		umn 3 of the Schedule in Department of
•		8-09-1993 which is modified vide 0M No.
36033/3/2004-Estt.(Res.) dated	d 09.03.2004 & 0M No 36033/3/2004	4- Estt.(Res.) dated 14.08.2008.
theprescribed limits as on fina		creamy layer of my parent/guardian is within I understand that my appointment offer will d by me is found not genuine/invalid.
OBC Certificate no		Dated
NCL Certificate no		Dated
		SIGNATURE
Date:		NAME
		Roll No.

UNDERTAKING

(For EWS candidates only)

I	s/o,d/o,w/o	r/o
	d	loherebydeclarethatIbelongstothe
Caste which is not r	recognized as a Schedule Caste, Schedu	ule Tribe and other Backward Classes
` 1 1	reservation in service/appointment in DeCCS/HQ/EWS/Rev/2019/4517 dated 04/0	
I also declare that the co	ndition of status/annual income and other	r assets for EWS category of my family
is within the prescribed limits as	on financial year ending on March 31, 2	2021. I understand that my appointment
offer will stand cancelled in case	e the "EWS Certificate" submitted by me	is found not genuine/invalid.
EWS Certificate no		Dated
	SI	GNATURE
Date:	N.A.	AME
	Ro	11 No.

SELF DECLARATION FORM

I (name of the candidate) s/o, do of Father/Husband) do hereby undertake that I am the sa	me person who applied for the post of TGT
under Post Code (/) an other particulars are appeared in the application form/ ac educational certificates etc.	d whose name, photograph, signatures and occeptance of offer of appointment and other
(Candidate has to write above mentioned statement in his below.)	is/her running handwriting in the box given
	SIGNATURE OF CANDIDATE (To be signed before the verifying authority)

LTI RTI

Employee Information for Posting on the Post of TGT/TGT(MIL)

1. First Name	:
Middle Name	!
Last Name	<u>:</u>
2. Date of Birth	<u>:</u>
3. Father Name	÷
4. Husband Name	:
5. Marital Status	:
6. Gender(Male/Female)) :
7.Original Category (So	C/ST/OBC/PH/Gen./EWS)Sub catg./Caste
8. Selection Category	(SC/ST/OBC/PH/Gen/EWS.):
(Mention the categor	ry in which candidate is selected)
9. Residential Address (A	s mentioned in the original application form submitted with DSSSB
10. Name of the nearest G	Govt. School nce (To be used for calculation of distance for allotment of school
(Available on www.e	
School ID	
11. Mobile No	·
12. E-mail Id.	<u>:</u>

DIRECTORATE OF EDUCATION

GOVERNMENT OF NCT OF DELHI DR CELL (E-III)

OLD SECRETARIAT, Delhi - 110054

Cross sign by candidate (left side)
Cross sign by official performing candidate's DV(right side)
Photo size 4" x 6"
Post code:
Post name :

Candidate's Sign.

Name:

Roll no.:

DV Official's Sign. Section Officer's Sign.

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.

FROM	ТО	Residential address in full (i.e. Village, Thana & District or House No. & Street/Road and Town	Name of the District Hqtr., of the place mentioned in the preceding column

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
i. Father (Name in full)						
ii. Mother				*		
		1				
iii.Wife/ Husband						
iv. Brother(s)					* *	
v. Sister(s)					*	

5. (a) Information to be fur	nished with regard to sor	ns and/ or daughters in case they a	are studying/living in a
foreign country.			
Name Nationality which (By Birth and / Or by Domicile)	Place of Birth	Country in which studying/living with Full Address	Date from which Studying/living in the country mentioned in the previous column

Nationality	6.	Na:	tio	na	lity
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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 :	
		You belonged	
	(c)	Distt. And State to which :	
		you Father originally belong	
9.	(a)	Your religion :	
	(b)	Are you a member of a SC/ST ? Answer	
		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
			·

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)	Have you ever been arrested?	Yes/No
	(b)	Have you ever been prosecuted?	Yes/No
	(c)	Have you ever been kept under detention?	Yes/No
	(d)	Have you ever been bound down?	Yes/No
	(e) (f)	Have you ever been fined by a Court of Law? Have you ever been convicted by a Court of law	Yes/No
		for any offence?	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.

1. 2.

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.
- v. Principal / Headmaster of the recognized School/College/Institution where the candidate studied last.
- vi. Post Masters
- vii. Block Development Officer
- viii. Panchayat Inspectors.

Certified that I	have known Sh	nri / Smt.	/Kum		Victorial Control of C
		Son /	Daughter	of	Shri
	for the last	Ye	ars		months
and that to the best of morrect.	ny knowledge and b	elief the pa	rticulars furr	nished	d by him / her are
			Sig	natur	e
		Des	ignation or	Statu	is & Address
Place:					
Date:					

TO BE FILLED BY OFFICE

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