ATTESTATION FORM

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

Latest colour passport size Photograph of the candidate

Name of the Departmen			Name of the Head of the Dept.	
			ses, if any. Please ind t of your name/surna	
SURNAME	,			
NAME				
Recrui	tment/Ex- Service	lidate with category cemen quote/compatified copies of the		rect
(i) Desig	gnation			
(ii) Place	of Working			
(iii) Dire	ect recruitment	Ex-Service	eman Compa	assionate
2. Details of	f addresses:			
		a. Pre	sent	b. Permanent
House/Ap	eartment/Flat No.			
Name of A	Apartment			
Lane Nam	ne			
Street & R	Road			
Village				
Mandal / 7	Γaluk			
Town / Ci	ty			
District				
State				
Pin Code				

Contact Phone Numbers			Mobile	Landline office (with STD Code)	Landline Residence (with STD Code)
i	c) If originally a post of Pakistan, the add not that Dominion a late of migration to Jnion	ldress and the			
3	-	places where yo of filling up if A		during the <i>preceding five</i> n.	years
	From (Month / Year)	To (Month / Yea	(i.e. (Apa	dential Address in full ., House / Apartment / Flat Number) artment/Complex/Lane/ reet/Colony and Road, ,Mandal and District/City	Police station and District
1					
2					
3					
4					
5					
4	l. Father's detai	ls:			
	(a) Name in ful	l with aliases, i	fany		
	(b) Profession				
	(c) If in service official addre		on and		
	(d) Present posta		ead, House	No.	
	give last addr	ess	Lane N		
				& Road	
			Dist	e/Mandal	
			State		
			Pin Co	ode	
	() D				
	(e) Permanent He	ouse Address	House		
			Lane N	Vame & Road	
				& Road e/Mandal	
			Dist	C/ IVIAIIGAI	
			State		
			Pin Co	ode	

5.	(i) Nationality of :	
	(a) Father	
	(b) Mother	
	(c) Wife / Husband	
(i	ii) Place of Birth of Wife / Husband	
6.	(a) Date of birth of the applicant	
	(b) Present Age	
	(c) Age at SSC / Matriculation	
	7. (a) Place of birth, District and State	
	(b) District and State to which you belong	
	8. (a) Religion	
	(b)Are you member of Scheduled Caste / Sc	cheduled Tribe / Backward Class?
	Scheduled Caste Scheduled Tribe	Backward Class
	Please specify the Class / Tribe Grade A,B,C	C,D & E

9. Educational Qualifications showing places of education with years in schools and colleges since 15th year of age (Please enclose certified copies of Study Certificates and indicate whether study is regular or distance / correspondence).

Course	Name of the School / College with full address (Village / Mandal / District / City	Date of entering (mention month & year)	Date of leaving (mention month & year)	Examination passed with Reg.No.etc. (Name of the group i.e.,Inter/Degree/ Diploma/ PG,etd	Police Station and District
1. SSC/ Matriculation					
2.Intermediate/ Diploma					
3. Graduation/ Professional Course					
4. Post Graduation					
5. Any other qualification					

10. If you have at any time been employed, give details, (Please enclose certified copies of the documents).

Designation of Post	Pe	riod	Full Address of the			
held or description of work	From	То	Office, Firm or Institution	removed from service / resigned to the post? If so, please give details.		

	L		Bo, pieuse give detuiis.
state /central preventive the Court of Appeal or set (Note: If detailed, convictorm, the details should authority to whom the At	ve detention laws for a et aside by the Appella cted, debarred etc. sul- be communicated in testation Form has be suppression of factua	any offence? Whether ate Court if appealed beequent to the compared to the compared to the compared to the constant information). If the constant information is the constant information.	pletion and submission of this concerned Department or the e case may be, failing which is the answer is 'Yes', the ful
12. Name and complete addr two referees to whom yo	-	•	ality to whom you are known a relatives).
Name	Referee-	1	Referee-2
H.No./Plot No.			
Name of Apts./ Complex			
Street & Road			
Village			
Mandal/Taluk			
Town/City			
District			
State			
Pin Code			
3. Have you ever been mem organization/Youth/Stud		•	nunal

DECLARATION SHOULD BE SIGNED BY THE CANDIDATE

- 1. I here 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.

Date:		Signature of Candidate
Place:		
	LATURE OR OTHE	BY A GAZETTED OFFICER OR MEMBER OF R AUTHORITY AS PRESCRIBED BY THE INTING AUTHORITY
Certified that	I have known Sri / Sm	nt / Kum
	Son / Daughter /	Wife of
For the last	years	months and to the best of my knowledge and belief,
the particulars fur	mished by him / her ar	e correct.
Date:		(Signature)
Place		Name & Designation with Seal

Photograph of the candidate attested by Gazetted Officer / MLA / other with seal Competent Authority

TELANGANA PUBLIC SERVICE COMMISSION::HYDERABAD

Women and Child Welfare Officer (Including Child Development Project Officer ICDS, Addl. Child Development Project Officer, ICDS and Manager of Ware House) in Women Development and Child Welfare Department

NOTIFICATION NO. 13/2022, Dt:05/09/2022

BASIC INFORMATION DATA (CHECK LIST)

(To be filled by the candidate)

TSPSC ID

	REF ID	:					NDIDATE
	HALL TICKET NO :						
	SUBJECT :						
	MEDIUM :					٥.	0.14.71.75
	DATE OF VERIFICATION :					SI	GNATURE
01	Name of the Candidate (as per SSC)						
02	Father's Name						
03	Mother's Name						
04	Gender	Male			Female)	
05	Date of Birth (as per SSC)	D D	M M	Y	Y Y Y		
06	(Age as on 01/07/2022)	Years	Months	day	/s		
			Qualification	on	Date o acquirin qualificat	ıg	Name of the University
	Qualification (as on 05/09/2022)	_					
07		As per					
	i) Graduation ii) PG	Notification					
			Official use	:	1		

		ОС	SC	ST			ВС			EWS
	Community (integrated				Α	В	С	D	Е	
	Community Certificate									
08	Issued by M.R.O for SC/ST/BC from									
	Telangana State Govt) with Father/ Mother name									
	With a dileit Mother Hame	Official	use:							
	BC Candidates should									
	Submit Non- Creamy Layer certificate	Whethe certification			layer	YES	3		N	0
	(Annexure-II Form VII-B) as per G.O.Ms.No.8,									
09	B.C. Welfare (OP) Dept,	Official	use:						•	
	Dt: 13-11-2014, MemoNo.3009/BCW/									
	OP/2011, Dt: 18/12/2015 and G.O.Ms. No:20 of									
	2017.	a) lecur	ad by M	00201				/00		No
		a) Issued by MeeSeva Yes b) Date of issue of MeeSeva EWS Certificate							INU	
		c) Financial Year for which issued								
10	EWS									
		Official use:								
							ı			
11	PH – Category	VH		Н	Н	1	(OH		MH
						1		elevant	t Cert	ificate
	lf and unlaughten to	Years Prod				Prod	Produced			
	If age relaxation is claimed, specify	(No. of years claimed for relaxation)				YES NO				
	. 1) Retrenched Census	relaxation)								
	Employee 2) Telangana State									
12	Govt. Employee	Official use :								
	3) N.C.C 4) Ex-Service Men									
	5) SC/ST and BC									

		Class/ Residence	Year	District	State
	Indicate the evidence	I			
	(Original Study Certificate to be	II			
13	produced) OR Residence certificate for 7 yrs. Prior to 7 th class if	III			
	private Study.	IV			
		V			
		VI			
		VII			
14	Multi Zone you belong to				
15	Present Employment details (Government Employees should submit NOC)				
16	Other Certificates (If any)	1.			

.

		<u>Declaration</u>
	I hereb	by declare that
	i)	All the columns filled in by me containing my biodata and other particulars, are true to the best of my Knowledge.
	ii)	The certificates such as, my educational qualification, community certificate, date of birth (SSC), study/residence in support of my claim for local candidature are genuine.
	iii)	I did not resort to any irregular or improper means in connection with my candidature for selection.
	iv)	I am liable for permanent debarment from appearing for the recruitment to be conducted by TSPSC and other PSCs and also criminal prosecution, if I am found involved in any unfair means / malpractice.
15	v)	I further declare that the information furnished by me is correct and my candidature shall be cancelled at any stage if it is found incorrect.
	Addres	SS.
	Mobile	• No
	Place:	
	Date:	Signature of the candidate.
		TO BE USED FOR ADMISSION (OFFICIAL USE)

The Candidate is admitted for further process of selection, since she possess all qualifications as per Notification.

A.S. O	SECTION OFFICER	ASST.SECRETARY
The Candidate is rejec	cted for further process of selection because	of the following reason.
i)	ii)	
iii)	lv)	
A.S. O	SECTION OFFICER	ASST.SECRETARY

CERTIFICATE OF RESIDENCE

In case where during the whole or any part of the four consecutive academic years ending with the academic year in which he appeared or as the case may be first appeared for the relevant qualifying examination he has not studied in any educational institution, if he has resided in that local area for a period of not less than four years immediately preceding the date of commencement of the qualifying examination in which he appeared, or as the case may be, first appeared.(G.O.Ms.No.124, GENERAL ADMINISTRATION (SPF-MC) DEPARTMENT, Dated :30.08.2018)

It is here	eby certified.							
(a)						that		
Sri/Smt./	Kum							
S/o. W/c	S/o. W/o. D/oappeared for the							
time	for t	he	Ex	Examination in				
	(Mon	th)	(Ye	ear).				
SI.No.	Villag	е	Mandal	Dist	rict	Period		
1.								
2.								
3.								
4.								
5.								
6.								
7.								
OFFICE STATION				Officer of Re	venue Depar	tment		
J 17 (1 1 O 1	••			not below the	•			

Revenue Officer holding

independent Charge of a Mandal.

DATED:

^{*} STRIKE OFF "WHOLE"/PART AS THE CASE MAY BE.

FORM FOR COMMUNITY, NATIVITY AND DATE OF BIRTH CERTIFICATE

Serial No.										
S.C.	Seal of the					District Code:				
S.T	Issuing				Mandal Code:					
B.C	Office					,	Village	Code:		
Certificate No:										
	COMMI	I INIIT'	Y, NATIVIT	V AND	DATE	OE BIB	TH C	EDTIEI	CATE	
			·							
` '		•								
Son/Daughter										Village/Town
										of
tne State of S.C./S.T./B.C. s						_ Comn	nunity	wnich	is red	cognised as (*)
3.U./3.T./D.U. 8	sub-groc	ıp								
٦	The Con	stituti	ion (Schedu	ıled Ca	stes) (Order, 19	950			
7	The Con	stituti	ion (Schedu	ıle Trib	es) Or	der, 195	0			
										to time (BCs.) /
S.Cs. S.Ts. list	(modific	ation)) Order, 19	56 S.C	Cs. An	d S.Ts	. (Am	endmei	nt) Act	, 1976.
(2) It is	certifie	d that	t Sri/Smt./K	um						is a
native of	Villa	age/T	own	M	andal _		_ Dis	trict of 7	Γelang	ana.
(3)	lt	is	certified	that	the	place	of	birth	of	Sri/Smt./Kum.
			is			Vil	lage/	Γown		Mandal
[District o	f Tela	ıngana.							
(4)	lt	is	certified					birth	of	
										onth Year
•	•					•			•	iven by his/her
father/mother/g	uardian	and a	as entered i	n the s	chool r	ecords v	vhere	he/she	studie	ed.
								Signatu Date:	re:	
							I	Name ir		tal Letters:
								Designa (0 1)	ation:	
								(Seal)		

Explanatory Note:- While mentioning the community, the Competent Authority must mention the sub-caste (in case of Scheduled Castes) and sub-tribe or sub-group (in case of Scheduled Tribes) as listed out in the S.Cs. and S.Ts. (Amendment) Act, 1976.

DECLARATION BY THE UN-EMPLOYED Who claim fee exemption

1. Name of the Candidate :

2. Father's Name :	
3. Date of Birth & Age :	
4. Centre for Written Examination	
5. Full Postal Address	:
Government/Public Sector/Private Sector.	t working in any Government Department/ Quasi ation furnished by me is true and correct and my e if it is found incorrect.
PLACE DATE	FULL SIGNATURE OF THE CANDIDATE. (Declaration not signed by the candidate will be rejected)



GOVERNMENT OF TELANGANA REVENUE DEPARTMENT

Application No

			EW	/S	
			Date	e : <u>/</u>	<u>/</u> .
INCOME	CERTIFICATE FOR EC	CONOMICALLY	WEAKER SEC	CTIONS	
	VALID FOR THE Y	EAR –			
This is to ce	rtify that Shri/Srimathi/Kum	nari			S/o /
D/o / W/o	Permanent	resident of		\	/illage /
Town	Post Office	District		in	the
State/Union Territo	ry Telangana PIN Code _	whose	photograph is	attested	below
belongs to Econor	nically Weaker Sections,	since gross ann	ual income* of h	is/her 'fam	nily'** is
below Rs.8 lakh (R	upees Eight Lakh Only) fo	r the financial ye	ar <u>-</u>	<u>—</u> ·	
Shri/Srimath	i/Kumari	belongs to the		caste \	which is
not recognized as	Scheduled Caste,Schedule	ed Tribe and Oth	er Backward Clas	ss(Central	List).
Photograph of t	he applicant			Certified	Ву
			Name : Designation : Mandal :		
			District :		

*Note: Income covered all the sources i.e, salary, agriculture, bussiness, profession etc..,

^{**}Note: The term "Family" for this purpose include the person, who seeks benefits of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

ANNEXURE-II

FORM - VII B

Serial No.			District (Code:		
BC-A/B/C/D/E	1	Emblem	Mandel (Code:		
Certificate No.			Village C	Code:		
		ny Laver Certifi pointments to (State of 1				
			**			
Name in t Group Welfare (OP) De belong to the p to the G O.M.No.36033/1	at SI.Npt., Dt: 08.10.2 persons / section overnment (/2013-Estt. (R	_Village/ Town_ in the State belongs to Religion w loin to 015. This is a ns (Creamy Layo of India,	hich is recognis the State of Tel also to certify er) mentioned Department 17 adapted	Taluka in sed as a Ba langana vide that he / in column of Perso		of reet ndel nity der BC not lule ing
(Seal)				Signat Date: Name	ing AUTHORITY is a cure: in Capital Letters: nation:	* -

 $^{^{*}}$ All the Revenue Officials in the State of Telangana not below the rank of Tahsildars

SCHOOL STUDY CERTIFICATE

NOTE: Sho	ould be obtained from th	ne Head of E	ducational Institution(s)	
1. N	ame of the Candidate	:		
2. F	ather's Name	:		
3. D	ate of Birth & Age	:		
4. P	lace of Birth	:		
Class	Name and Place o	f School	District	Duration of Study
				giving month and year
I				
II				
II				
II III				
II				

STATION:	Signature of the Head of the
DATE:	Educational Institute(s)

VII