ANNEXURE I

ACCEPTANCE OF OFFER OF APPOINTMENT

I,	hereby accept the offer of appointment
	in Kendriya
Vidyalaya,	made in your Memo
No	dated and also the mentioned therein. I agree to join duty at the place and on the date
terms and conditions m indicated therein.	entioned therein. I agree to join duty at the place and on the date
I further undertake the of my appointment as	nat I shall not request for a transfer for three/one year(s) from the date
	Signature: Name in BLOCK letters
Place Date :	
	ANNEXURE I
ACC	EPTANCE OF OFFER OF APPOINTMENT
I,	hereby accept the offer of appointment
to the post of	in Kendriya
	made in your Memo
No	dated and also the
terms and conditions m indicated therein.	nentioned therein. I agree to join duty at the place and on the date
I further undertake the of my appointment as _	nat I shall not request for a transfer for three/one year(s) from the date
	Signature:
	Name in BLOCK letters
Place	
Date :	

MEDICAL CERTIFICATE

Name of the Candidate for appointmen (in BLOCK LETTERS)						
Caste or Race						
Residence Address						
Father's Name and Address						
Date of Birth By Christian Era						
Exact Height by measurement						
Personal Marks of identification		1. 2.				
I do hereby certify that I have exan	_ a Can	didate	for emp		•	
he/she has any disease communicate infirmity, except She is now pregnant / not pregnant. I do not consider this a disqualif	ole or o	otherwi	ise cons	stitutional :	affliction, Kendriya	or bodily Vidyalaya,
years and he/she appe		_		_		
Left hand thumb and finger impression of the Candidate						
Signature of the Candidate		JI.		1	<u> </u>	1
Taken before						
Name of the Officer						
Signature of the Officer						
Designation of the Officer (This Office should be CIVIL SURGEON Or MEDICAL OFFICER of equal rank)						
On (Date:						

DECLARATION

I, Shri/ Shrimati / Kumari	declare as
under:-	
*(a) That I am unmarried/a widower/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 exemption is enclosed.	for grant of
*(d) That I am married and that during the life time of my spouse, I ha another marriage. Application for grant of exemption is enclosed.	ve contracted
*(e) That I am married and my husband has no other living wife, to th knowledge.	e best of my
*(f) That I have contracted a marriage with a person who has already one will living. Application for grant of exemption is enclosed.	fe or more
2** I solemnly affirm that the above declaration is true and I understand that of my declaration being found to be incorrect after my appointment, I shall b dismissed from service.	
Signature :	
*Delete clauses not applicable. **Applicable to the cases of clauses (a), (b) and (c) only.	
Applicable to the cases of clauses (a), (b) and (c) only.	

KENDRIYA VIDYALAYA SANGATHAN CANDIDATES STATEMENT AND DECLARATION

The Candidate must make 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:

1.	State your nan	ne in full					
	(in BLOCK L						
2.	State your Age and place of birth						
3.	(a) Have your	ever had small pox, interm	ittent or any other				
	fever, enlarge	ment of suppuration of g	lands, spitting of				
	blood, asthma	, heart disease, lung disease	e, fainting attacks,				
	rheumatism, a	ppendicitis?					
	OR						
	• •	disease or accident requirir	ng confinement to				
		cal or Surgical treatment?					
4.		re last vaccinated?	1 .				
5.	•	fered from any form of ne	ervousness due to				
(ny other cause?	1 C4 - G				
6.	•	en examined and declared					
7		ledical Board within the las					
7.		scrofula; gout, asthma,					
	insanity?	scrotuta, godt, astima,	nts, epilepsy of				
8.	•	llowing particulars concerni	ng your family:				
	s age if living			ving.	No. of brothers dead,		
	te of health	and cause of death	their age and stat	<u> </u>	their age at the death,		
			health		cause of death		
Mother	\mathcal{C}	\mathbf{c}	No. of Sisters li	_	No. of Sisters dead,		
_	and state of	and cause of death	their age and stat	e of	their age at the death,		
health			health		cause of death		

I declare that all the above answers to the best of my belief are true and correct.

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

Candidate' Signature:	
Signed in my presence:	
Signature of the Medical Officer	

Note: The Candidate will be held responsible for the accuracy of the above statement. By wilfully suppressing any information, he will incur the risk of losing the appointment and if appointed, of forfeiting all claims to superannuation allowances or gratuity.

CHARACTER CERTIFICATE

Certified that I have known Sl	hri/Smt/Kum	
Son/Daughter of	for the last years	,
Months and that to the best of my k	knowledge and belief, he/she bears reputable char	acter and
has no antecedents which render	r him/her unsuitable for employment in the	Kendriya
Vidyalaya Sangathan.		
2. Shri/Smt/Kum	is no	ot related
to me.		
	Signature	
	Designation:	
Place:		
Date:		
		=====
	ANNE	XURE V
СПУ	DACTED CEDTIFICATE	
CHA	RACTER CERTIFICATE	
Certified that I have known SI	hri/Smt/Kum	
	for the last years	
	knowledge and belief, he/she bears reputable char	
	r him/her unsuitable for employment in the	
Vidyalaya Sangathan.		
2. Shri/Smt/Kum	is no	ot related
to me.		
	Signature	
	Designation:	
Place:		
Date:		

ANNEXURE VI

OATH TO BE TAKEN

l,	do	swear /
solemnly affirm that I will be faithful and be	ear true allegiance to India and to the C	Constitution
of India as by law established and that I w	ill carry the duties of my Office loyall	y, honestly
and with impartially.		
So help me God.		
	Signature:	
I	Designation:	
Data	-	
Date:		

ATTESTATION FORM

WARNING:

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.

Affix a Passport size Photograph

- 2. If detailed, convicted, debarred etc., subsequent to the completion and submission of this form, the details be communicated immediately to the Union Public Service Commission or the Authority to whom the Attestation Form has been sent earlier as the case may be, failing which it will be deemed to be 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 BLOCK Letters with		SURNAME	NAME	
	aliases,	if any) (please	indicate if you		
	have ad	ded or dropped in	n any stage, any		
	part of y	our name or surna	ame		
2.	Present	address in full	(i.e., Village,		
	Thana	& District or	House No.,		
	Lane/Sta	reet/Road and Tov	wn)		
3.	a) Hom	e Address in ful	ll (i.e., Village,		
	Thana	& District or	House No.,		
	Lane/Sta	reet/Road and To	wn and name of		
	the Dist	rict Headquarters)			
	b) If ori	ginally a resident	of Pakistan, the		
	address	in that country	and the date of		
	immigra	ntion to Indian Uni	ion.		
4.	Particula	ars of places (with	h periods or resid	dences) where you	have resided for more than
	one year	r at a time during	the preceding 5	(five) years. In ca	ase of stay abroad (including
	Pakistan	n), particulars of	places where yo	u have resided for	or more than one year after
	attaining	g the age of 21 year	ars should be give	en.	•
			Residential add	lress in full (ie,	Name of the District Hqrs.,
]	From	То	Village, Thana &	District or House	of the place mentioned in
			No., Lane/Street	/Road and Town)	the preceding column

5) a) Father's Name in full with alias if any	
b) Present Postal address (if dead, give last	
Address	
) D	
c) Permanent Home Address	
d) Profession	
a) If in complex cive decignation fr	
e) If in service, give designation & Official address	
Official address	
6) Nationality	
N. F. d	
a) Fatherb) Mother	
c) Husband / Wife	
d) Candidate	
,	
7) a) Exact Date of Birth	
b) Present Age	
c) Age at Matriculation	
8) a) Place of Birth, District and State in	
which situated	
b) District and State to which you belong	
9) a) Your Religion	
b) Are you a member of SC/ST write	
"YES" or "NO". If the answer is	
YES, state the name thereof	
10) Education Qualification Showing places	
of Education with years in Schools and	
Colleges since:	<u> </u>

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

Designation or post held or Description of work	From	iod To	Full address of the Office/firm/ institution	Full reasons for leaving the previous service			
12. Have you ever been prosecuted, kept under detention or bound down, fined, convicted, by a Court of Law for any offence? If any case pending against you in any Court of Law at the time of filling up this Attestation form? If the answer is YES full particulars of the Case, detention, fine, conviction, sentence etc., should be given.							
13. Name of two responsible persons of your locality or two references to whom you are known.							
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 the Candidate:
	Name (in BLOCK LETTERS):
Date:	
Place:	

IDENTITY CERTIFICATE

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

- i) Gazetted Officer of Central Government or State Govt.
- ii) Members of Parliament or State Legislative belonging to the constituency where the candidate or his parent / guardians ordinarily resident.
- iii) Sub-Divisional Magistrate /Officers.
- iv) Tehsildars or Naib Deputy Tehsildars authorized to exercise magisterial power .
- v) Principal / Headmaster of the recognized School/College/Institution where the candidate studied last.
- vi) Post Masters
- vii) Block Development Officer
- viii) Panchayat Inspectors.

Certified that I Son/Daughter of									last
	years	and		_ months	and that to	the best of			
and belief, the parti	iculars	furnish	ed by him/h	er are co	rrect.				
					Signature: _				
					Name:				
					Designation	/ Status and	Addre	ess (S	Seal)
Place:									
Date:									

SERVICE AGREEMENT CUM SURETY BOND (To be executed on non-judicial stamp paper worth of
Rs/- (Rs (of the value as per rules of the State) only and Rs 1.00 (Rs. One only)
Revenue Stamp to be affixed on top left side of first page.
This contract made on this day of Two thousand and Nineteen BETWEEN the KVS through the (designation of the person in KVS) having its office at hereafter called the "Employer" (which term shall unless repugnant to
the context mean and include its successors-in-interest and permitted assignees) of the ONE PART; AND, Shri/Smt./Kum, Son/
daughter of Shri
repugnant to the context mean and include its successors-in-interest and permitted assignees) of the SECOND PART; AND,
Shri/Smt./Ku, son/daughter of Shri Resident of
in the tehsil of the
hereinafter called the "Surety" (which term shall unless repugnant to the context mean and include its successors-in-interest and permitted assignees) of the "THIRD PART".
WHEREAS the employer has offered to engage Shri/Smt./Ku
AND WHEREAS Shri/Smt./Ku has been selected by the Employer as vide its offer of appointment No.
datedfor undergoing training/probation with a view to utilize his/her service with the Employer after successful completion of the training, which offer has been unequivocally accepted by the probationer;
AND WHEREAS in terms of clause of the Main Terms and Conditions of the said offer of appointment, the Probationer is required to undergo initial training as determined by the Employer for a period of twenty-four months, which may be extended to twelve more months in case of unsatisfactory performance by the Probationer, and to serve the Employer for a minimum period of 2 years from the date of joining on initial appointment in KVS.
AND WHEREAS in terms of clause of the Main terms and Conditions of the said offer of appointment, the Probationer and his Surety are required to execute a Service Agreement cum Surety Bond on non-judicial stamp paper in favour of the Employer, undertaking to complete the training and to serve the Employer for a minimum period of two years failing which the Probationer and the Surety shall be jointly and severally bound to pay the Employer a sum of Rs.2,00,000/-(Rupees Two Lakhs only);
AND WHEREAS the Probationer recognizes and accepts that at the time of appointment as Probationer, except exposure to academic knowledge, he/she has received no formal, effective, technical or practical training enabling him/her to become professionally viable to the Employer:

technical or practical training enabling him/her to become professionally viable to the Employer;

AND WHEREAS the Probationer is aware that the Employer would be incurring substantial sums of money and incurring substantial costs, expenses, man hours in the process of selecting and appointing him/her as Probationer & training him/her thereafter.

AND WHEREAS this service agreement cum surety bond executed with the Employer by the Probationer along with a Surety to the extent Rs. 2,00,000 (Rs. Two lakhs only) will be used for indemnifying the Employer against all such costs as mentioned above by reason of breach and/or non-compliance of any of the terms of this agreement with by the Probationer;

AND WHEREAS the Probationer also agrees that if he/she commits any breach of any of the conditions of this agreement, the Probationer and the Surety shall be jointly and severally liable to pay to the Employer on demand immediately the above said sum of Rs. 2,00,000 (Rupees Two lakhs only) from the date of breach of the terms of the contract.

AND WHEREAS in order to secure the Employer against the expenses incurred by it on the training of the Probationer and to ensure due compliance of all terms and conditions stipulated by the Employer and accepted by the Probationer, it is agreed that the Probationer shall be liable to compensate the Employer in the manner and under the circumstances enumerated in this agreement;

IN WITNESS WHEREOF THE parties hereto have signed these presents on this date and year in the presence of the following witnesses:

• • • • •										
		_		-						
			. Occi	upation					PAN	No.
			Address.							
(At	testation	of signature	es of Pro	bationer ar	nd Surety b	Gazetted Off	 ficer)			
•		Ü			•	,	,			
					Cio	nature of th	o Drobation	or Sian	aturo o	f tha
					-			_		
Sur	ety Atte	isted Signa	ture &	sear of G	azetted Oi	ficer Signatu	re & seai (or Gaze	ettea C	micer
For	office us	se only)								
WI	TNESSES:	(For the	Employe	r) 1. Acce	pted. Nam	e:	Addr	ess		

Signature of the _____- For and on behalf of

KVS...... Name....