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 Nu	mbers	Mobile	Landline office (with STD Code)	Landline Residence (with STD Code)
i C	-	ddress and the to Indian		luring the <i>preceding five</i>	years
	From (Month / Year)	To (Month / Year	(i.e.,	dential Address in full House / Apartment / Flat Number) artment/Complex/Lane/ eet/Colony and Road, 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 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 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.				

state /central preventive of the Court of Appeal or set a (Note: If detailed, convicted form, the details should be authority to whom the Attes	detention laws for any off aside by the Appellate Cond, debarred etc. subseque e communicated immeditation Form has been sem- 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 firm
. 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/ 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	t./Kum					
					for the	first time
for	the	Matriculati	on (S.S.C.)	Exami	nation	in
	(N	lonth)	(Year).			
consec the afor (c) tha	utive academic resaid examina t in the 4/7	years ending wition.	educational institution with the academic year tely preceding the contribution and a second s	in which he/she	e first app	eared for
SI.No.		age	wing place/places nam Mandal	District		Period
	VIII	age		DISTRICT		Period
1.						
2.						
3.						
4.						
5.						
6.						
7.						
OFFICI	E SEAL:					
STATIC	ON:			fficer of Revenue		
DATED):		R	evenue Officer h dependent Char	olding	

^{*} 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 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 ₋		_ 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.
								.		
								Signatu Date:	re:	
										tal Letters:
								Designa (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								
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)							

TELANGANA STATE PUBLIC SERVICE COMMISSION:: HYDERAD

SCHOOL ASSISTANT IN SCHOOL EDUCATION DEPARTMENT NOTIFICATION NO. 52/2017 Dt:21/10/2017

BASIC INFORMATION DATA (CHECK LIST)

(To be filled by the candidate)

TSPSC ID

	Ref ID	:			PHOTO (OF THE DATE
	HALL TICKET NO :	:				
	SUBJECT	:		L		
	MEDIUM :	:			Sign	ature
	DATE OF VERIFICATION:					
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 02/07/2017)	Years	Months	days		
			Qualificatio	n Date o acquirir qualificat	ng U	me of the niversity
	Qualification					
07	(as on 21/10/2017)	As per				
07	i) Graduation ii) PG iii) BED	Notification				
	,		Official use :	·	·	

		OC SC ST						ВС			
	Community(integrated Community Certificate Issued by M.R.O for				A	Д	В	С	D	E	
08	SC/ST/BC from Telangana State Govt) with Father/ Mother name	Official use:									
	BC Candidates should Submit Non Creamy Layer certificate as per	Whether non-creamy layer certificate produced YES NO									
09	G.O.Ms.No:8 of 2014 &	Official us	se:		1			1	1		
	MemoNo.3009/BCW/ OP/2011, Dt:18-12-2015.										
		VH			НН			OF	ł		
10	PH –Category	Official use :									
			Years			_	ther rela	evant C	ertifica	te	
	If age relaxation is claimed, specify . 1) Retrenched Census Employee	(No. of years claimed for relaxation) YES NO									
11	 2) Telangana State Govt. Employee 3) N.C.C 4) Ex-Service Men 5) SC/ST and BC 	Official us	e:								

L

12	Indicate the evidence (Original Study Certificate to be produced) OR Residence certificate for 7 yrs. Prior to SSC if private Study.	Class/ Residence	Year	District	State
		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 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 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

SCHOOL STUDY CERTIFICATE

NOTE:	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
IV			
V			
VI			
VII			
VIII			
IX			
X or			
SSC.			

STATION:

DATE:

Signature of the Head of the Educational Institute(s)