

ATTESTATION FORM**WARNING**

**Affix a signed
Passport size
(5cms X 7 cms
approximately)
copy of recent
photograph here
without defacing
the identity**

1. 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.
2. If detained, arrested, prosecuted, bound down, fined, convicted, debarred, acquitted, etc., subsequent to the completion and submission of this form, the details should be communicated immediately to the authorities to whom the attestation form has been sent early, failing which it will be deemed to be a suppression of factual information.
3. If the fact that false information has been furnished or there has been suppression of any factual information in the attestation form comes to notice at a time during the service of a person, his/her services would be liable to be terminated.

To,

**The Director,
All India Institute of Medical Sciences,
Tatibandh, G.E. Road, Raipur (C.G.)**

**Sub:- Joining for the post of _____ in the All India Institute of
Medical Sciences, Raipur (C.G.).**

Dear Sir,

In pursuance to the offer of appointment No. _____,
_____ dated _____, I hereby report for joining as _____ in
the Department of _____ from _____
(Forenoon/Afternoon). I understand and accept the Terms & Conditions of employment that
has been explained in the offer of appointment.

It would be kind enough, if you accept this joining letter.

Your's Sincerely,

Name : _____

Address: _____

Mobile No: _____

Email ID: _____

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Form 1: Employee's Personal Information

Name of Department: _____

Employee Personal Information

First Name : _____

Middle Name : _____

Last Name : _____

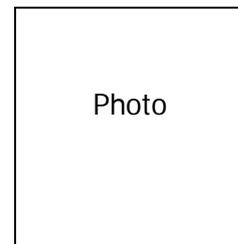
Date of Birth : _____

Father /Mother/husband Name: _____

Gender: Male/Female

Marital Status: _____

Identity Mark: _____

**** Mark the attached documents**
 Medical Fitness Character Certificate

Height (In cms): _____

Caste: _____ Category: _____

Religion: _____ Blood Group: _____

Home State: _____ Home District: _____

Home Office Type: _____ Home Office Name: _____

Contact No (In Case of Emergency)

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Nearest Railway Station : _____

Employee's Office Details:

Current Designation: _____

Current Office: _____

Name of the Candidate _____ Signature of Candidate _____

Form 2: Employee's Address Information

Name of Department: _____

Present Address Detail

Present Address: _____

State: _____

District : _____

Block: _____

Panchayat : _____

Pin Code: _____

Phone Number : _____

E-mail (if any) _____ Mobile Number: _____

Permanent Address Detail

Present Address: _____

State: _____

District : _____

Block: _____

Panchayat : _____

Pin Code: _____

Phone Number : _____

E-mail (if any) _____ Mobile Number: _____

Joining Details

Date of Appointment: _____ Order Number: _____

Office name at the time of initial joining in Dept: _____

Date of Joining in the Dept: _____ Initial Designation: _____

Mode of Recruitment: _____ Class: _____

Employee Type: _____

Name of the Candidate _____ Signature of Candidate _____

WARNING: The furnishing of false information or suppression of any factual information in Attestation Form would be a disqualification and is likely to render the candidate unit employment under the Govt.

Affix Passport
Size Photograph

2. If detained convicted debarred etc. subsequent to the completion and submission of this form, the details should be communicated immediate to the All India Institute of Medical Sciences, Tatibandh, G.E. Road, Raipur (Chhattisgarh) or the authority to whom the attestation form has been sent earlier, as the case may be, falling 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 I finished or that here 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.

	SURNAME	NAME
1. Name in full (in block letters) With aliases, if any (please indicate if you have added or Dropped in any stage any part of your name or summate)		
2. Present Address in full (i.e. Village, Thana and District or House Number Lane/Street/Road and Town).		
3. (a) Home Address in full (i.e. Village, Thana and District or House Number, Lane/Street/Road and Town and name of District Headquarters)		
(b) If originally a resident of Pakistan, the address in that country and the date of migration to Indian Union.		

Name of the Candidate _____ Signature of Candidate _____

4. Particulars of places (with periods of residences) 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.

Sr. No.	From	To	Residential address in full (i.e. village Thana and District or house Number Lane/Street/ Road and Town).	Name of the District Head Quarter of the Place mentioned in the Preceding Column.

Name of the Candidate _____ Signature of Candidate_____

5. Details of family :

S. No.	Name	Nationality by birth and/or by domicile	Place of Birth	Occupation (if employed gives design. & Official Address	Present Postal Address(in deal give last Address	Permanent Home Address
1) Father						
2) Mother						
3) Wife/ Husband						
4) Brother (S)						
5) Sister (S)						

Name of the Candidate _____ Signature of Candidate_____

6. (a) Are you holding or have anytime held an appointment under the Central or State Govt. or semi-Govt. or a quasi- Govt. Body or an autonomous body or a public undertaking or a **private firm** or institution? If so, give particulars with date of employment up-to date.

Sr. No.	Period		Designation, employments and nature of employment	Full name and address of employer	Reasons for leaving previous service
	From	To			
1					
2					
3					
4					
5					

Name of the Candidate _____ Signature of Candidate_____

6. (b) If the previous. Employment was under the govt. of India or a State Govt./an undertaking owned or controlled by the Govt. of India or a State govt./an autonomous body/University Local body.

If any had left service on giving a month's notice under Rule 5 of the Central Civil Services (Temporary Service) Rules 1965, or any similar corresponding rules, were any disciplinary proceedings framed against you, or had you been called upon to explain your conduct in any matter at the time you gave notice of termination of service or at a subsequent date, before your service actually terminated?

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- 7.(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) Have you ever been debarred/disqualified by any Public service Commission/Institute of Secretariat Training & Management/Subordinate Services Commission, for any of their examinations/selections ? 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 time of filling up this Attestation Form ? Yes/No (.....)

If the answer to any of the above mentioned question is "Yes" give full particular 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.

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Note: i) Please also see the 'WARNING' at the top of this form.
ii) Specific answers to each of the questions should be given by "Yes" or "No" as the case may be.

8. 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 or domicile	Place of Birth	Country in which studying/living with full address	Date from which studying/ living in the country mentioned in previous Col.

9. Nationality _____
 Date of Birth _____
 Present Age _____
 Age at Matriculation _____

10. (a) Place of birth, District & state in which situated (a) _____
 (b) District and State to which you belong (b) _____
 (c) District and state to which your father originally belongs (c) _____

11. (a) Your religion (a) _____
 (b) Are You a member of Scheduled Cast/ Schedule Tribe/OBC? Answer 'Yes' or 'No' (b) _____
 (c) Category of candidature
 (PH / EX-SM / Dependents of EX-SM killed in action)

12. Educational Qualifications showing places of education with years in Schools and Colleges after 15th year of age:

Sr. No.	Name of School/ College with full address	Date of entrance	Date of leaving	Examination(s) passed
1				
2				
3				
4				

Name of the Candidate _____ Signature of Candidate _____

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 Candidate _____

Date _____

Place _____

DECLARATION

I, _____ declare
as under:-

- (i) That I am Bachelor/Widower/Married
- (ii) That I am married and have only one wife/husband living/that I am married to a person who has other wife living.
- (iii) That I am married and have more than one wife.

That I am married to a person who has another wife living I request that in view of the reasons stat below:

I may be granted exemption from the operation of restriction on the recruitment to service of persons having more than wife living or having married to a person having more than one wife living.

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.

(_____)

Sign. _____

Dated _____

IDENTITY CERTIFICATES

(Certificate to be signed by any one the following)

- (i) Gazetted officers of Central or State Government
- (ii) Members of Parliament of State legislature belonging to the constituency where the candidate or parent/guardian is ordinary resident:
- (iii) Sub-Divisional Magistrates/Officers:
- (iv) Tehsildars or Naib/Deputy Tehsildars authority 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 – Masters :
- (viii) Panchayat Inspectors :

Certified that I have known Shri/Smt/Kumari/Dr. _____
son/daughter /wife of Shri _____ for the
last _____ Year _____ months and that to the best of my
knowledge and belief the particulars furnished by him/her are correct.

Place _____

Signature _____

Date _____

Designation or status and address

TO BE FILLED BY THE OFFICE

- (1) Name, designation and full address of _____
The appointing authority. _____
- (2) Post for which the candidate is being considered. _____

Name of the Candidate _____ Signature of Candidate _____

CERTIFICATE OF CHARACTER

Certified that I have known _____ Son/Daughter Shri
 _____ for the last _____ years _____
 or and that to the best of my knowledge and belief he/she bears reputable character and
 has no antecedents which render him unsuitable for employment in this institute.

_____ is not related to me.

Place: _____

Signature _____

Dated: _____

Designation _____

Dist. Magistrate or Sub-Divisor

Magistrate or Gazette Officer

Name of the Candidate _____ Signature of Candidate _____

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES
HOME TOWN DECLARATION FORM**

{OM NO.43/15/57-Estts.(A) dated24/06/1958}

Department:

Date :

I, _____ employed as _____ in the Department/Section of _____ in AIIMS, Raipur hereby declare that my home town is at the place as shown for the purpose of availing myself of the Leave Travel Concession purpose.

State	District	Town	Village	Nearest Railway Station

Signature of the government employee

Name

Designation

Nomination by.....

Designation.....

Date of receipt of nomination.....

Name of the Candidate _____ Signature of Candidate_____