

**ATTESTATION FORM**

*(To be filled in the candidate's own handwriting)*

**Affix a duly attested passport size photograph here.** *(The attesting signature should cover part of the photograph and part of the form)*

1. Name in full (CAPITAL LETTERS) with aliases, if any *(Please indicate if you have added or dropped at any stage, any part of your name or surname)*

Surname:	Name:

2. (a) Residential Address: .....  
(b) District:..... (c) State.....  
(d) PIN.....  
(e) Contact no:.....

3. Particulars of places where you have resided for more than one year during the preceding five years.

From ..... to ..... Residential address in all i.e. Village, Thana & District or House number, Lane/Street & Road.

4. Father's (a) Name with aliases, if any :  
(b) Permanent home address :  
(c) Profession :  
(d) If in service, give designation :  
(e) Nationality

5. Spouse's (if any): (a) Name with aliases, if any :  
(b) Permanent home address :  
(c) Profession :  
(d) If in service, give designation :  
(e) Nationality :

6. Date of birth (Christian era) .....

7. (a) State your religion .....  
(b) If you belong to any reserved category (OBC/SC/ST/PWD) specify the category.....

8. Educational qualification showing places of education with years in the concerned institution (starting from Matriculation)

Sl. No.	Name of Institution with address	Year of Joining	Year of leaving	Examination passed
1	2	3	4	5

9. If you have been employed at any point of time, give following details:

Designation of post held & description of work	Period of employment		Full address of the office/ firm or institution
	From	To	

10. Have you ever been prosecuted, kept under detention or bound down or fine, convicted by any court of law or any office? Is any case pending against you at any court of law at the time of submission of this attestation form? If the answer is "Yes", full particulars of the case, detention, fine, conviction and the sentence awarded should be given.

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11. Give the names of 2 (two) responsible persons of your locality to whom your reference may be made:

Sl. No.	Name & Address	Designation (if any)	Contact No.	Remark

I certify that the foregoing information is correct, complete and up to date to the best of my knowledge and belief, and no material information has been suppressed. I am not aware of any circumstance which might impair my fitness for employment under the Government.

Place:

*Full Signature of the candidate*

Date:

**DECLARATION**

I, (Name) .....  
declare as under:

- a) That I am unmarried/ widower/ a widow.
- b) That I am married and have only one wife living.
- c) That I am married and my husband has no other living wife, to the best of my knowledge.
- d) That I am married and have more than one spouse living.
- e) That I am married to a person who has more than one spouse living.  
*(Application for grant of exemption in the prescribed format is enclosed).*

I solemnly affirm that the above declaration as 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.

Signature: .....

Note: Delete clauses not applicable.

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**Annexure - II (a)**

**FORMAT OF APPLICATION FOR THE GRANT OF EXEMPTION FROM THE  
RESTRICTION OF APPOINTMENT**

To  
The *(appointing authority)* .....

Sir,  
I request that in view of the reasons stated below I may be granted exemption from the operation of restriction for the recruitment to the service of a person having more than one spouse living.

REASON:

- 1. ....
- 2. ....
- 3. ....

Yours faithfully,

Date: .....

Signature: .....

**FORM OF OATH OF ALLEGIANCE FOR INDIAN NATIONAL**

I, Shri/Smt./Km. .... do swear/ solemnly affirm that I will be faithful and bear true allegiance to India, and to the Constitution as by law established and that I will carry out the duties of my office loyally, honestly and with impartiality.

So help me God

Date: .....

Signature: .....

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**CHARACTER CERTIFICATE**

Certified that I have known Shri/Smt./Km. ....  
..... s/o, d/o, w/o Shri .....  
a resident of .....  
for the last ..... years and to the best of my knowledge and belief he/  
she bears reputable character and has no antecedent which may render him/her unsuitable for  
Government employment.

2. Shri/Smt./Km. .... is not related to me.

Place: .....

Signature: .....

Date: .....

Designation: .....

(With seal)

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**FORM OF MEDICAL CERTIFICATE OF PHYSICAL FITNESS**

I hereby certify that I have examined Shri/Smt/Km. ....  
.....son/daughter of .....  
..... a candidate for employment in the .....  
..... Department in the post of ....., and  
can not discover that he/she has any diseases (communicable or otherwise), constitutional  
weakness or bodily infirmity except .....

I do not consider this disqualification for his/her employment in the Government  
service.

Place: .....

Signature: .....

Dated: .....

(Name in full)

Designation: .....

(with seal)

**DISCHARGE CERTIFICATE**

No. ....

Place/Date .....

This is to certify that Shri/Smt/Km. ....  
son/daughter of .....  
of (address) .....  
has been working as (designation) .....  
from ..... to .....  
He/she was drawing rupees ..... as salary with/ without  
allowances and his/ her service have been or likely to be terminated with effect from  
..... on account of .....  
During employment in this office his/her conduct was satisfactory.

Signature:.....

(Name in full)

Designation: .....

(with seal)

**VERIFICATION CERTIFICATE**

Certified that I have known Shri/Smt./Km. ....  
..... s/o, d/o, w/o Shri/Smt. ....  
..... a resident of .....  
..... for the last ..... years and to the  
best of my knowledge and belief the particulars furnished by the above named candidate in  
the attestation form are correct.

2. Shri/Smt./Km. ....is not related to me.

Place: .....

Signature: .....

Dated: .....

(Name in full)

Designation: .....

(with seal)

Note: This certificate is to be sign by any one of the following

- a) Member of parliament
- b) Member of State Legislature
- c) Gazetted Officers of the State Government.

**FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE IN  
SUPPORT OF CLAIM OF BELONGING TO SCHEDULED CAST/ TRIBE**

This is to certify that Shri/Smt/Km.....  
son/daughter of ..... of village.....  
.....State.....belong  
to the.....Community which is recognized as Schedule Caste/Tribe  
under the Constitution (Schedule Caste Order 1950/ the Constitution (Schedule Tribe) Order  
1950/ the Constitution (Schedule Castes) Order 1951/ the Constitution (Schedule Tribe) (Part  
C State) Order, 1951.

Shr/Smt/Km ..... and / or his/her family  
ordinary reside(s) in the .....District/Division of the.....  
state .....

Place .....  
Date .....

District Magistrate  
Deputy Commissioner

- N.B.: 1. The term ordinarily resides read will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
2. Where the certificate is issued by a Gazetted Officer of either the Union or the State Government, they should be in the same form but countersigned by the District Magistrate or the Deputy Commissioner concerned of the area where the candidate normally resides (Certificate issued by the Gazetted Officer and attested by the District Magistrate/Deputy Commissioner is not sufficient).

**DISABILITY CERTIFICATE**

(To be produced by the candidates claiming as PWD)

NAME AND ADDRESS OF THE INSTITUTE/HOSPITAL:

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Certificate No.....

Date.....

1. This is to certify that Shri/Smt./Km.....  
Son/wife/daughter of Shri/Smt.....age .....  
Sex.....identification mark(s).....as  
suffering from permanent disability of following category:

- A. Locomotor or cerebral palsy:
  - (i) BL – Both legs affected but not arms.
  - (ii) BA – Both arms affected (a) Impaired reach  
(b) Weakness of grip
  - (iii) BLA – Both legs affected both arms affected
  - (iv) OL – One leg affected (right or left) (a) Impaired reach  
(b) Weakness of grip  
(c) Ataxic
  - (v) OA – One leg affected (right or left) (a) Impaired reach  
(b) Weakness of grip  
(c) Ataxic
  - (vi) BH – Stiff back and hips (cannot sit or stoop)
  - (vii) MW – Muscular weakness and limited physical endurance.
- B. Blindness or Low Vision:
  - (i) B – Blind
  - (ii) PB – Partially Blind
- C. Hearing impairment:
  - (i) D – Deaf
  - (ii) PD – Partially Deaf

(N.B.Delete the category, whichever is not applicable).

2. This condition is progressive/non-progressive/likely to improve/not likely to improve, Re-assessment of this case is not recommended/is recommended after a period of .....years.....months.

3. Percentage of disability in his/her case is .....percent.

4. Shri/Smt/Kum.....

meets the following physical requirements for discharge of his/her duties:

- (i) F-can perform work by manipulating with fingers. Yes/No
- (ii) PP-can perform work by pulling and pushing. Yes/No
- (iii) L-can perform work by lifting. Yes/No
- (iv) KC-can perform work by kneeling and crouching. Yes/No
- (v) B-can perform work by bending. Yes/No
- (vi) S-can work perform work by sitting. Yes/No
- (vii) ST-can perform work by standing. Yes/No
- (viii) W-can perform work by sitting. Yes/No
- (ix) SE-can perform work by seeing. Yes/No
- (x) H-can perform work by hearing/speaking. Yes/No
- (xi) RW-can perform work by reading and writing. Yes/No

(Dr.....)  
Member, Medical Board

(Dr.....)  
Member, Medical Board

(Dr.....)  
Member, Medical Board

**OBC CERTIFICATE**

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO THE POSTS UNDER THE GOVERNMENT OF MANIPUR**

This is to certify that Shri/Smt/Km.....  
Son/daughter of .....of village  
.....District/Division .....in the  
MANIPUR State belongs to the ..... community which is recognized  
as a backward class under the Government of India, Ministry of Welfare, Resolution  
No.12011/7-95-BCC, dated the 24th May 1995, published in the Gazette of India,  
Extraordinary Part-I Section-I, No. 88 dated the 25th May 1995.

Shri/Smt/Km .....and/or his/her family  
reside(s) in the .....District/Division of the Manipur State. This is  
also certify that he/she does not belong to the persons/sections (creamy layer) mentioned in  
column 3 of the Schedule to the Government of India, Department of Personal and training,  
O.M. No.36012/22/93-Estt.(SCT), dated 8-9-1993 which is modified by Deptt. of P& T  
Office Memorandum No.36033/3/2004 Estt.(Res) dated 9<sup>th</sup> March 2004.

Dated:

District Magistrate/  
Deputy Commissioner.

Seal

N.B.:- (a) The term 'ordinarily reside(s)' used here will have the same meaning as in Section 20 of the Representation of the Peoples Act. 1950.

(b) Where the certificates are issued by Gazetted Officers of the Union Government or State Governments, they should be in the same form but countersigned by the District Magistrate or Deputy Commissioner (Certificates issued by Gazetted Officers and attested by District Magistrate/Deputy Commissioner are not sufficient).