

# ENCLOSURE-1

## स्वास्थ्य प्रमाण-पत्र का प्रारूप

अभ्यर्थी का नाम:

पिता/पति का नाम:

पद का नाम:

हस्ताक्षर:

वित्त कार्यालय के प्रयोग हेतु

रसीद सं०-

घनराशि-

दिनांक-

हस्ताक्षर  
मुहर सहित

नवीनतम  
अभिप्रमाणित फोटो  
चिपका कर हस्ताक्षर करें।

## चिकित्सा परीक्षण में विभागीय मन्तव्य/संस्तुति

रेडियोडायग्नोसिस विभाग

विभागाध्यक्ष के हस्ताक्षर  
सील सहित

नेत्र विभाग विभाग

विभागाध्यक्ष के हस्ताक्षर  
सील सहित

सर्जरी/स्त्री एवं प्रसूति रोग विभाग

विभागाध्यक्ष के हस्ताक्षर  
सील सहित

मेडिसिन विभाग

विभागाध्यक्ष के हस्ताक्षर  
सील सहित

**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 be render the candidate unfit for employment in the Government.

2. If detained, convicted, arrested, prosecuted bound down, fined, debarred, acquitted etc. subsequent to the completion and submission of the form, the details should be communicated immediately, failing which, it will be deemed to be suppression of factual information.

3. If the fact that false information has been furnished or there has been suppression of any factual information in Attestation Form, comes to notice at any time during service of a person, his service would be liable to be terminated.

Attach latest passport  
size photograph

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 surname)	Surname	Name	
2	Present/mailling Address in full (i.e. village, Thana, District or House no., Lane/Street/Road and Town and name of District Headquater)			
3(a)	Permanent/Home Address in full (i.e. village, Thana, District or House no., Lane/Street/Road and Town and name of District Headquater)			
(b)	If Originally a resident of Pakistan, the Address in that country and the date of Migration to India Union			
4	Particular of Places (with periods of residence 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 & Distt. or House No. lane/Street/Road & Town	Name of the District Headquarters

5 Following Information to be furnished about Father/Wife/Husband/Brother/Sister						
Name (S/Shri)	Nationality by Birth or by domicile	Date & Place of Birth	Profession if any services, give designation & address	Present Postal Address (if dead give last address)	Permanent home address (if dead give last address)	
1	2	3	4	5	6	
Father's name in full allies, if any						
Mother						
Wife/Husband (if applicable)						
Brother (s)						
Sister (s)						
6 Information to be furnished with regard to Son (s) and/or Daughter in case they are studying/living in a foreign Country.						
Name	Nationality	Date & Place of Birth	Country in which studying/living with full address	Date from which studying/living in Country mentioned in previous Col.		
7	Nationality					
8	Religion					
9	Date of Birth					
a						
b	Present Age					
C	Age of Matriculation					
10	Place of Birth, District and state to which you belong (a)					
B	District and State to which you belong					
C	District and state to which your father originally belong					
11	Are you a member of SC/ST/OBC/Answer in 'Yes' or 'No'. If 'Yes' State the Name there of with Name of caste.					



12	Education Qualification Showing Places of education with year in School & Collages since 15 year of your age.					
	Name of the School/Collage with full address		Date of Entering	Date of Leaving	Examination Passed	
13(a)	Are you holding or have any time held as appointment under the Central/State Govt. or Semi Govt. or a Quasi Govt. body or an Autonomous body or a Public Undertaking or a Private Firm or Institutions. If so, give full particular with dates of employment up to date:-					
	From	To	Designation emoluments & nature of employments	Full name & address of employer	Reason for Leaving previous service	
(b)	If the previous employment was under the Govt. of India/State Govt./Undertaking (owned or controlled by the Gov. of India or a state Govt.)/ An Autonomous body/ University/ Local body.					
(c)	If you had left service on giving a month's notice under Rule-5 of the Central Civil Service (Temporary Service) Rules-1965 are any Similar corresponding rules whether any disciplinary proceeding framed against you or held you been called upon the explain your conduct in any matter at the time you gave notice of termination or actually terminated.					
14(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 Court of Law for any Offence?				Yes	No
(g)	Have you ever been deferred for any examination or rusticated by any University or other educational authority/institute?				Yes	No
(h)	Have you ever been debarred/disqualified by any Public service commission from appearing at its examination/selection?				Yes	No
(i)	Is any case pending against you in any Court of Law at the time of filing 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 filing up the attestation form?				Yes	No

15	If answer to any of the above mentioned question is 'Yes', Give full particulars of the case/arrest/detection/fine/ conduction/ sentence/ punishment etc. and/or the nature of the case pending in the court/University/educational authority etc. at the time of filing this form.		
Note	1 Please also see the 'Warning' at the top of this Attestation form.		
	2 Specific answer to each of the question should be given by striking out 'Yes' or 'No', as the case may be.		
16	Name of two responsible persons of your locality or two references to whom you are known,	1	
		2	
I certify that the foregoing information to correct and complete to the best of my knowledge and belief. I am not aware of any circumstances which might empire my fitness for employment in the Government.			

Date-

Signature of candidate

Place-

## Enclosure-3

### OATH OF ALLEGIANCE

I, Shri/Smt./Ms \_\_\_\_\_ S/O, D/O \_\_\_\_\_ hereby do 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 officer loyally, and with impartiality. (So help me God)

Signature

Place \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Designation

मै, श्री / श्रीमती / कु०..... पुत्र / पुत्री..... शपथ लेता / लेती हूँ / सत्यनिष्ठा से प्रतिज्ञा करता / करती हूँ कि भारत और विधि द्वारा स्थापित भारत के संविधान के प्रति श्रद्धा और सच्ची निष्ठा रखूंगा / रखूंगी, मै भारत की प्रभुता और अखण्डता अक्षुण्ण रखूंगा / रखूंगी, तथा मै अपने पद के कर्तव्यों का राजभक्ति, ईमानदारी और निष्पक्षता से पालन करूंगा / करूंगी।

(अतः ईश्वर मेरी सहायता करें)

हस्ताक्षर

स्थान.....

नाम.....

दिनांक .....

पद.....

### DECLARATION FOR MAINTAINING CONFIDENTIALITY ETC

I, Shri/Smt./Ms \_\_\_\_\_ S/O, D/O \_\_\_\_\_ hereby affirm that I will follow the code of conduct for staff of King George's Medical University, Lucknow. It includes protection of confidentiality, prohibition of participation in strike or protest, maintaining confidentiality of the post and other such rules as implemented from time to time.

Signature

Place \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Designation

**ENCLOSURE-4**

**MARRIAGE DECLARATION FORM**

To,  
The Registrar,  
King George's Medical University,  
**Lucknow.**

Date: \_\_\_\_\_

**DECLARATION**

I, \_\_\_\_\_ S/O, D/O \_\_\_\_\_ hereby declare that I am  
unmarried/married to Mr./Mrs \_\_\_\_\_ S/O,D/O \_\_\_\_\_

Signature \_\_\_\_\_  
Name \_\_\_\_\_

I, further declare that I do not have more than one spouse living.

Signature \_\_\_\_\_  
Name \_\_\_\_\_

**DEPENDENT DECLARATION FORM**

This is to certify, that at present none of my family member is dependent upon me.

Signature \_\_\_\_\_  
Name \_\_\_\_\_

OR  
**DECLARATION**

This is certify that the present the following members are solely dependent upon me:-

Sl.No.	Name of dependent family members	Date of Birth/Age	Relationship	Income per month

Signature \_\_\_\_\_  
Name \_\_\_\_\_



## Enclosure-5

### चरित्र प्रमाण पत्र

प्रमाणित किया जाता है कि श्री/श्रीमती/कु०.....  
आत्मज/आत्मजा.....  
निवासी.....  
पिछले..... वर्ष..... मास से मैं अच्छी प्रकार से  
जानता/जानती हूँ। मुझे उसके चरित्र के बारे में पूर्ण विष्वास है।

.....से मेरा कोई सम्बन्ध नहीं है।

हस्ताक्षर.....  
पद.....  
दिनांक.....

### चरित्र प्रमाण पत्र

प्रमाणित किया जाता है कि श्री/श्रीमती/कु०.....  
आत्मज/आत्मजा.....  
निवासी.....  
पिछले..... वर्ष..... मास से मैं अच्छी प्रकार से  
जानता/जानती हूँ। मुझे उसके चरित्र के बारे में पूर्ण विष्वास है।

.....से मेरा कोई सम्बन्ध नहीं है।

हस्ताक्षर.....  
पद.....  
दिनांक.....



## Enclosure-6

To,

The Registrar,  
King George's Medical University,  
Lucknow- 226003

Date:

Sub:- Undertaking regarding submission of documents at the time of Joining

Dear Sir,

I, \_\_\_\_\_ S/o,D/o \_\_\_\_\_ Roll  
No. \_\_\_\_\_ have been selected to the post of Nursing Officer vide offer of  
appointment letter no. \_\_\_\_\_ dated  
\_\_\_\_\_. The following certificates/documents pertaining to my credentials as per details  
given in application form while applied & as per offer of appointment letter, have been submitted  
while reporting for joining in your Institute on \_\_\_\_\_.

Sl.No.	Name of certificate/documents	Remarks
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		

I hereby undertake that if any of the certificates/documents/declaration submitted by me is found to be false or bogus at any time of my service, I will be removed from services of the institute and such other action as the competent authority may deem necessary, will be taken against me.

Signature

Name \_\_\_\_\_

Roll No. \_\_\_\_\_

Staff ID No. \_\_\_\_\_

# चयनित अभ्यर्थियों के पुलिस सत्यापन हेतु सूचना

अभ्यर्थी का नाम .....

चयनित पद का नाम .....

पिता का नाम .....

जन्मतिथि .....

स्थायी पता.....

नवीनतम  
अभिप्रेमाणित फोटो  
चिपका कर  
हस्ताक्षर करें।

## गत 05 वर्षों के अवस्थान का विवरण

क्रमांक	अवधि (फरवरी 2023 से पीछे क्रमवार)	अवस्थान का पूरा पता	थाना/तहसील	जिला	अप्रराध का विवरण यदि कोई हो।
1.					
2.					
3.					
4.					
5.					

नोट- 6 माह से अधिक अवधि के अवस्थान ही अंकित किए जायें।

### प्रमाणपत्र

प्रमाणित किया जाता है कि उपर्युक्त संसूचित सूचनाएं मेरे व्यक्तिगत संज्ञान एवं जानकारी के अनुसार सत्य हैं। उक्त विवरण में न तो कोई तथ्य छिपाया गया है और न ही कोई असत्य तथ्य उल्लिखित किये गये हैं।

स्थान-

तिथि-

(अभ्यर्थी का हस्ताक्षर)