

ATTESTATION FORM

1. Name in Full (in Block Capitals) : Surname
(with aliases, if any)
(Please indicate if you have added or dropped at any stage, any part of your name or surname)
2. Present Address in Full (i.e., Village, Thana and District or House Number, Lane/Street and Road) :
3. a) Home Address in Full :
(i.e., Village, Thana and District or House Number, Lane/Street and Road)
- b) If originally a resident of Pakistan, the address in that Dominion and the date of Migration to Indian Union :
4. Particulars of places, where you have resides for more than one year during the preceeding five years. :

From	To	Residential addresses in full (i.e., Village, Thana and District or House Number, Lane/Street and Road)

5. a) Father's Name in full with aliases, if any :
b) Present Postal Address (if dead, give last address) :
c) Permanent Home Address :
d) Profession :
e) If in service, give designation and official address :
6. 1) Nationality of (a) Father : (a)
(b) Mother : (b)
(c) Husband : (c)
(d) Wife : (d)
- 2) Place of Birth of (a) Husband : (a)
(b) Wife : (b)

7. a) Exact Date of Birth : (a)
 b) Present Age : (b)
 c) Age at Matriculation : (c)
8. a) Place of Birth, District and State in which it is situated : (a)
 b) District & State to which you belong : (b)
9. a) State your Religion : (a)
 b) Are you a member of a Scheduled Caste/Scheduled Tribe? Answer 'Yes' or 'No' and if the answer is 'Yes' State the name thereof. : (b)

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

Name of School/College with Full Address	Date of Entering	Date of Leaving	Examination Passed

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

Designation of post held or description of work	Period		Full address of the Office/Firm or Institution
	From	To	

12. Have you ever been convicted by a Court of any offence? :
 If the answer is 'Yes' the full particulars of the convictions and the sentences should be given.
13. Names of two responsible persons of your locality or two reference 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:

(Certificate to be signed by a Gazetted Officer or Member of Legislature or other authority prescribed by the Appointing Authority).

Certified that I have known Shri/Smt./Kum.....

Son/daughter of Shri

for the last years months and that to the best of my knowledge and belief the particulars furnished by him/her are correct.

Signature

Place:

Date:

**Designation or
Status & Address**

**MEDICAL CERTIFICATE UNDER
ARTICLE-49 CIVIL SERVICE REGULATIONS**

I do hereby certify that I have examined Sri/Smt./Miss
..... a candidate for employment in the
.....
.....
Department of and cannot
discover that he/she has any disease, constitutional affection bodily infirmity
except
I consider / do not consider this disqualification for employment in the office of
.....
Age is according to his/her own statement years
& by appearance about years.

Place :

Date :

Surgeon

DECLARATION BY CANDIDATE

I a candidate
for employment in the
Department of the Govt. of Orissa & hereby declare that I have not any time
been pronounced unfit for Govt. employment by the Medical Board at the India
Office in / England or any other duly constituted medical authority.

Date:

Signature of the Candidate

N.B.:- Words not applicable should be scared through.

Note:- To article -4 Civil Services Regulation – When an officer in whom a defect has been noticed by the Examining Officer is transfer from one office to another the duties of which are different in character a commissioned Medical Officer or Medical Officer I/C of a Civil Station or (in the case of an officer employed in a State Rly.) of a State Railway should report whether the defect will metrically interfered.

NOTE:- In every case if the opinion of Medical Officer is unfavourable to the applicant & apparent will lie to a Medical Board through the Departmental Head (Prospective) of the applicant & the decision of the Board shall be final.

Name of the Candidate to be written in Full