

To,

**The Director,  
All India Institute of Medical Sciences,  
Munshiganj, Dalmau Road, Raibareli  
(U.P.)**

**Sub:- Joining for the post of \_\_\_\_\_ in the All India Institute of  
Medical Sciences, Raibareli (U.P.)**

**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:** \_\_\_\_\_

(\_\_\_\_\_)

**Signature**

## घोषणा एवं निष्ठा पत्र

मैं सत्यनिष्ठा से घोषणा करता /करती हूँ कि मैं किसी ऐसे निकाय अथवा संगठन का/की न सदस्य हूँ अथवा न मेरा उसस सम्बन्ध रहा है जिस गैर-कानूनी घोषित किया गया हो, इसक ऐसा घोषित किए जान क बाद मैंने न इसमें भाग लिया है, न उसस और न उसकी गतिविधी अथवा कार्यक्रम स सम्बन्ध रहा/रही हूँ जिसका उद्देश्य,

- 1) भारतीय संविधान का उच्छेदन करना रहा हो,
- 2) सामूहिक रूप स कानून का भंग अथवा उल्लघन करना रहा हो,
- 3) भारत की एकता तथा प्रभुसत्ता क विरुद्ध अथवा देश की सुरक्षा क विरुद्ध रहा हो,
- 4) धर्म, जाति, भाषा, वंश अथवा समुदाय क नाम पर विभिन्न लोगों क वर्गों क विद्वेश अथवा घृणा की भावना को बढ़ावा देना रहा हो।

प्रमाणित किया जाता है कि मैंने संशोधित केन्द्रीय सिविल सेवाओं (आचरण) नियमावली, 1964, अन्य नियमावलियों एवं अखिल भारतीय आयुर्विज्ञान संस्थान, रायबरेली (उ. प्र.) संबंधी नियमों/अधिनियमों को पढ़ तथा समझ लिया है।

मैं ..... शपथ लेता हूँ, तथा सत्यनिष्ठा स पुष्टि करता/करती हूँ मैं कानून द्वारा प्रतिस्थापित भारत क संविधान क प्रति स्वामिभक्त एवं निष्ठावान रहूंगा/रहंगी। मैं भारत की एकता तथा प्रभुसत्ता को कायम रखूंगा/रखूंगी तथा मैं अपने कार्यालय क काय क वफादारी, ईमानदारी और निष्पक्षता स करूंगा/करूंगी।

नाम: .....  
(हस्ताक्षर)

स्थान : .....

दिनांक : .....



## Form 2: Employee Address Information

Name of Department: \_\_\_\_\_

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### **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: \_\_\_\_\_

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### **Joining Details**

Date of Appointment: \_\_\_\_\_ Order Number: \_\_\_\_\_

Office name at the time of initial joining in Dep't: \_\_\_\_\_

Date of Joining in the Dep't: \_\_\_\_\_ Initial Designation: \_\_\_\_\_

Mode of Recruitment: \_\_\_\_\_ Class: \_\_\_\_\_

Employee Type: \_\_\_\_\_

( \_\_\_\_\_ )  
Name & Signature

Affix Passport  
Size Photograph

**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.

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, Raibareli (U.P.) 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.

1. Name in full (in block capitals) With aliases, if any (please indicate if you have added or Dropped in any stage any part of your name or summate)	SURNAME	
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.		

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.

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.

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)						

5. (a) Information to be furnished with regard to son(s) and/or daughter 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.

6. Nationality :

7. (a) Date of Birth (a) \_\_\_\_\_

(b) Present Age (b) \_\_\_\_\_

(c) Age at Matriculation (c) \_\_\_\_\_

8. (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) \_\_\_\_\_

9. (a) Your religion (a)

(b) Are You a member of Scheduled Cast/  
Schedule Tribe? Answer 'Yes' or 'No' (b)

10. Educational Qualifications showing places of education with years in Schools and Colleges 15<sup>th</sup> year of age:

Name of School/ College with full	Date of entry	Date of leaving	Examination(s) Passed

11. (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, five particulars with date of employment up-to date.

Period		Designation, employments and nature of employment	Full name and address of employer	Reasons for leaving previous service
From	To			

11. (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 ?

- 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) 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.

**Note:** (i) Please also see the "warring" at the top of this attestation Form.

Specific answers to each of the questions should be given by striking our "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 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. \_\_\_\_\_  
\_\_\_\_\_

**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

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

DEPARTMENT \_\_\_\_\_

DATED THE \_\_\_\_\_

I, \_\_\_\_\_ employed as \_\_\_\_\_ in the  
All India Institute of Medical Sciences, Raibareli in the Department/Section hereby  
declare

\_\_\_\_\_ Distt. \_\_\_\_\_ in the nearest railway station  
\_\_\_\_\_.

COUNTER SIGNED

SIGNATURE \_\_\_\_\_

DESIGNATION \_\_\_\_\_

SIGNATURE OF THE CANDIDATE

NAME \_\_\_\_\_

DESIGNATION \_\_\_\_\_