

ACCEPTANCE LETTER

To

The Director,
Directorate of Education(S), Manipur.

Subject: -Request for submission of Acceptance Letter.

Sir,

In inviting a reference to your office Order No.AO/252/MTS/2016(5)-DE(S)Pt-I dated, I have the honour to submit my Acceptance Letter to the Offer for Appointment as Multi-Tasking Staff (MTS) along with following document as prescribed/enclosed.

- i. Attestation form
- ii. Declaration
- iii. Character Certificate
- iv. Medical Certificate of Physical fitness
- v. Discharge Certificate (if applicable)
- vi. Verification Certificate
- vii. Social Category Certificate (SC/ST/OBC) (if applicable)
- viii. Disability Certificate (if applicable)
- ix. Police Verification Report etc.

Place :-

Dated:-

Yours faithfully,

Signature :
Name :
Roll No. :
Address :
Mobile No. :

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.

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:

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)

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.