

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 Government.

Affix signed
Passport size
(5 cmx7cm
approx) copy of
recent
photograph
where asked for

2- If detained, convicted, debarred etc, subsequent to the completion and submission of this Form, the details should be communicated immediately to the All India Institute of Medical Sciences Bhopal failing which it will be deemed to be a suppression of factual information.

3. If the fact that false information has been furnished or that there has been suppression of any factual information 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 capital letters). With aliases in any please indicate if you have added or dropped in any stage any part of your name or surname	Surname	Name
2. Present address in full (i.e. Village, Thana & Dist. Or House Number, Lane/Street/ Road and Tcwn).		
3 (a) Home address in full (i.e. Village, Thana and Dist. Or House Number Lane/Street/ Road and Tewn and Name of District Headquarter		

(b) If originally a resident of Pakistan, the address in that country and the date of migration to Indian Union	
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4. Particulars of places (with periods or residences where you have resided for more than one year at a time during the preceding five years. In case of State 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	To	Residential address in full (i.e. Village, Thana and District or House No. Lane/Street/Road and Town).	Name of the Distt. Headquarters of the place mentioned in the preceding Col.		
5. Name	Nationality by birth and/or by domicile	Place of birth	Occupation if employed give designation and office name	Present /permanent Home address.	

1. Father Name in full Aliases, if any)				
2. Mother				
3. Wife				
4. Brother (s)				
5. Sister (s)				

5(a) Information to be furnished with regard to son(s) and/or daughter (s) in case they are studying/living in a foreign country

Name	Nationality (By birth & Domicile).	Place of birth	Country in which studying/living with full address	Date from which studying/living in the country mentioned in previous col.

6.	Nationality
7.	(A) Date of Birth
	(B) Present Age:
	(C) Age at Matriculation
8.	(a) Place of Birth District & State in which situated
	(b) District and State to which you belong.
	(c) District and State to which your father originally belongs.
9.	(a) Your religion
	(b) Are you a member of Scheduled Caste/Scheduled Tribe? (Answer 'Yes' or 'No')

10. Educational Qualifications showing places of education with year in Schools and Colleges since 15th year 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 or State Government or a Semi-Government or a Quasi Government body or an autonomous body, or a Public undertaking or a private firm or institution/ if So, give full particular with dates, of employment upto date.

11.(B) If the previous employment was under the Government of India/ State Government/An undertaking owned or controlled by the Government of India / A State Government/ An Autonomous body/University/Local body. If you had left service on giving a month notice under rule of the Central Civil Services (Temporary Service) Rules, 1965 or any similar corresponding rules where any disciplinary proceeds framed against you, or had you been called upon to explain your conduct in any matter at the time you have notice or termination or service or at a subsequent date before your services actually terminated?

- 12 (i) (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) Have you ever been fined by a court of Law? Yes/No
- (f) Have you ever been convicted by a court of law for any offence? Yes/No
- (g) Have you ever been debarred from any examination or rusticated by any University or any other educational authority/institution Yes/No.
- (h) Is any case pending against you in any court of law at the time of filling up this Attestation Form? Yes/No
- (i) Have you ever been debarred/disqualified by any Public Service Commission from appearing at its examination/Selection Yes/No
- (j) Is any case pending against you in any University or any other educational authority/institution at the time of filling up this Attestation Form? Yes/No

ii) If the answer to any of the above mentioned question is yes give full particulars of the case/arrest/detention/fine/conviction/sentence/punishment etc. and/or the nature of the case/arrest/detention/fine/conviction/sentence/punishment etc. and or the nature of the case pending in the Court/University/Educational Authority etc. at the time of filling up this 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 the 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 candidate.....

Date.....

Place.....

शपथ

“मैं, शपथ लेता हूँ । सत्य-निष्ठा से प्रतिज्ञा करता हूँ कि मैं भारत और विधि द्वारा स्थापित भारत के संविधान के प्रति श्रद्धा और सच्ची निष्ठा रखूंगा, मैं भारत की प्रभुता और अखण्डता अक्षुण्ण रखूंगा तथा मैं अपने पद के कर्तव्यों का राजभक्ति, ईमानदारी और निष्पक्षता से पालन करूंगा ।

(अतः ईश्वर मेरी सहायता करें)”

दिनांक :

हस्ताक्षर

OATH OF ALLEGIANCE

“I, Co swear/solemnly affirm 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)”

Date :

Signature

APPENDIX 2

Form of Certificate prescribed

Form of Certificate as prescribed in M.H.A., O.M., No.42/21/49-N.G.S. dated the 28.1.1952, as revised in Dept. of Per. & A.R. letter No.36012/6/76-Estt. (S.C.T.), dated the 29-10-1977, to be produced by a candidate belonging to a Scheduled Caste or Scheduled Tribe in support of his claim.

FORM OF CASTE CERTIFICATE

This is to certify that Shri/Shrimati*/Kumari*.....
Son/daughter* of of Village/town*..... in
District/Division* of the State/Union Territory*
..... Belongs to the Caste/Tribe* which is
recognized as a Scheduled Caste/Scheduled Tribe* under :

The Constitution (Scheduled Castes) Orders, 1950

- **The Constitution (Scheduled Tribes) Order, 1950**
- **The Constitution (Scheduled Castes)(Union Territories) Order, 1951**
- **The Constitution (Scheduled Tribes)(Union Territories) Order, 1951**

[(As amended by the Scheduled Castes and Scheduled Tribes' Lists (Modification) Order, 1956, the Bombay Reorganization Act, 1960, the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act, 1970, the North-Eastern Areas (Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976.]

- **The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956**
 - **The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959, as amended by the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976**
 - **The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962;**
 - **The Constitution (Dadra and Nagar haveli) Scheduled Tribes Order, 1962;**
-

ANNEXURE III

DECLARATION TO BE OBTAINED FROM NEW ENTRANTS TO GOVERNMENT
SERVICE

1. I, Shri/Shrimati/Kumari _____
declare as under:-
- i) That I am married and have only one spouse living
 - ii) That I have entered into or contracted at marriage with a person having a spouse living. 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 is found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Date:

Signature

Note: Please delete clause/clauses not applicable.

IDENTITY CERTIFICATE

(Certificate to be signed by any one of the following)

- i) Gazetted Officer of Central or State Government.
- ii) Members of Parliamentary State Legislature belonging to the Constituency where the candidate or his parent/guardian is ordinarily resident.
- iii) Sub Divisional Magistrates/Officers.
- iv) Tehsildars or Naib/Deputy Tehsildar authorized to exercise magisterial powers.
- v) Principal/Head Master of the recognized School/College/Institution where the candidate studied last.
- vi) Block Development Officer.
- vii) Post Master.
- viii) Panchayat Inspectors.

Certified that I have known

Shri./Smt./Kumari _____
Son/daughter of Shri. _____ to the last
_____ years _____ months and that to the best of my
knowledge and belief the particulars are furnished by him/her are correct.

Signature _____

Designation of Status and Address. _____

Place _____

Date _____

TO BE FILLED BY THE OFFICER

- i) Name, designation and full address of the appointing authority.
- ii) Post for which the candidate is being considered.

FORM OF CHARACTER ROLL

1.	Name:			
2.	Father's Name:			
3.	Caste:			
4.	Place of residence:			
5.	Date of birth:			
6.	Office of the employment			
7.	Educational qualifications:			
8.	Statement of services:			
	District	Appointment	Pay	Date
9.	Whether you have applied for any other post in any Department/Office. (If yes, the detailed information may be furnished as below.)			
Sr. No.	Name of the Office/Department	Post for which applied for	Period during which he had applied for said post.	

Signature of the Candidate.

Character and antecedents Certificate vide Certificate filed in the personal file at Page No. _____

Sr. Accounts Officer/WMI.

DOMICILE CERTIFICATE

Certified that Shri./Smt./Km. _____,

S/o/D/o Shri./Smt. _____ R/o.

_____ is

a bona fide citizen of India.

Signature. _____

*To be signed by a gazetted Officer.

CHARACTER CERTIFICATE

Certified that I have known Shri./Miss/Smt. _____
Son/daughter of Shri. _____ for the last _____
years and _____ months and to the best of my knowledge and belief.
He/she bears reputable Character and has no antecedents, which render him/her unsuitable for
Government employment.

2. Shri./Miss/Smt. _____ is not related
to me.

Place:

*Signature _____

Date:

Name:

Designation:

(To be signed by Gazetted Officer with office
stamp.)

* (To be attested by stipendary 1st class Executive Magistrate/ District Magistrate or Sub-
Divisional Magistrate.)

ATTESTED

Place:

Date:

Signature _____

Name: _____

Designation: _____

(Attesting Authority with Office stamp.)

DECLARATION

1. Name _____
2. Nationality :-----
3. Date of Birth-----
4. Personal Mark of Identification-----
5. Blood Group-----
6. GPF / PRAN No.-----
7. Height (Without shoes)-----
8. Religion -----Caste(SC/ST /OBC/GENERAL)-----
(Certificate is required in case of Reserved category)
9. Date of Joining_____

Date _____

Signature_____

Place _____

Name in Capital_____

Designation_____

Department_____

**FORM FOR OATH OF ALLEGIANCE TO THE
CONSTITUTION OF INDIA**

I, _____
do swear that I will be faithful and bear allegiance to India and to the
Constitution of India as by Law established and that I will carry out the duties
of my office loyally, honestly and impartially.

“ SO HELP ME GOD ”

Place:- _____

Signature _____

Date:- _____

Designation _____

Oath taken before me to-day.

Administrative Officer

Dated:-

FORM OF OATH OF SECRECY

I, Shri/Kum.----- have

Read the official secrets Act and Central Services(Conduct) Rules.

SIGNATURE.

Place :-

Name-----

Date :-

Designation-----

DECLARATION

1. Shri / smt. / Kum. _____

Declare

- (a) That I am unmarried / a widower / a widow
- (b) That I am married and have only one wife living.
- (c) That I am married and have more than one wife living.
Application for grant of exemption is enclosed.
- (d) That I am married and that during the lifetime 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.

Date _____

Signature _____

Place _____

Name in Capital _____

Note:- Please delete clauses not applicable. Application in the case of clause (a), (b), & (c) only.

SPECIMEN

APPLICATION FOR GRANT OF EXEMPTION

To

The _____

Sir,

I request that in view of the reasons stated below I may be granted exemption from the operation of restriction on the recruitment to service of persons having more than one wife living/ a woman who is married to a person already having one wife or more living.

REASONS

Yours faithfully,

Date:-

(Signature)

DECLARATION OF HOME TOWN FOR PURPOSE OF LEAVE TRAVE LCONCESSION IN
ACCORDANCE WITH ORDERS CONTAINED IN MINISTRYOF HOME AFFAIRS O.M.NO.
43/1/55- Estts (A)/ pt.II DATED 11.10.56.

I _____

Hereby declare my Home Town is given at item (1) below :-

1) a) Name of permanent Home Town or village. _____

b) Nearest Railway Station _____

c) Complete Address _____

2) Home address as shown in the Service Book _____

3) If particulars at item (1) on diferent _____

From these at item (2) above reasons _____

Thereof. _____

NB: This form should be submitted in duplicate.

Signature :-----

Name :-----

APPROVED

FORM 3
[See rule 54 (12)]
Details of Family

1. Name of the Government servant
2. Designation
3. Date of birth
4. Details of the members of family as on-----:

S. No	Names of the members of family	Date of birth	Relationship with the officer	Marital status	Remarks	Dated signature of Head of Office
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

I hereby undertake to keep the above particulars up-to-date by notifying to the Head of the Office any addition or alteration.

Signature of Government servant

Place :

Date :

Note 1. - The original Form submitted by the Government servant is to be retained. All additions/alterations are to be recorded in this Form under the signature of Head of Office in Col 7. No new Form will substitute the original Form. However, the retiring Government servant should submit the details of family afresh along with Form 5.

Note 2. - The details of spouse, all children and parents (whether eligible for family pension or not) and disabled siblings (brothers and sisters) may be given.

Note 3. - The Head of Office shall indicate the date of receipt of communication regarding addition or alteration in the family in the 'Remarks' column. The fact regarding disability or change of marital status of a family member should also be indicated in the 'Remarks' column.

Note 4. - Wife and husband shall include judicially separated wife and husband.



ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Saket Nagar, Bhopal – 462024 (M.P)

**Declaration of details of the family members under Central Services
(Medical Attendance) Rules, 1944**

I declare the details of my dependent family members with reference to Central Services (Medical Attendance) Rules, 1944 for official record.

(1) Employee's Personal Details:

1	Name		3	Designation	
2	PF No.		4	Department	

(2) Details of the eligible dependent Family Members:

S. No.	Name (s) of the member(s) of the family*	Date of Birth	Age as on date	Relationship	Marital Status	Please mention whether:- (a) Employed (b) Pensioner (c) Family Pensioner (d) Others	Personal Annual Income of the dependent*
(i)				Spouse (wife or husband)			
(i)				Dependent Unmarried Son(s) upto age of 25 Yrs.			
(iii)				Dependent Unmarried daughter(s) without any age limit.			
(iv)				Dependent unmarried widowed, divorced Daughter(s)			
(v)				Parents(s)/ Step-parents			
(vi)				Disabled son(s)			
(v i)				Minor brothers(s)			
(viii)				Dependent Unmarried w dowed, divorced Sister(s)			

Declaration: I hereby undertake to keep the above particulars up-to-date by notifying to the Head of Office any addition or alteration.

(3) Details of other non-dependent/married/unmarried family members for record only.

(x)							
-----	--	--	--	--	--	--	--

Date:

Signature of the employee

(4) For the use of controlling unit/office of the HOD

Forwarded	Recommended
Section/Unit I/C	HOD

(5) Administrative Approvals:

Checked	Verified & submitted for approval	Approved as per rules for including in the records
Assistant./r.Supt.	AR/DR (Admin.)	DOFA/Registrar/Director

FORM 'F'

[See sub-rule (1) of rule 6]

Nomination

To

[Give here name or description of the establishment with full address]

I, Shri/Shrimati/Kumari whose particulars are given in the statement below,
[Name in full here]
hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify that the person(s) mentioned is a/are member(s) of my family within the meaning of clause (h) of section (2) of the Payment of Gratuity Act, 1972.

3. I hereby declare that I have no family within the meaning of clause (h) of section (2) of the said Act.

4.

(a) My father/mother/parents is/are not dependent on me.

(b) my husband's father/mother/parents is/are not dependent on my husband.

5. I have excluded my husband from my family by a notice dated the to the Controlling Authority in terms of the proviso to clause (h) of section 2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

Nominee(s)

Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
1.			
2.			
3.			
so on.			

Statement

1. Name of employee in full.
2. Sex.
3. Religion.
4. Whether unmarried/married/widow/widower.
5. Department/Branch/Section where employed.
6. Post held with Ticket or Serial No., if any.
7. Date of appointment.
8. Permanent address.

Village Thana Sub-division Post Office

District State

Place
Date

Signature/Thumb impression
of the employee

Declaration by witnesses

Nomination signed/thumb impressed before me.

Name in full and full
address of witnesses.

Signature of witnesses:

1.
2.

1.
2.

Place

Date

Certificate by the employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Signature of the employer/
officer authorised

Designation

Name and address of the
establishment or rubber stamp
thereof.

Date

Acknowledgement by the employee

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.

Date

Signature of the employee



अखिल भारतीय आयुर्विज्ञान संस्थान
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Saket Nagar, Bhopal (M.P.) – 462020

Application for Creation of New e-Mail Account / e-Office use

(Please read the instruction given in the reverse of this page. The completed application form should be duly forwarded by the concerned Office Head / Nodal Officer (e-mail services) of the concerned department.)
Please use CAPITAL LETTERS.

1. Name of the applicant*: _____
(Dr. /Mr. /Ms. First name Middle Name Surname)
2. Date of Birth*DD/MM/YYYY:

--	--	--	--	--	--	--	--
3. Designation*: _____
4. Min./Dept./Org*/
 - a. Ministry / Department _____
 - b. Organization/ FOD Office _____
5. Aadhaar Number: _____
6. Joining Date: _____
7. PAN No: _____
8. Employee Status: Permanent/Contractual/Outsource
9. Address for correspondence*: _____

City _____ Pin Code:* _____
10. Telephone Number : (O)* _____ (R) _____ Mobile* _____
11. Alternate e-mail address for correspondence*: _____

This is to declare that I have read the terms and conditions and I agree to abide by them.

Signature of the Applicant

FOR IT OFFICE USE	
User ID Creation:	
Assigned login ID: _____	Domain: _____
Employee Id: _____	
Remarks _____	
Name & Design: _____	Signature of IT Incharge