

TELANGANA PUBLIC SERVICE COMMISSION # HYDERABAD
LECTURERS IN GOVERNMENT POLYTECHNICS IN TECHNICAL EDUCATION
SERVICE (GENERAL RECRUITMENT) NOTIFICATION NO: 20/2022

BASIC INFORMATION DATA: (CHECK LIST)

(To be filled by the candidate)

PHOTO OF THE
CANDIDATE

TSPSC ID :

Ref ID :

HALL TICKET NO :

DATE OF VERIFICATION:
AND SESSION

Signature

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	DM	M	Y	Y Y Y
		□	□	□	□	□ □ □
06	(Age as on 01/07/2022)	Years	Months	days		
		□	□	□		
07	Qualification (As on 07/12/2022)	Qualification Prescribed as per Notification	Qualification with percentage	Date of Acquiring Qualification	Name of the University.	Name of the State in which the University is located.
(a)	Level-9(A) B.E/B.Tech/B.S/ B.Arch/B.Pharmacy/ M.Sc in specified Subject.					

11	Is the Candidate claiming any Sports reservation	<div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>Details of Sports reservation:</p>				
12	1. If age relaxation is claimed, specify 2. Retrenched Census Employee 3. Telangana State Govt. Employee 4. N.C.C Instructor. 5. SC/ST and BC & EWS.	(No. of years claimed for relaxation) <input type="text"/>	Whether relevant Certificate Produced <input type="checkbox"/> YES <input type="checkbox"/> NO			
13	Indicate the evidence (Original Study Certificate to be produced) OR Residence certificate for 7 yrs. Prior to 7 th Class, if private Study.	Class	Year	District	Multi-Zone	State
		I				
		II				
		III				
		IV				
		V				
		VI				
		VII				
14	Multi - Zone to which The candidate Belongs.			Other Than Telangana		

15	Present Employment details (Government Employees should submit NOC)		
16	Other Certificates (If any)	1. 2.	

Official Use:

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 :

I hereby declare that I am not working in any Government Department/ Quasi Government/Public Sector/Private Sector.

I further declare that the information furnished by me is true and correct and my candidature shall be cancelled at any stage if it is found incorrect.

PLACE

DATE

FULL SIGNATURE OF THE CANDIDATE.
(Declaration not signed by the candidate
will be rejected)

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 hereby certified.

(a) _____ that
Sri/Smt./Kum _____
S/o. W/o. D/o . _____ appeared for the first
time for the 7th class Examination in
_____ (Month) _____ (Year).

Sl.No.	Village	Mandal	District	Period
1.				
2.				
3.				
4.				
5.				
6.				
7.				

OFFICE SEAL:

STATION:

DATED:

Officer of Revenue Department
not below the rank of Mandal
Revenue Officer holding
independent Charge of a Mandal.

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

SCHOOL STUDY CERTIFICATE

NOTE: Should be obtained from the Head of Educational Institution(s).

1. Name of the Candidate :

2. Father's Name :

3. Date of Birth & Age :

4. Place of Birth :

Class	Name and Place of School	District	Duration of Study giving month and year
I			
II			
III			
IV			
V			
VI			
VII			

STATION:
DATE:

Signature of the Head of the
Educational Institute(s)

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:

COMMUNITY, NATIVITY AND DATE OF BIRTH CERTIFICATE

(1) This is to certify that Sri/Smt./Kum. _____
Son/Daughter of Sri _____ of Village/Town
_____ Mandal _____ District _____ of
the State of Telangana belongs to _____ Community which is recognised as (*)
S.C./S.T./B.C. sub-group _____

The Constitution (Scheduled Castes) Order, 1950
The Constitution (Schedule Tribes) Order, 1950

G.O.Ms.No:1793, Education, dated: 25.9.1970 as amended from time to time (BCs.) /
S.Cs. S.Ts. list (modification) Order, 1956 S.Cs. And S.Ts. (Amendment) Act, 1976.

(2) It is certified that Sri/Smt./Kum. _____ is a
native of _____ Village/Town _____ Mandal _____ District of Telangana.

(3) It is certified that the place of birth of Sri/Smt./Kum.
_____ is _____ Village/Town _____ Mandal
_____ District of Telangana.

(4) It is certified that the date of birth of Sri/Smt./Kum.
_____ is _____ Day _____ Month _____ Year
_____ (in words) _____ as per the declaration given by his/her
father/mother/guardian and as entered in the school records where he/she studied.

Signature:

Date:

Name in Capital Letters:

Designation:

(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.

ANNEXURE-II

FORM – VII B

Serial No. District Code:

BC-A/B/C/D/E Emblem Mandel Code:

Certificate No. Village Code:

**Creamy Layer / Non – Creamy Layer Certificate for Backward Classes Groups-A,
B. C. D & E applying for appointments to Civil Posts and Services within the
State of Telangana**

This is to certify that Shri/Smt/Kumari
_____ son/ daughter of
_____ Village/ Town _____ Door No. _____ Street
Name. _____ in the _____ Taluka in _____ Mandel
_____ in the Telangana State belongs to _____ community
_____ Religion which is recognised as a Backward Class under
Group _____ at Sl.No. _____ in the State of Telangana vide G.O.Ms.No.34, BC
Welfare (OP) Dept., Dt: 08.10.2015. This is also to certify that he / she does / does not
belong to the persons / sections (Creamy Layer) mentioned in column - 3 of the schedule
to the Government of India, Department of Personnel & Training
O.M.No.36033/1/2013-Estt. (Res), dt : 13.10.2017 adapted by Government of Telangana
vide G.O.Ms.No.20, BC Welfare (OP) Dept., dt: 31-10-2017.

(Seal)

ISSUING AUTHORITY *

Signature:

Date:

Name in Capital Letters:

Designation:

*All the Revenue Officials in the State of Telangana not below the rank of Tahsildars

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
Department**

**Name of the Head
of the Dept.**

1.(a) Name in full (capital letters only with aliases, if any. Please indicate if you
have added / dropped at any stage any part of your name/surname.

SURNAME

NAME

(b) Designation of the candidate with category (Appointment by Direct
Recruitment/Ex- Servicemen quote/compassionate ground)
Enclose supporting certified copies of the documents

(i) Designation

(ii) Place of Working

(iii) Direct recruitment

Ex-Serviceman

Compassionate

2. Details of addresses:

a. Present

b. Permanent

House/Apartment/Flat No.

Name of Apartment

Lane Name

Street & Road

Village

Mandal / Taluk

Town / City

District

State

Pin Code

Contact Phone Numbers	Mobile	Landline office (with STD Code)	Landline Residence (with STD Code)

(c) If originally a resident Of Pakistan, the address in that Dominion and the date of migration to Indian Union

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3. Particulars of places where you have resided during the *preceding five years* from the date of filling up if Attestation From.

	From (Month / Year)	To (Month / Year)	Residential Address in full (i.e., House / Apartment / Flat Number) (Apartment/Complex/Lane/ Street/Colony and Road, Village,Mandal and District/City)	Police station and District
1				
2				
3				
4				
5				

4. Father's details:

(a) Name in full with aliases, if any

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(b) Profession

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(c) If in service, give designation and official address

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(d) Present postal address (if dead, give last address

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	

5. (i) Nationality of :

(a) Father

(b) Mother

(c) Wife / Husband

(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 / Scheduled Tribe / Backward Class?

Scheduled Caste

Scheduled Tribe

Backward Class

Please specify the Class / Tribe Grade A,B,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 held or description of work	Period		Full Address of the Office, Firm or Institution	Have you been at any time dismissed / removed from service / resigned to the post? If so, please give details.
	From	To		

11. Have you ever been arrested by the police, convicted by a Court of law or detained under any state /central preventive detention laws for any offence? Whether such conviction sustained in the Court of Appeal or set aside by the Appellate Court if appealed against.

(Note: If detailed, convicted, debarred etc. subsequent to the completion and submission of this form, the details should be communicated immediately to the concerned Department or the authority to whom the Attestation Form has been sent earlier, as the case may be, failing which it will be deemed to be suppression of factual information). If the answer is 'Yes', the full particulars of the conviction, sentences and detention should be given.

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12. Name and complete address of two responsible persons of your locality to whom you are known or two referees to whom you are known. **(Persons shall not be blood relatives).**

	Referee-1	Referee-2
Name	<input type="text"/>	<input type="text"/>
H.No./Plot No.	<input type="text"/>	<input type="text"/>
Name of Apts./ Complex	<input type="text"/>	<input type="text"/>
Street & Road	<input type="text"/>	<input type="text"/>
Village	<input type="text"/>	<input type="text"/>
Mandal/Taluk	<input type="text"/>	<input type="text"/>
Town/City	<input type="text"/>	<input type="text"/>
District	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>
Pin Code	<input type="text"/>	<input type="text"/>

13. Have you ever been member/worker of any Political Party or Communal organization/Youth/Student/Service/Labour? If so furnish details

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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:

**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 / Daughter / Wife of _____

For the last _____ years _____ months and to the best of my knowledge and belief,
the particulars furnished by him / her are correct.

Date:

(Signature)

Name & Designation with Seal

Place:

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