### **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.  |              |
|--------------------------|--|--------------|
| _                        | ters only with aliases, if any. Please indit any stage any part of your name/surnan                  |              |
| SURNAME                  |  |              |
| NAME                     |  |              |
| Recruitment/Ex- Service  | date with category (Appointment by Diremen quote/compassionate ground) ified copies of the documents | rect         |
| (i) Designation          |  |              |
| (ii) Place of Working    |  |              |
| (iii) Direct recruitment | Ex-Serviceman Compas   | ssionate     |
| 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 |                                  | mbers                          | Mobile   | Landline office<br>(with STD Code)  | Landline Residence<br>(with STD Code) |
|-----------------------|----------------------------------|--------------------------------|----------|---|---------------------------------------|
| i<br>C                | -                                | ddress<br>and the<br>to Indian |          | luring the <i>preceding five</i>  | years                                 |
|                       | From<br>(Month / Year)           | To<br>(Month / Year            | ( i.e.,  | dential Address in full<br>House / Apartment /<br>Flat Number)<br>artment/Complex/Lane/<br>eet/Colony and Road,<br>Mandal and District/City | Police station and District           |
| 1                     |                                  |                                |          |   |                                       |
| 2                     |                                  |                                |          |   |                                       |
| 3                     |                                  |                                |          |   |                                       |
| 4                     |                                  |                                |          |   |                                       |
| 5                     |                                  |                                |          |   |                                       |
| 2                     | 1. Father's detai                | ils:                           |          |   |                                       |
|                       | (a) Name in ful                  | ll with aliases, if            | any      |   |                                       |
|                       | (b) Profession                   |                                |          |   |                                       |
|                       |                                  |                                |          |   |                                       |
|                       | (c) If in service official addre | e, give designatio<br>ess      | n and    |   |                                       |
|                       | (d) Present post                 | al address (if dea             | d, House | No.   |                                       |
|                       | give last addr                   | ess                            | Lane N   | ame   |                                       |
|                       |                                  |                                | Street & | & Road  |                                       |
|                       |                                  |                                | Village  | /Mandal   |                                       |
|                       |                                  |                                | Dist     |   |                                       |
|                       |                                  |                                | State    |   |                                       |
|                       |                                  |                                | Pin Co   | de  |                                       |
|                       | (e) Permanent H                  | ouse Address                   | House    | No.   |                                       |
|                       | (-)                              |                                | Lane N   |   |                                       |
|                       |                                  |                                | Street & |   |                                       |
|                       |                                  |                                |          | /Mandal   |                                       |
|                       |                                  |                                | Dist     |   |                                       |
|                       |                                  |                                | State    |   |                                       |
|                       |                                  |                                | Pin Coo  | de  |                                       |

| 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 / S   | 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 15<sup>th</sup> year of age (**Please enclose certified copies of Study Certificates and indicate whether study is regular or distance / correspondence**).

| Course                                   | Name of the<br>School / College<br>with full<br>address<br>(Village /<br>Mandal<br>/ District / City | Date of entering (mention month & year) | Date of leaving (mention month & year) | Examination passed<br>with Reg.No.etc.<br>(Name of the group<br>i.e.,Inter/Degree/<br>Diploma/ PG,etd | Police<br>Station and<br>District |
|--|--|---|--|---|-----------------------------------|
| 1. SSC/<br>Matriculation                 |  |   |  |   |                                   |
| 2.Intermediate/<br>Diploma               |  |   |  |   |                                   |
| 3. Graduation/<br>Professional<br>Course |  |   |  |   |                                   |
| 4. Post<br>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<br>held or description of | Pe      | riod | Full Address of the<br>Office, Firm or<br>Institution | Have you been at any time dismissed /                                    |  |
|---|---------|------|---|--|--|
| held or description of<br>work                | From To | То   |   | removed from service / resigned to the post? If so, please give details. |  |
|   |         |      |   |  |  |

| state /central preventive of<br>the Court of Appeal or set a<br>(Note: If detailed, convicted<br>form, the details should be<br>authority to whom the Attes | detention laws for any off<br>aside by the Appellate Cond, debarred etc. subseque<br>e communicated immeditation Form has been sem-<br>pression of factual info | nt to the completion and submission of the ately to the concerned Department or to tearlier, as the case may be, failing which rmation). If the answer is 'Yes', the first tearlier is 'Yes', the 'Yes', the first tearlier is 'Yes', the 'Yes', |
|---|---|--|
| . Name and complete address two referees to whom you a  |   | ns of your locality to whom you are known locality to whom you are known locality to whom you are known as the blood relatives).   |
| House/Apartment/<br>Flat. No.   | Referee-1   | Referee-2  |
| Name of Apts./ Complex  |   |  |
| Lane Name   |   |  |
| Street & Road   |   |  |
| Village   |   |  |
| Mandal/Taluk  |   |  |
| Town/City   |   |  |
| District  |   |  |
| State   |   |  |
| Pin Code  |   |  |
| _   | · ·   | •  |

#### 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:                |                       |   |
|                       |                       |   |
|                       | TURE OR OTHER         | BY A GAZETTED OFFICER OR MEMBER OF R AUTHORITY AS PRESCRIBED BY THE NTING AUTHORITY |
|                       |                       | t / Kum   |
| For the last          | years                 | months and to the best of my knowledge and belief,                                  |
| the particulars furni | shed by him / her are | e correct.  |
| Date:                 |                       | (Signature) Name & Designation with Seal  |

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

### **CERTIFICATE OF RESIDENCE**

(To be produced by such candidates who have not studied in any educational Institution during the whole or any part\* of the relevant 4/7 years period but claim to be local candidates by virtue of residence for Post Codes for which there is reservation for Local candidates.

| It is he                      | reby certified.                                  |                                       |  |                                    |             |            |
|-------------------------------|--|---------------------------------------|--|------------------------------------|-------------|------------|
| (a)                           |  |                                       |  |                                    |             | that       |
| Sri/Smt                       | :./Kum   |                                       |  |                                    |             |            |
|                               |  |                                       |  |                                    | for the     | first time |
| for                           | the  | Matriculati                           | on (S.S.C.)  | Exami                              | nation      | in         |
|                               | (N   | lonth)                                | (Year).  |                                    |             |            |
| consec<br>the afor<br>(c) tha | utive academic<br>resaid examina<br>t in the 4/7 | years ending wition.  years immediate | educational institution with the academic year tely preceding the contribution and the contribution are seen to be seen as a s | in which he/she                    | e first app | eared for  |
| Sl.No.                        |  | age                                   | wing place/places nam  Mandal  | District                           |             | Period     |
|                               | VIII   | age                                   | Wandai   | District                           |             | Period     |
| 1.                            |  |                                       |  |                                    |             |            |
| 2.                            |  |                                       |  |                                    |             |            |
| 3.                            |  |                                       |  |                                    |             |            |
| 4.                            |  |                                       |  |                                    |             |            |
| 5.                            |  |                                       |  |                                    |             |            |
| 6.                            |  |                                       |  |                                    |             |            |
| 7.                            |  |                                       |  |                                    |             |            |
| OFFICE                        | E SEAL:  |                                       |  |                                    |             |            |
| STATIC                        | ON:  |                                       |  | fficer of Revenue                  |             |            |
| DATED                         | ):   |                                       | R  | evenue Officer h<br>dependent Char | olding      |            |

<sup>\*</sup> STRIKE OFF "WHOLE"/PART AS THE CASE MAY BE.

### FORM FOR COMMUNITY, NATIVITY AND DATE OF BIRTH CERTIFICATE

| Serial No.                       |            |         |              |          |                    |           |        |                   |         |                  |
|----------------------------------|------------|---------|--------------|----------|--------------------|-----------|--------|-------------------|---------|------------------|
| S.C.                             |            |         | Se           | al of th | е                  |           |        |                   | Distric | t Code:          |
| S.T                              |            |         | lss          | uing     |                    |           |        |                   | Manda   | al Code:         |
| B.C                              |            |         | Off          | ice      |                    |           |        | ,                 | Village | Code:            |
| Certificate No:                  |            |         |              |          |                    |           |        |                   |         |                  |
|                                  | COMMI      | INIT    | r, NATIVIT   | V        | DATE               | OE BID    | тцс    | EDTIEI            | CATE    |                  |
|                                  |            |         |              |          |                    |           |        |                   |         |                  |
| ` ,                              |            | •       |              |          |                    |           |        |                   |         |                  |
| Son/Daughter                     |            |         |              |          |                    |           |        |                   |         | Village/Town     |
|                                  |            |         |              |          |                    |           |        |                   |         | of               |
| tne State of<br>S.C./S.T./B.C. s |            |         |              |          |                    | _ Comm    | nunity | wnich             | is red  | cognised as (*)  |
| 3.U./3.T./D.U. S                 | ub-grou    | Ρ       |              |          |                    |           |        |                   |         |                  |
| Т                                | he Cons    | stituti | on (Schedu   | ıled Ca  | stes) C            | order, 19 | 950    |                   |         |                  |
| Т                                | he Cons    | stituti | on (Schedu   | ıle Trib | es) Ord            | der, 1950 | 0      |                   |         |                  |
|                                  |            |         |              |          |                    |           |        |                   |         | to time (BCs.) / |
| S.Cs. S.Ts. list (               | modifica   | ation)  | Order, 19    | 56 S.C   | cs. An             | d S.Ts    | . (Am  | endme             | nt) Act | , 1976.          |
| (2) It is                        | certified  | that    | Sri/Smt./K   | um       |                    |           |        |                   |         | is a             |
| native of                        | Villa      | ige/T   | own          | M        | andal <sub>-</sub> |           | _ Dis  | trict of          | Гelang  | ana.             |
|                                  |            |         |              |          |                    |           |        |                   |         |                  |
| (3)                              | lt         | is      | certified    | that     | the                | place     | of     | birth             | of      | Sri/Smt./Kum.    |
|                                  |            |         | is           |          |                    | Vil       | lage/  | Town              |         | Mandal           |
| D                                | istrict of | Tela    | ngana.       |          |                    |           |        |                   |         |                  |
|                                  |            |         |              |          |                    |           |        |                   | _       |                  |
| (4)                              | lt         | is      | certified    |          |                    |           |        | birth             | of      |                  |
|                                  |            |         |              |          |                    |           |        |                   |         | onth Year        |
| •                                | •          |         |              |          |                    | •         |        |                   | •       | iven by his/her  |
| father/mother/gu                 | uardian a  | and a   | is entered i | n the s  | chool r            | ecords v  | vhere  | he/she            | studie  | ed.              |
|                                  |            |         |              |          |                    |           |        |                   |         |                  |
|                                  |            |         |              |          |                    |           |        | <b>.</b>          |         |                  |
|                                  |            |         |              |          |                    |           |        | Signatu<br>Date:  | re:     |                  |
|                                  |            |         |              |          |                    |           |        |                   |         | tal Letters:     |
|                                  |            |         |              |          |                    |           |        | Designa<br>(Seal) | 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       | n   |
| 5. Full Postal Address                  | :   |
| Government/Public Sector/Private Sector | mation furnished by me is true and correct and my   |
| PLACE<br>DATE                           | FULL SIGNATURE OF THE CANDIDATE. (Declaration not signed by the candidate will be rejected) |

### **SCHOOL STUDY CERTIFICATE**

| NOTE: | Should be obtained from the | e Head of Educational Institution(s). |
|-------|-----------------------------|---------------------------------------|
|       | 1. Name of the Candidate    | :                                     |
|       |                             |                                       |
|       | 2. Father's Name            | :                                     |
|       |                             |                                       |
|       | 3. Date of Birth & Age      | :                                     |
|       |                             |                                       |

| 4  | Place  | of F | Rirth   | • |
|----|--------|------|---------|---|
| ┯. | i lacc | OI L | ווועווע | • |

| Class | Name and Place of School | District | Duration of Study<br>giving month and<br>year |
|-------|--------------------------|----------|---|
| IV    |                          |          |   |
| V     |                          |          |   |
| VI    |                          |          |   |
| VII   |                          |          |   |
| VIII  |                          |          |   |
| IX    |                          |          |   |
| X or  |                          |          |   |
| SSC.  |                          |          |   |

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

#### TELANGANA STATE PUBLIC SERVICE COMMISSION :: HYDERAD

# SECONDARY GRADE TEACHER IN SCHOOL EDUCATION DEAPARTMENT NOTIFICATION NO. 53/2017 Dt:21/10/2017

# BASIC INFORMATION DATA (CHECK LIST)

#### (To be filled by the candidate)

| ISPSCID :        |                                     |              |                |     |                                 |          |                    |  |
|------------------|-------------------------------------|--------------|----------------|-----|---------------------------------|----------|--------------------|--|
| Ref ID :         |                                     |              |                |     |                                 | PHOTO C  |                    |  |
| HALL TICKET NO : |                                     |              |                |     |                                 |          |                    |  |
| MED              | DIUM :                              |              |                |     |                                 |          |                    |  |
| DAT              | E OF VERIFICATION:                  |              |                |     |                                 | Signatur | е                  |  |
| 01               | Name of the Candidate ( as per SSC) |              |                |     |                                 |          |                    |  |
| 02               | Father's Name                       |              |                |     |                                 |          |                    |  |
| 03               | Mother's Name                       |              |                |     |                                 |          |                    |  |
| 04               | Gender                              | Male         |                |     | Female                          | е        |                    |  |
| 05               | Date of Birth<br>( as per SSC)      | D D          | M M            | Y   | YYY                             |          |                    |  |
| 06               | (Age as on 02/07/2017)              | Years        | Months         | day | /S                              |          |                    |  |
|                  | Qualification<br>(as on 21/10/2017) |              | Qualificati    | on  | Date o<br>acquirii<br>qualifica | ng l     | ame of<br>Jniversi |  |
|                  | i) INTERMEDIATE                     |              |                |     | 1                               |          |                    |  |
|                  |                                     |              |                |     |                                 |          |                    |  |
| 07               | ii) DIED                            | As per       |                |     |                                 |          |                    |  |
| U1               | iii) TET/CTET                       | Notification | Official use : |     |                                 |          |                    |  |
|                  |                                     |              |                |     |                                 |          |                    |  |

|    |  | ОС               | sc  | ST       | ST BC |      |               | С  |            |       |  |
|----|--|------------------|---|----------|-------|------|---------------|----|------------|-------|--|
|    | Community(integrated Community Certificate   |                  |   |          | Α     |      | В             | С  | D          | Е     |  |
| 08 | Issued by M.R.O for<br>SC/ST/BC from<br>Telangana State Govt)<br>with Father/ Mother name                              | Official         | 1100 :  |          |       |      |               |    |            |       |  |
|    |  | Official use :   |   |          |       |      |               |    |            |       |  |
|    | BC Candidates should<br>Submit Non Creamy<br>Layer certificate as per<br>G.O.Ms.No:8 of 2014                           | Whethe certifica | Whether non-creamy layer certificate produced |          |       |      |               |    | NO         |       |  |
| 09 | &  | Official         | use:  |          |       |      |               |    |            |       |  |
|    | MemoNo.3009/BCW/<br>OP/2011, Dt:18-12-2015.  |                  |   |          |       |      |               |    |            |       |  |
|    |  | VH               |   |          | нн    |      |               | ОН |            |       |  |
| 10 | PH –Category   | Official use :   |   |          |       |      |               |    |            |       |  |
|    |  |                  | Ye  | ears     |       | II . | ether<br>duce |    | ant Certif | icate |  |
|    | If age relaxation is claimed, specify  | (No. of relaxati |   | laimed 1 | for   | YE   | :S<br>[       | NO |            |       |  |
|    | Retrenched Census     Employee   |                  |   |          |       |      |               |    |            |       |  |
| 11 | <ul><li>2) Telangana State Govt. Employee</li><li>3) N.C.C</li><li>4) Ex-Service Men</li><li>5) SC/ST and BC</li></ul> | Official use :   |   |          |       |      |               |    |            |       |  |
|    |  |                  |   |          |       |      |               |    |            |       |  |
|    |  |                  |   |          |       |      |               |    |            |       |  |

|    |  | Class/<br>Residence | Year | District | State |
|----|--|---------------------|------|----------|-------|
| 12 | Indicate the evidence (Original Study Certificate to be produced) OR Residence certificate for 7 yrs. Prior to SSC if private Study. | IV                  |      |          |       |
|    |  | V                   |      |          |       |
|    |  | VI                  |      |          |       |
|    |  | VII                 |      |          |       |
|    |  | VIII                |      |          |       |
|    |  | IX                  |      |          |       |
|    |  | X                   |      |          |       |
| 13 | District you belong to.  |                     |      |          |       |
|    |  |                     |      |          |       |
| 14 | Present Employment details (Government Employees should submit NOC)  | Official use:       |      |          |       |

|    | <u>Declaration</u>  |
|----|---|
|    | I hereby declare that   |
|    | <ul> <li>i) All the columns filled in by me containing my biodata and other particulars, are true to the best of<br/>my Knowledge.</li> </ul>   |
|    | 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<br>TSPSC and other PSCs and also criminal prosecution, if I am found involved in any unfair means<br>/ 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.   |
|    | Address.  |
|    |   |
|    |   |
|    |   |
|    | Mobile No   |
|    | Place:  |
|    | Date: Signature of the candidate.   |
|    |   |

#### TO BE USED FOR ADMISSION (OFFICIAL USE)

The Candidate is finally admitted for further process for selection (YES/NO)

**VERIFICATION OFFICER** 

**CHIEF VERIFICATION OFFICER** 

TO BE USED FOR REJECTION

If not finally admitted remarks:

**VERIFICATION OFFICER** 

**CHIEF VERIFICATION OFFICER**