ENCLOSURE-1
स्वास्थ्य प्रमाण-पत्र का प्रारूप

अध्ययन का नाम:
पिता/पति का नाम:
पद का नाम:
हस्ताक्षर:

विभागाध्यक्ष के हस्ताक्षर
रसीद सं-70-
पताका-
विविधता-

नवीनतम
अभिप्रायमणित फोटो
छिपका कर हस्ताक्षर करें।
हस्ताक्षर
पूरा सहित

चिकित्सा परीक्षण में विभागीय मन्त्र/संस्थान

रेडियोडायग्नोसिस विभाग
नेत्र विभाग विभाग

नेत्र विभाग विभाग के हस्ताक्षर
संस्थापक सहित

सर्जरी/स्किन प्रकृति रोग विभाग
मेडिसिन विभाग

मेडिसिन विभाग के हस्ताक्षर
संस्थापक सहित
**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 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.

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<td></td>
<td>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)</td>
<td>Surname</td>
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<tr>
<td>2</td>
<td>Present/mailing Address in full (i.e. village, Thana, District or House no., Lane/Street/Road and Town and name of District Headquarter)</td>
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<td>3(a)</td>
<td>Permanent/Home Address in full (i.e. village, Thana, District or House no., Lane/Street/Road and Town and name of District Headquarter)</td>
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<td>(b)</td>
<td>If Originally a resident of Pakistan, the Address in that country and the date of Migration to India Union</td>
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<td>4</td>
<td>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</td>
<td>From</td>
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</table>

Attach latest passport size photograph
### Following Information to be furnished about Father/Wife/Husband/Brother/Sister

<table>
<thead>
<tr>
<th>Name (S/Shri)</th>
<th>Nationality by Birth or by domicile</th>
<th>Date &amp; Place of Birth</th>
<th>Profession if any services, give designation &amp; address</th>
<th>Present Postal Address (if dead give last address)</th>
<th>Permanent home address (if dead give last address)</th>
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</table>

Father's name in full allies, if any
Mother
Wife/Husband (if applicable)
Brother (s)
Sister (s)

### Information to be furnished with regard to Son (s) and/or Daughter in case they are studying/living in a foreign County.

<table>
<thead>
<tr>
<th>Name</th>
<th>Nationality</th>
<th>Date &amp; Place of Birth</th>
<th>Country in which studying/living with full address</th>
<th>Date from which studying/living in Country mentioned in previous Col.</th>
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7 Nationality
8 Religion
9 Date of Birth
a Present Age
C Age of Matriculation

10 (a) Place of Birth, District and state to which you belong

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.
<table>
<thead>
<tr>
<th>Name of the School/College with full address</th>
<th>Date of Entering</th>
<th>Date of Leaving</th>
<th>Examination Passed</th>
</tr>
</thead>
</table>

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:-

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Designation, emoluments &amp; nature of employment</th>
<th>Full name &amp; address of employer</th>
<th>Reason for leaving previous service</th>
</tr>
</thead>
</table>

13(b) If the previous employment was under the Govt. of India/State Govt./Undertaking (owned or controlled by the Govt. of India or a state Govt.)/ An Autonomous body/ University/ Local body.

13(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 |
14(b) Have you ever been prosecuted? | Yes | No |
14(c) Have you ever been kept under detention? | Yes | No |
14(d) Have you ever been bound down? | Yes | No |
14(e) Have you ever been fined by A Court of Law? | Yes | No |
14(f) Have you ever been Convicted by Court of Law for any Offence? | Yes | No |
14(g) Have you ever been deferred for any examination or rusticated by any University or other educational authority/institute? | Yes | No |
14(h) Have you ever been debarred/disqualified by any Public service commission from appearing at its examination/selection? | Yes | No |
14(i) Is any case pending against you in any Court of Law at the time of filing up this attestation form? | Yes | No |
14(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 |
<p>| | |</p>
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<td>If answer to any of the above mentioned question is 'Yes', Give full particulars of the case/arrest/detection/fine/ conduct/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.</td>
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<tr>
<td><strong>Note</strong></td>
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<td>Please also see the 'Warning' at the top of this Attestation form.</td>
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<td>2</td>
<td>Specific answer to each of the question should be given by striking out 'Yes' or 'No', as the case may be.</td>
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<td>16</td>
<td>Name of two responsible persons of your locality or two references to whom you are known,</td>
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<td></td>
<td>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 impair my fitness for employment in the Government.</td>
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**Date:**

**Place:**

**Signature of candidate**
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____________________

Date____________________

Name____________________

Designation

मे, श्री/श्रीमती/कुंज______________________________पुत्र/पुत्री______________________________ शपथ लेता/लेती हूँ/सत्यनिष्ठा से प्रतिज्ञा करता/करती हूँ कि भारत और विधि हारा स्थापित भारत के संविधान के प्रति भ्रम और सच्ची निचार रखूँगा/रखूँगी, भारत की प्रमुखता और अत्यधिक अध्युपत्र रखूँगा/रखूँगी, तथा मे अपने पद के कर्त्त्व का साधन, इन्द्रायत्ती और निष्पक्षता से पालन करूँगा/करूँगी।

(अलंकार मेरी सहायता करें)

हस्ताक्षर

स्थान____________________

नाम____________________

दिनांक____________________

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____________________

Date____________________

Name____________________

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 ________________________

Name _______________________

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

Name _______________________

DEPENDENT DECLARATION FORM

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

Name _______________________

OR

DECLARATION

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

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<thead>
<tr>
<th>Sl. No.</th>
<th>Name of dependent family members</th>
<th>Date of Birth/ Age</th>
<th>Relationship</th>
<th>Income per month</th>
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Name _______________________

Page 1 of 1
Enclosure-5

चरित्र प्रमाण पत्र

प्रमाणित किया जाता है कि श्री/श्रीमती/कु0...
आलमज/आलमजा...
निवासी...
पिछले... वर्ष... मास से मैं अच्छी प्रकार से
जानता/जानती हूं। मुझे उसके चरित्र के बारे में पूर्ण विवादा है।

.................................................. से मेरा कोई सम्बंध नहीं है।

हस्ताक्षर...
पद...
दिनांक...

चरित्र प्रमाण पत्र

प्रमाणित किया जाता है कि श्री/श्रीमती/कु0...
आलमज/आलमजा...
निवासी...
पिछले... वर्ष... मास से मैं अच्छी प्रकार से
जानता/जानती हूं। मुझे उसके चरित्र के बारे में पूर्ण विवादा है।

.................................................. से मेरा कोई सम्बंध नहीं है।

हस्ताक्षर...
पद...
दिनांक...

नोट— उक्त चरित्र प्रमाण पत्र भूषण-भूषण 02 साधनात्मक धारणाएं द्वारा हस्ताक्षरित कराया जाता है।
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 __________________________.

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Name of certificate/documents</th>
<th>Remarks</th>
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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.____________________

Page 1 of 1
चयनित अभ्यर्थियों के पुलिस सत्यापन हेतु सूचना

अभ्यर्थी का नाम .................................................................
चयनित पद का नाम .................................................................
पिता का नाम .................................................................
जन्मतिथि .................................................................
स्थायी पता .................................................................

गल 05 वर्षों के अवस्थान का विवरण

| क्रम   | अवधि (उदर 2023 से पहले जन्म कार) | अवस्थान का पूरा पता | धाना/तहसील | जिला | अपराध का विवरण क्यों कोई है?
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नोट- 5 नाम से अधिक अवधि के अवस्थान ही अंकित किए जायें।

प्रमाणपत्र

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

स्थान-
तिथि--
(अभ्यर्थी का हस्ताक्षर)