Latest colour passport size Photograph of the candidate

## REVISED ATTESTATION FORM

(THE CANDIDATE SHOULD PROPERLY FILL THE ATTESTATION FORM WITH HIS/HER OWN HAND WRITING)

Name of the Department	Name of the Head of the Dept.
(a) Name in full (capital have added/dropped)	letters only) with aliases, if any. Please indicate if you at any stage any part of your name/surname.
SURNAME	•
NAME	
recruitment/Ex-Ser	andidate with category (Appointment by Direct vicemen quota/compassionate ground) of certified copies of the documents.
(i) Designation	
(ii) Place of working	· ·
(iii) Date of Entry into Service or Date of Appointment	
(iv) Direct recruitment	Ex-serviceman Compassionate
2. <u>Details of addresses</u> :	a. Present b. Permanent
House/Apartment/Flat No.	
Name of Apartment	
Lane Name	
Street & Road	
Village	
Mandal/Taluk	
Town/City	
District	
State -	
Pin Code	

Cont	act Phone Numbe	ers	IVIC	DITE	(with STD code)	(with STD com)
(c)	of Pakistan, the address in that Dominion and the date					_
•	of migration to Inc Union.					
3	Particulars of p	laces v f filling	vhere yo g up of A	ttestatio	n Form.	receding five years
	From To (Month/Year)		Resider (i.e., H I Apartm Street Villa	tial Address in full fouse/Apartment/ Flat Number, ent/Complex/Lane/ /Colony and Road, age, Mandal and District/City)	Police Station and District	
1.						`
2.						
3.					· .	
4.				-		
5.						_
	<ul><li>a) Name in full</li><li>b) Profession</li><li>c) If in service, official address</li></ul>	give de				-
	d) Present post give last at	al add dress)	ress (if d	lead,	House No. Lane Name Street & Road Village/Mandal Dist State PIN Code	
	e) Permanent House Address				House No. Lane Name Street & Road Village/Mandal Dist	-
		,			State PIN Code	

Landline Residence

Page 2 of 5

Landline office

5	(i) National	100								
	(b) N	loth	er			. [				
	(c) W		Husband th of Wife/	Husba	nd			٠- ٦		
6	(a) Date of	birt	h of the ap	plican	t			-		
	(b) Present	t Age								
	(c) Age at	ssc	/ Matricul	ation						
7	(a)Place of	birt	h, District	and S	tate					
	(b)District belong	and	State to w	hich y	ou				`	
8	(a) Religio	n		,						
9	Schedule Please sp	d Ca ecify nal (	the Class	Sche Tribe	Grad	d Trib	B, C, D & I	E. cation	with years	s in schools
•	Course	C (v	ne of the scl ollege with a address illage/Mand District/Cit	full	Date ente (men mon yea	ring ition th &	Date of leaving (mention month & year)	pass Reg. (Nam group Degree	nination ed with No.,etc., he of the i.e., Inter/ / Diploma/ 6, etc)	Police Station and District
	SSC/ Matriculation									•
2. I	ntermediate / Diploma						:			
3.	Graduation/ Professional Course.									
	Post Graduation									
	Any other qualification									
10	If you ha	ve at	t any time	been e	mplo	yed,	give details	. (Pleas		ertified copies
	of the doc signation of F d or descript of work	ost	Per From	iod	,		ll Address of Office, Firm Institution	or	removed resigned	u been at any dismissed / from service / to the post? If he give details.

of the conviction, sentences	and detention should be given.	the answer is 'Yes', the full particul
Name and complete ado you are known or two r blood relatives)	dress of two responsible pe eferees to whom you are kr	rsons of your locality to whom nown. (persons shall not be
	Referee-1	Referee-2
House/Apartment/ Flat No.	;	
Name of Apts./ Complex		;
Lane Name		
Street & Road		
Village		
Mandal/Taluk		
Town/City [		
District		
State		
	1	
Pin Code		

## DECLARATION SHOULD BE SIGNED BY THE CANDIDATE

- I hereby declare that the statements made in this form are true to the best of my knowledge and belief.
- 2. I am married/unmarried and have only one wife living (delete which is not applicable).
- 3. I am fully aware that furnishing of false information or suppression of any factual information in the Attestation Form would be a disqualification and is likely to render me unfit for employment under the Government.
- 4. I am also fully aware that if it comes to notice at any time during my service that false information has been furnished or that there has been suppression of factual information in the Attestation Form, my services would be liable to be terminated solely on this ground.

Signature of the candidate

Date:

Other with seal. Competent Authority.

## CERTIFICATE TO BE SIGNED BY A GAZETTED OFFICER OR MEMBER OF LEGISLATURE OR OTHER AUTHORITY AS PRESCRIBED BY THE APPOINTING AUTHORITY.

Certified that I have	known Sri/Smt/Kum
Son/Daug	hter/Wife of
for the last years	months and to the best of my knowledge and
belief, the particulars furnished	ed by him/her are correct.
Date : Place :	(Signature) Name & Designation with seal.
Photograph of the candidate attested by Gazetted Officer/MLA/	