

**ACCEPTANCE OF OFFER OF APPOINTMENT TO THE POST OF NURSERY TEACHER (NTT)  
ON REGULAR BASIS IN EDUCATION DEPARTMENT, CHANDIGARH ADMINISTRATION &  
EMPLOYEE INFORMATION FOR CREATING EMPLOYEE ID  
AGAINST ADVERTISEMENT NO.04/2023 DATED 28.12.2023**

I \_\_\_\_\_ do hereby accept all the terms and conditions mentioned in the provisional offer letter of appointment to the post of Nursery Teacher (NTT) offered to me vide memo no. \_\_\_\_\_ dated \_\_\_\_\_.

I hereby submit my particulars as under:-

1. First Name \_\_\_\_\_
2. Middle Name \_\_\_\_\_
3. Last Name \_\_\_\_\_
4. Date of Birth (in figures) \_\_\_\_\_
5. Age as on 01.01.2023 \_\_\_ Years \_\_\_ Month \_\_\_ Days
6. Gender (Male/Female/Others) \_\_\_\_\_
7. Mother's Name \_\_\_\_\_
8. Father's name : \_\_\_\_\_
9. Marital Status \_\_\_\_\_
10. Spouse name (if, married) : \_\_\_\_\_
11. Nationality: \_\_\_\_\_
12. Religion: \_\_\_\_\_
13. Category: Gen. / SC/ OBC / EWS \_\_\_\_\_



If, OBC/SC/EWS certificate No. & Date of issue :-

\_\_\_\_\_

Details of certificate issuing Authority with complete address : \_\_\_\_\_

\_\_\_\_\_

**10. Academic / Professional Qualifications:-**

Sr. No.	Name of the course / degree etc.	Name of the Board / Univ.	Name of Institute	Whether the Institute is Private or Government	Year of Passing	Percentage	Duration of Course	Whether Regular or Distance Mode

**11. Details of post (s) held previously, if any:**

Name of post	Date of joining	Date of leaving	Name of Department with Address

12. Present /Correspondence Address (at which further communication shall be made)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Pin Code \_\_\_\_\_  
Mobile No. \_\_\_\_\_ e-mail ID \_\_\_\_\_

13. Permanent Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Pin Code \_\_\_\_\_  
Mobile No. \_\_\_\_\_ e-mail ID \_\_\_\_\_

14. Passport No. (if available) : \_\_\_\_\_

15. ABHA No.(Ayushman Bharat Health Account) : \_\_\_\_\_

16. Aadhaar No. \_\_\_\_\_

17. Confirm, if you have been named in a criminal case. If yes, please mention details inter-alia date of offence, nature of offence, police station where criminal case is registered, district and state where case is registered: Confirm if the case is under trial or has the case attained finality?  
(Yes/No)\_\_\_\_, (If yes), please give details\_\_\_\_\_.

18. Have you ever surrendered your Indian citizenship? (Yes/No) if yes, please give details  
\_\_\_\_\_

19. Have you ever acquired permanent residency, Green card or residency of any other country other than India? (Yes/No), if yes please give details.\_\_\_\_\_  
.

20. Any other relevant information:-  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: All information must be typed and signed in Black/Blue Ink Pen.**

**DECLARATION  
(STRIKE OUT ANY IRRELEVANT CLAUSE)**

I solemnly affirm and declare that:-

- a) I have never been debarred nor declared unfit for any Public Examination / Govt. job by Central / State / UT Govt.
- b) That I am unmarried / widower / widow / divorcee.
- c) That I am married and have only one living spouse.
- d) That I have entered into or contracted a marriage with a person having a spouse living. Application for grant of exemption is enclosed.
- e) That I have entered into and contracted a marriage with another person during the lifetime of my spouse. Application for grant of exemption is enclosed.
- f) That, I have never been debarred by any Board/University/ Commission in any examination. If at any stage it is found false or detected incorrect, my candidature /

selection / appointment is liable to be cancelled / terminated automatically without any notice to me and action be taken against me accordingly.

- g) (For EWS candidates), That the condition of status / annual income and other assets for EWS category of my family is within the prescribed limits as on financial year ending on March, 31, 2025. I understand that my appointment offer will stand cancelled in case the "EWS Certificate" submitted by me is found unauthentic / invalid.
- h) (For OBC Candidates), That I belong to the community which is recognized as a OBC by the Department of Social Welfare, Chandigarh Administration for the purpose of reservation in service / appointment in Education Department, Chandigarh Administration. It is also declared that I do not belong to persons / sections (Creamy Layer). I also declared that the condition of status / annual income for creamy layer of my parent / guardian is within the prescribed limits as on financial year ending on March, 31, 2025 as per guidelines issued by the Chandigarh Administration from time to time. I understand that my appointment offer will stand cancelled in case the "Non-creamy Layer Certificate" submitted by me is found unauthentic / invalid.
- i) The information given above / submitted is true and correct to the best of my knowledge and belief and nothing has been concealed.
2. I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Candidate's Signature \_\_\_\_\_

Name \_\_\_\_\_

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

Regd. No. \_\_\_\_\_

Dated :

**SELF DECLARATION FORM**

I \_\_\_\_\_ s/o, d/o, w/o \_\_\_\_\_  
whose name, photograph, signature and other particulars are mentioned in the application form / acceptance of offer of appointment and other educational certificates etc. do hereby undertake that I am the same person who had applied for the post of Nursery Teacher (NTT) on regular basis in Education Department, Chandigarh Administration against advertisement no.04/2023 dated 28.12.2023 and appeared in the written test held on dated \_\_\_\_\_ under Roll No. \_\_\_\_\_ Application/Regd.No. \_\_\_\_\_ and scored \_\_\_\_\_ marks as per result uploaded by recruitment agency on website.

(candidate has to write above mentioned statement in his/her running handwriting in the box given below.)

**SIGNATURE OF CANDIDATE**

(To be signed before the verifying authority)

Name \_\_\_\_\_

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

Regd. No. \_\_\_\_\_

LEFT THUMB IMPRESSION

**OATH OF ALLEGIANCE**

I \_\_\_\_\_ do solemnly affirm / swear that I will bear true faith and allegiance to the Constitution of India as by law established, and that I will uphold the sovereignty and integrity of India, and that I will carry out the duties of my office loyally, honestly and impartially.

'SO HELP ME GOD'

Date :

Candidate's Signature

Name \_\_\_\_\_

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

Regd. No. \_\_\_\_\_

## ATTESTATION FORM / MEDICAL FORM (8 pages)

<p style="text-align: center;">Affix signed passport size (5 cm. X 7 cms. approx.) copy of recent photograph</p>	<p style="text-align: center;"><b>“ WARNING ”</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>2. If detained, convicted, debarred etc. subsequent to the completion and submission of the form, the details should be communicated immediately to the Director School Education, Chandigarh Administration, failing which it will be deemed to be a suppression of factual/material information.</li> <li>3. If, the fact that false information has been furnished or that there has been suppression of any factual/material 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” in accordance with the extant rules.</li> </ol>	
1.(a)	<p>Name in full (in block letters) with aliases, if any,</p>	
(b)	<p>Have you ever added or dropped in any stage any part of your name or surname: Yes/No</p> <p>(If Yes, provide details)</p>	
2.	<p>Present address in full (i.e., Village, Thana, District, State and Pincode</p> <p style="text-align: center;">or</p> <p>House No., Lane/Street/Road &amp; Locality, City, State and Pincode)</p>	
3.(a)	<p>Permanent address in full (i.e., Village, Thana, District, State and Pincode</p> <p style="text-align: center;">or</p> <p>House No., Lane/Street/Road &amp; Locality, City, State and Pin Code.</p>	
4.	Aadhar Card No.	
5.	Permanent Account Number (PAN)	
6.	Nationality	

Candidate's Signature

7.(a)	Date of Birth (DD/MM/YYYY)		
(b)	Present Age (at the time of filling the form)	_____ Years _____ Months _____ Days	
(c)	Age at the time of passing Matriculation		
8.(a)	Place of birth, district and state in which situated		
(b)	District and state to which you belong		
(C)	District and state to which your father originally belongs		
9.(a)	Religion		
(b)	Whether belonging to Scheduled Caste/ Scheduled Tribe/ Other Backward Class (Creamy Layer) / Other Backward Class (Non- Creamy Layer)/ Economically Weaker Section (EWS)?		
10.	Particulars of places (with duration) where you have resided during the preceding five years (from the date of filling of this form).  [In case of stay abroad (including Pakistan) particulars of all places where you have resided for more than six months after attaining the age of 21 years, should be given]]		
From (Month, Year	To (Month, Year)	Address in Full (i.e Village, Thana, District, State, Pincode or House No., Lane/ Street/ Road and Locality, City, State, Country and Pincode)	Name of District Head Quarter of the place mentioned in the preceding column.

Candidate's Signature

11.	Name (in full & aliases if any)	Nationality (by birth &/or by domicile)	Place of Birth	Occupation if employed – Give designation and Official Address	Present Postal Address (If dead, give last address)	Permanent Home Address
(a) Father						
(b) Mother						
(c) Spouse						
(d) Brother(s)						
(e) Sister (s)						
12.	Information to be furnished with regard to son(s) and/ or daughter(s) in case they are studying/ living in a foreign country.					
Name	Nationality (by birth &/ or by domicile)	Place of Birth	Country in which studying/living with full address	Date from which studying/ living in the country mentioned in the previous column		
13.	Educational Qualification 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	

Passport No. (if available) : \_\_\_\_\_

Aadhar No. \_\_\_\_\_

Candidate's Signature



14.(a)	Are you holding or have any time held any appointment under the Central or State Government or a Semi- Government or a Quasi-Government body, or an autonomous body, or a public undertaking, or a private firm or institution? If so, give full particulars with dates, of employment, up-to-date.			
Period		Designation, Emoluments and Nature of Employment	Full name and address of employer	Reasons for leaving previous service
From	To			
14. (b)	<p>If the previous employment was under the Govt. of India, a State Govt. / an undertaking owned or controlled by the Govt. of India or a State Govt./ an autonomous body/ University/ Local body.</p> <p>If you had left service on giving a month's notice under 5 of the central civil services (temporary service) rules, 1965, or any similar corresponding rules were any disciplinary proceedings initiated against you, or had you been called upon to explain your conduct in any matter at the time at the time you gave notice of termination of service, or at a subsequent date, before your services were actually terminated?</p>			
15. (i)	(a)	Have you ever been kept under detention?	<b>Answer in "Yes" or "No"</b>	
	(b)	Have you ever been arrested?		
	(c)	Have you ever been prosecuted?		
	(d)	Is any criminal case pending against you in any Court of Law at the time of filling up this Attestation form and charge-sheet in that case has been filed or not?		
	(e)	Have you ever been convicted by a court of law for any offence?		
	(f)	Whether discharged/expelled/withdrawn from any training/ institution under the Government or otherwise?		
	(g)	Have you ever been rusticated by any university or any other educational authority/ institution?		
	(h)	Have you ever been debarred/ disqualified by any Public service commission from appearing at its examination/ selection?		

Candidate's Signature

ii)	If the answer to any of the above mentioned questions is 'Yes', give full particulars of the case/ arrest/ detention/ fine/ conviction/ sentence/ punishment etc. and/ or the nature of the case pending in the Court/ University/ Educational Authority etc., at the time of filling up this attestation form:
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Note: (i) Please also see the 'WARNING' at the top of this Attestation Form.

(ii) Specific answers to each of the questions should be given by writing 'Yes' or 'No' as the case may be.

16.	Name, Address and Aadhar No. of two responsible persons of your locality or two references to whom you are known:	1)  2)
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#### DECLARATION

I certify that the foregoing information is correct and complete to the best of my knowledge and belief.

I am fully aware that by providing false information or suppressing material information while filling this form, the authorities have full right to terminate my appointment and I am also liable for appropriate criminal/ civil/ legal action as a consequence.

I am not aware of any circumstances which might impair my fitness for employment under Government.

Date:

Place:

Signature of Candidate

#### TO BE FILLED BY THE OFFICE

(i) Name, Designation and full address of the authority forwarding the form:

**Registrar Education (Schools)**

**O/o Director School Education**

**Additional Deluxe Building**

**Sector-9, UT, Chandigarh**

(ii) Post for which the candidate is being considered: **Nursery Teacher (NTT)**

**FORM OF MEDICAL CERTIFICATE**

I hereby certify that I have examined Sh/Smt/Kum. \_\_\_\_\_  
 a candidate for employment in the Education Department, Chandigarh Administration and cannot  
 discover that he/ she has any disease (communicable or otherwise), constitutional weakness or bodily  
 infirmity, except \_\_\_\_\_.

I do not consider this a disqualification for employment in Education Department, Chandigarh  
 Administration.

The age of Shri/Smt./Kum. \_\_\_\_\_ according to his/her own statement is  
 \_\_\_\_\_ years, and by appearance is about \_\_\_\_\_ years.

\_\_\_\_\_  
 (Signature/ thumb impression  
 of the candidate)

Date \_\_\_\_\_

(To be signed in the presence of  
 the examining Medical Officer)

(Paste a  
 photograph of  
 the candidate  
 examined)

\_\_\_\_\_  
 Signature of Medical Officer

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
 Official Seal

(Seal should be spread over  
 form and the photograph)

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**Note:** The officer making this certificate should be a Civil Surgeon or a District Medical Officer of  
 equivalent status of a Government Hospital

**CANDIDATE'S STATEMENT AND DECLARATION**

(The candidate must make the following statement and must sign the declaration below it before the medical officer. Attention is specially invited to the **WARNING** in the 'Note' at the bottom of page 2.)

1. Name in full  
(in BLOCK letters) \_\_\_\_\_
2. Age and place of birth \_\_\_\_\_
3. Have you ever had  
(a) small-pox, intermittent fever and other fever, enlargement suppuration of glands, spitting of blood, fainting attacks, rheumatism or appendicitis? \_\_\_\_\_  
OR  
(b) any other disease or accident requiring confinement to bed and medical or surgical treatment? \_\_\_\_\_
4. When were you last vaccinated? \_\_\_\_\_
5. Have you or any of your relatives been afflicted by consumption, scrofula, gout, Asthma, fits, epilepsy or insanity? \_\_\_\_\_
6. Have you suffered from any form of nervousness due to overwork or any other cause? \_\_\_\_\_
7. Have you been examined and declared fit/unfit for Govt. Service by a medical officer/ Medical Board within the last three years? \_\_\_\_\_

8. Furnish the following particulars:

Father's age, if living, & state of health	Father's age at the time of death and cause of death	No. of brothers living, their ages and state of health	No. of brothers who have died, their ages at death and cause of death

Contd...../-

-2-

Mother's age, if living, & state of health	Mother's age at the time of death and cause of death	No. of sisters living, their ages and state of health	No. of sisters who have died, their ages at death and cause of death

**DECLARATION**

I declare that all the above answers are true and correct to the best of my knowledge and belief. I also solemnly affirm that I have not received any disability certificate/pension on account of any disease or other condition.

\_\_\_\_\_  
Candidate's signature

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

Signed in my presence.

\_\_\_\_\_  
Signature of Medical Officer

Name: \_\_\_\_\_

& Designation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**Note: The candidate will be held responsible for the accuracy of the above statement.**

**By wilfully suppressing any information the candidate will incur the risk of losing the appointment and , if appointed, of forfeiting all claims to superannuation allowance or gratuity.**

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