

ACCEPTANCE OF OFFER OF APPOINTMENT

I, _____ hereby accept the offer of appointment to the post of _____ in Kendriya Vidyalaya Sangathan (HQ), New Delhi made in your letter No. _____ dated _____ and also the terms and conditions mentioned therein. I agree to join duty at the place and on the date indicated therein. I further agree that I would not put up any application or bring pressure for transfer from the official place of posting within three years.

Signature _____

Name (In Block Letters) _____

Address _____

Date :

To,

The Administrative Officer(Estt.)
Kendriya Vidyalaya Sangathan(HQ),
New Delhi-110016

CANDIDATE'S STATEMENT AND DECLARATION

The candidate must make the statement required below prior to his medical examination and must sign the declaration appended thereto. His attention is specially directed to the warning contained in the Note below :

1. State your name in full
(in block letters)
2. State your age and place of birth
- 3.(a) Have you ever had small-pox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, heart disease, lung disease, fainting attacks, rheumatism, appendicitis?
.....
.....
or
(b) Any other disease or accident requiring confinement to bed and medical or surgical treatment?
.....
.....
4. When were you last vaccinated?
5. Have you or any of your near relations been afflicted with consumption, scrofula, gout, asthma, fits, epilepsy or insanity?
6. Have you suffered from any form of nervousness due to overwork or any other cause?
7. Have you been examined and declared unfit for Government service by a Medical Officer/Medical Board within the last three years?

MEDICAL CERTIFICATE

Name of candidate for appointment _____

(Block - letters)

Caste or Race: _____

Residence _____

Father's name and address _____

Date of birth by Christian era _____

Exact height by measurement _____

Personal marks of identification _____

Signature of candidate _____

I do hereby certify that I have examined Shri/Shrimati/Kundan

a candidate for employment in the Kendriya Vidyalaya _____

and cannot discover that he/she has any disease communicable or otherwise

constitutional affliction or bodily infirmity except _____

I do not consider this a disqualification for employment in the Vidyalaya _____ His/her age is according to his/her own statement _____ years, and he/she appears about _____ years.

Left hand thumb and finger impression of the candidate

Signature of the candidate _____

Taken before _____

Name of the Officer _____

Designation of Officer (This office should be Civil Surgeon or Medical Officer of equal rank _____

On (date) _____