

**ATTESTATION FORM - FORM FOR VERIFICATION OF CHARACTER**

**AND ANTECEDENTS**

Affix here a  
Passport size  
Photograph

1. Name in full (in capital) with aliases if any please indicate if any stage any part of name has been added or dropped.	
2. Present address in full	
3. (a) Home address in full - Village, Thana and district (b) If originally resident of Pakistan, then give the address of that country.	
4. Particulars of place (with periods of residence) where you have resided more than ONE year at a time preceding five years.	
To, Residential address in full (Village, thana House No Road No. etc.	
5. (a) Father's name with full address	
(b) Present Postal address (If dead please give last address)	
(c) Permanent home address	
(d) Profession (If in service give his Rank and full address)	
NATIONALITY- SELF	
FATHER	
MOTHER	
Husband / Wife	
Place of birth of Husband/ Wife	
7.a. Extract of Date of birth - In figure b. - In words c. Present age d. Age at Matriculation	
8. (a) Place of birth - Place, District and State	
(b) District and state of which you belongs	
9. (a) Your religion	
(b) Are you a member of SC/ ST if YES furnish details.	

10. Educational qualification showing place of education since 15<sup>th</sup> Year of age.

Name of the school/ College	Date of entering	Date of leaving	Examination Passed

11. If you have at any time been employed give details

Designation of the post held and description of the works	PERIOD		Full address of the firm / Office or the institution	Reasons for leaving the previous services
	FROM	TO		

12.a Have you been prosecuted and kept under detection or bound down fined / convicted by the court of law.

12b. Is any case is pending against you in any court of law at the time of filing of this attestation form. If YES please give details of convictions.

14. Name two responsible persons in your locality or two references to whom you are known

I certified that fore going information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstance, which impairs my fitness for the employment under Government.

Date :

Signature of the candidate

Place:

**IDENTITY CERTIFICATE TO BE SIGNED BY**

- GAZETTED OFFICER OF CENTRAL OR STATE GOVERNMENT.
- MEMBER OF PARLIAMENT OR STATE LEGISLATURE
- NON-GAZETTED SUB-DIVISIONAL MAGISTRATE / OFFICER.
- TAHSILDAR NAIB, DY. TAHSILDAR AUTHORISED TO EXERCISE MEGISTRIAL POWER.

Certified that I have known Mr. / Mrs \_\_\_\_\_ son / daughter of \_\_\_\_\_ for last \_\_\_\_\_ years and \_\_\_\_\_ months and that to the best of my knowledge and belief the particulars furnished by him / her are correct.

Date:

Signature of the officer

Place:

Designation. : \_\_\_\_\_

**KENDRIYA VIDYALAYA SANGATHAN**  
(Candidate's Statement & Declaration)

The candidate must take the statement required below prior to his/her medical examination and must sign the declaration appended thereto. His/Her attention is specially directed to the warning contained in the note below:

01	State your Name in Full(Block letters)		
02	State your age and place of birth		
03	a)	Have you ever had small pox, Intermittent or any other fever, enlargement of suppuration of glands, spitting of blood, asthma, heart disease, lung disease, fainting attacks, rheumatism, appendicitis?	
	(b)	Any other disease or accident requiring confinement to bed and medical or surgical treatment	
04	When were you last vaccinated?		
05	Have you or any of your near relations been afflicted with consumption, scrofula, gout, asthma, fits, epilepsy or Insanity.		
06	Have you suffered from any form of nervousness due to overwork or any other cause.		
07	Have you been examined and declared unfit for Govt. Service by a Medical Officer/Medical Board within the last three years		
08	<b>Furnish the following particulars concerning your family:</b>		
	Father's age, if living and state of health	Father's age at death and cause of death	No. of brothers living their ages and state of health
			No. of brothers dead, their ages at death and cause of death
	Mother's age, if living & state of health	Mother's age at death and cause of death	No. of sisters living, their ages and state of health
			No. of sisters dead, their ages at death and cause of death

I declare all the above answers to be, the best of my belief, true and correct.

I also solemnly affirm that I have not received a disability certificate/pension on account of my disease or other condition.

Candidates Signature: \_\_\_\_\_

Signed In the presence: \_\_\_\_\_

Signature of the Medical Officer: \_\_\_\_\_

MEDICAL CERTIFICATE

Name of the Candidate for appointment (Block letters)	
Caste or Race	
Residence	
Father's Name and address	
Date of birth by Christian era nearly as can be ascertained	
Exact height by measurement	
Personal marks of identification	
Signature of the candidate	

I do hereby certify that I have examined Sh./Kmt./Kum. \_\_\_\_\_  
a candidate for employment in Kendriya Vidyalaya \_\_\_\_\_  
and can not discover that he/she has any disease communicable or otherwise  
constitutional affliction, or bodily infirmity, except \_\_\_\_\_

I do not consider this a disqualification for employment in the Vidyalaya.  
His/her age is, according to his/her own statement \_\_\_\_\_ years and  
he/she appears about \_\_\_\_\_ years.

\* I also hereby certify that I have examined Smt \_\_\_\_\_  
and do not discover that she is pregnant. (\* For married female candidate only).

Left hand thumb and finger impression of the candidate:

Signature of the Candidate: \_\_\_\_\_

Taken before \_\_\_\_\_

Name of the Officer \_\_\_\_\_

Designation of the Officer \_\_\_\_\_

On (date) \_\_\_\_\_

Shri / Smt / Km. \_\_\_\_\_

declares as under:-

- a) That I am unmarried / a widower / a widow.
- b) That I am married and have only one spouse living.
- c) That I am married and have more than one spouse living.  
Application for grant of exemption is enclosed.
- d) That I am married and that during the life time of my spouse, I have contracted another marriage. Application for grant of exemption is enclosed.
- e) That I am married and my husband has no other living wife to the best of my knowledge.
- f) That I have contracted a marriage with a person, who has already one wife or more living. Application for grant of exemption is enclosed.

2. \*\* 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.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

\* Delete clauses not applicable

\*\* Applicable to the case of clause (a), (b) & (c) only.

Annexure-IV

TO BE TAKEN BEFORE THE CHAIRMAN, VMC / PRINCIPAL OF THE VIDYALAYA

I, \_\_\_\_\_ solemnly

affirm that I will be faithful and bear true allegiance to India and to the Constitution of India as by law established and that I will carry that duties of my office loyalty, honestly and with impartiality.

**(So help me God)**

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Designation: \_\_\_\_\_

**CHARACTER CERTIFICATE**

Certified that I have known Shri/Smt./Kumari.....  
Son/daughter of .....for the last .....years  
and .....months and that to the best of my knowledge and belief, he/she bears  
good character and has no antecedents which render him/her unsuitable for employment in the  
Kendriya Vidyalaya Sangathan.

Place.....

Signature.....

Dated.....

Designation.....

**ACCEPTANCE OF OFFER OF APPOINTMENT**

I.....hereby accept the offer of appointment to the post of .....in Kendriya Vidyalaya.....made in your letter No.....dated..... and also the terms & conditions mentioned therein. I agree to join duty at the place and on the date indicated therein.

I will not request for transfer within three years of initial appointment and will serve atleast for 3 years at the place of first posting.

Signature.....

(Name in block letter)

Address.....

.....

.....

Dated.....

Copy submitted with compliments to the Deputy Commissioner, Kendriya Vidyalaya Sangathan, Kolkata Region, Kolkata for information and necessary action.