

### ATTESTATION FORM

#### WARNING

**Affix signed passport size  
(5 cm x 7 cm copy of recent  
photograph)**

1. The furnishing of false information or suppression of any factual information in the attestation form would be a disqualification, and is likely to render the candidate unfit for employment under the government.
2. If detained, arrested, prosecuted, bound down, fined, convicted, debarred, acquitted, etc. subsequent to the completion and submission of this form,, the details should be communicated immediately to the authorities to whom the attestation form has been sent earlier, failing which it will be deemed to be a suppression of factual information.
3. If the fact that false information has been furnished or that there has been suppression of any factual information in the attestation form comes to notice at any time during the service of a person, his services would be liable to be terminated.

	Name in full (in block capitals letters) with aliases, if any (Please indicate if you have added or dropped in any part of your name.)	SURNAME	NAME
<b>1.</b>			
<b>2.</b>	Present address in full (i.e. Village, Thana and Distt. Or House No., Lane / Street Road and Town)		
<b>3.</b>	<b>(a)</b> Home address in full (i.e. Village., Thana and Distt. Or House No., Lane / Street / Road and Town have of Distt. Headquarter.		
	<b>(b)</b> If originally resident of Pakistan / Bangladesh (erstwhile East Pakistan), the address in that country and the date of migration to Indian Union		
<b>4.</b>	Aadhar No. (if available)		
<b>5.</b>	PAN No. (if available)		

6.	Nationality		
7.	<b>(a)</b> Date of Birth <b>(b)</b> Present Age <b>(c)</b> Age at matriculation		
8.	<b>(a)</b> Place of Birth, Distt. and State in which situated <b>(b)</b> Distt. and State to which you belong <b>(c)</b> Distt. And State to which your Father originally belongs		
9.	<b>(a)</b> Your religion		
	<b>(b)</b> Are you a member of a Scheduled Caste/Scheduled Tribe/Other backward Classes? Answer <b>(Yes or No)</b> .		
10.	Particulars of places (with period of residence) where you have resided for more than one year at a time during the preceding five years. In case of stay abroad (including Pakistan), particulars of all places where you have resided for more than one year after attaining the age of 21 years should be given.		
	<b>From</b>	<b>To</b>	<b>Name of the District Hqtr. of the place mentioned in the preceding column</b>
		Residential address in full (i.e. Village, Thana & District or House No. & Street / Road and Town	

11. Relation	Name (in full & aliases, if any)	Nationality (by Birth & or by domicile)	Place of birth	Occupation (if employed give designation & official address.)	Present postal address (if dead, give last Address)	Permanent Home Address
(a) Father						
(b) Mother						
(c) Spouse						
12.	Information to be furnished with regard to sons and / or daughters in case they are studying / living in a foreign country					
Name	Nationality (By Birth and / Or by Domicile)	Place of Birth	Country in which studying / studying / living with Full Address	Date from which Studying / Living in the country mentioned in the previous column		

13.	Educational qualification showing place of education with years in schools and colleges since 15 <sup>th</sup> years of age			
<b>Name of School/College with Full Address</b>		<b>Date of Entering</b>	<b>Date of leaving</b>	<b>Examination passed</b>
14 (a)	Are you holding or have any time held an appointment under the Central Govt. or State Govt. Or a semi-Govt or a quasi-Govt. body or an Autonomous body or a public sector undertaking, or a private firm or institution? If so, give full particulars with dates of employment up to date			
<b>Period</b>		<b>Designation, emoluments &amp; Nature of employment</b>	<b>Full name / address of Employer</b>	<b>Reasons for leaving previous service</b>
<b>From</b>	<b>To</b>			

<b>14(b)</b>	<p>If the previous employment was under the Govt. of India / State Govt./an undertaking owned or Controlled by the Govt. of India or a State Govt./ an Autonomous Body / University / Local Body:</p> <p>If you had left service on giving one month's notice under Rule 5 of the Central Services (temporary service) Rules 1965 or any similar corresponding rules, were any disciplinary proceeding framed against you, or had you been called upon to explain your conduct in any matter at the time you give notice of termination of service or at a subsequent date (s) before your service actually terminated:</p>	
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<b>15 (i)</b>	(a)	Have you ever been kept under detention?	<b>Yes/No</b>
	(b)	Have you ever been arrested?	<b>Yes/No</b>
	(c)	Have you ever been prosecuted? (i.e has a charge sheet in a criminal case been filed against you in any court of law)	<b>Yes/No</b>
	(d)	Is any criminal case pending against you in any court of law at the time of filling this attestation form?	<b>Yes/No</b>
	(e)	Have you ever been convicted by a Court of law for any offence?	<b>Yes/No</b>
	(f)	Whether discharged/expelled/withdrawn from any training institution under the Govt. Or otherwise?	<b>Yes/No</b>
	(g)	Have you ever been rusticated by any University or any other educational authority / institution?	<b>Yes/No</b>
	(h)	Have you ever been debarred / disqualified by any Public Service Commission from appearing at its examination / selection?	<b>Yes/No</b>
<b>15(ii)</b>	If the answer to any of the above mentioned question is "Yes", give full particulars of the case / arrest / detention / fine / conviction/sentence/punishment etc. and /or the nature of the case pending in the Court / University / Educational Authority etc. at the time of filling up this Attestation Form.		

**Notes:**

- (i) Please also see the "Warning" at the top of this Attestation Form.
- (ii) Specific answers to each of the questions should be given by striking out "Yes" or "No" as the case may be

<b>16.</b>	Name of two responsible persons of your locality or two references to whom you are known ( Name, address and mobile No.)	<b>1.</b>  <b>2.</b>
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**DECLARATION**

I certify that the foregoing information is correct and complete to the best of my knowledge and belief.

I am fully aware that by providing false information or suppressing material information while filling this form, the authorities have full right to terminate my appointment letter and I am also liable for appropriate criminal/civil/legal action as a consequence.

I am not aware of any circumstances which might impair my fitness for employment under Government.

**Signature of candidate:**

**Date:**

**Place:**

**TO BE FILLED BY OFFICE**

(i). Name, Designation and Full Address of the appointment authority:

(ii). Post for which the candidate is being considered.:

**CHARACTER CERTIFICATE**

Certified that I have known Shri/Smt./Kum. \_\_\_\_\_  
\_\_\_\_\_ son/wife/daughter of Shri \_\_\_\_\_  
\_\_\_\_\_ for the last\* \_\_\_\_\_ years \_\_\_\_\_  
months and that to the best of my knowledge and belief he/she bears a reputable  
character and has no antecedents which render him/her unsuitable for Government  
Employment.

2. Shri/Smt./Kum. \_\_\_\_\_ is not related to me.

Place : \_\_\_\_\_

Signature

Date : \_\_\_\_\_

Designation \_\_\_\_\_

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\* (To be attested by stipendary I Class Magistrate/District Magistrate or Sub-Divisional Magistrate).

ATTESTED

Place:

Signature

Date:

Designation

(Attesting Authority)

( This should be done after the candidate has been finally selected)

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**FORM OF CASTE CERTIFICATE**

*(The format of the certificate to be produced by Scheduled Castes and Scheduled Tribes candidates for appointment to posts under Government of India)*

This is to certify that Shri/Shrimati/Kumari\* \_\_\_\_\_ son/daughter of \_\_\_\_\_ of village/town/\* in District/ Division \* \_\_\_\_\_ of the State/Union Territory\* \_\_\_\_\_ belongs to the Caste/ Tribes \_\_\_\_\_ which is recognized as a Scheduled Castes/Scheduled Tribes\* under:-

The Constitution (Scheduled Castes) order, 1950 \_\_\_\_\_

The Constitution (Scheduled Tribes) order, 1950 \_\_\_\_\_

The Constitution (Scheduled Castes) Union Territories order, 1951 \* \_\_\_\_\_ The

Constitution (Scheduled Tribes) Union Territories Order, 1951\* \_\_\_\_\_

As amended by the Scheduled Castes and Scheduled Tribes Lists(Modification) order, 1956, the Bombay Reorganization Act, 1960 & the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act 1970, the North-Eastern Area(Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order(Amendment) Act, 1976.

The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956 \_\_\_\_\_

The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes order (Amendment Act), 1976\*.

The Constitution (Dadra and Nagar Haveli) Scheduled Castes order 1962.

The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order 1962@.

The Constitution (Pondicherry) Scheduled Castes Order 1964@

The Constitution (Scheduled Tribes) (Uttar Pradesh) Order, 1967 @

The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968@

The Constitution (Goa, Daman & Diu) Scheduled Tribes Order 1968 @

The Constitution (Nagaland) Scheduled Tribes Order, 1970 @

The Constitution (Sikkim) Scheduled Castes Order 1978@

The Constitution (Sikkim) Scheduled Tribes Order 1978@

The Constitution (Jammu & Kashmir) Scheduled Tribes Order 1989@

The Constitution (SC) orders (Amendment) Act, 1990@

The Constitution (ST) orders (Amendment) Ordinance 1991@

The Constitution (ST) orders (Second Amendment) Act, 1991@

The Constitution (ST) orders (Amendment) Ordinance 1996

The Scheduled Caste and Scheduled Tribes Orders(Amendment)Act,2002

The Constitution (Scheduled Caste) Orders (Amendment) Act,2002



2. Applicable in the case of Scheduled Castes, Scheduled Tribes persons who have migrated from one State/Union Territory Administration.

This certificate is issued on the basis of the Scheduled Castes/ Scheduled tribes certificate issued to Shri/Shrimati \_\_\_\_\_ Father/mother \_\_\_\_\_ of Shri/Srimati/Kumari\* \_\_\_\_\_ of village/town\* \_\_\_\_\_ in District/Division\* \_\_\_\_\_ of the State/Union Territory\* \_\_\_\_\_ who belong to the \_\_\_\_\_ Caste/Tribe which is recognized as a Scheduled Caste/Scheduled Tribe in the State/Union Territory\* issued by the \_\_\_\_\_ dated \_\_\_\_\_.

3. Shri/Shrimati/Kumari \_\_\_\_\_ and/or\* his/her family ordinarily reside(s) in village/town\* \_\_\_\_\_ of \_\_\_\_\_ District/Division\* \_\_\_\_\_ of the State/Union Territory of \_\_\_\_\_

Signature \_\_\_\_\_  
\*\* Designation \_\_\_\_\_  
(with seal of office)

Place : \_\_\_\_\_  
Date : \_\_\_\_\_

\* Please delete the words which are not applicable  
@ Please quote specific presidential order  
% Delete the paragraph which is not applicable.

**NOTE:** The term ordinarily reside(s) used here will have the same meaning as in section 20 of the Representation of the People Act, 1950.

**\*\* List of authorities empowered to issue Caste/Tribe Certificates:**

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Dy. Collector/ Ist Class Stipendiary Magistrate/Sub-Divisional Magistrate/Extra-Assistant Commissioner/Taluka Magistrate/Executive Magistrate.
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- (iii) Revenue Officers not below the rank of Tehsildar.
- (iv) Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

**NOTE:** ST candidates belonging to Tamil Nadu state should submit caste certificate ONLY FROM THE REVENUE DIVISIONAL OFFICER.

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

This is to certify that Shri/Shrimati/Kumari \_\_\_\_\_  
son/daughter of \_\_\_\_\_ of the State/Union Territory \_\_\_\_\_  
belongs to the \_\_\_\_\_ community which is recognized as a backward  
class under the Government of India, Ministry of Welfare Resolution No. 12011/68/93-  
BCC(c) dated 10<sup>th</sup> September, 1993\*. Shri/Smt./Kumari \_\_\_\_\_  
and/or his/her family ordinarily reside(s) in the \_\_\_\_\_ District/Division  
of the \_\_\_\_\_ State/ Union Territory. This is also to 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 Personnel and Training OM  
No.36012/22/93-Estt(SCT) dated 8.9.1993\*.

District Magistrate,  
Deputy Commissioner etc.

**Dated:**

Seal

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**\*as amended from time to time**

**Note:** The term "Ordinarily resides" used here will have the same meaning as in Section-20 of the representation of the Peoples Act, 1950.

The Caste/Tribe/Community certificate issued by the following authorities in the prescribed form for OBCs will only be accepted as proof in support of as candidate's claim as belonging to the other backward class as given in Annexure-C (Part-II).

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- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/ Additional Deputy Commissioner/Deputy Collector/1<sup>st</sup> Class Stipendiary Magistrate/ Sub Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.
  - (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
  - (iii) Revenue Officer not below the rank of Tehsildar; and
  - (iv) Sub-Divisional Officer of the area where the candidate and/or his family normally resides.

NAME AND ADDRESS OF THE INSTITUTE/HOSPITAL:

Certificate No.....

Date.....

**DISABILITY CERTIFICATE**

This is certified that Shri/Smt./kum.....

Son/wife/daughter of Shri .....

Age..... sex..... identification mark(S)

.....

..... is suffering from permanent disability of following category:

A. Locomotor or cerebral paisy:

BL- Both legs affected but not arms.

BA- Both arms affected

(a) Impaired reach

(b) Weakness of grip

OL- One leg affected (right or left)

(a) impaired reach

(b) Weakness of grip

(c) Ataxic

OA-One arm affected

(a) Impaired reach

(b) Weakness of grip

(c) Ataxic

BH- Stiff back and hips (cannot sit or stoop)

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

(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 requirement for discharge of his/her duties:-

- |   |        |
|---|--------|
| i. F-can perform work by manipulating with fingers. | Yes/No |
| ii. PP-can perform 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 perform work by sitting.                  | Yes/No |
| vii. ST-can perform work by standing.               | Yes/No |
| viii. W-can perform work by walking.                | 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

DISCHARGE CERTIFICATE

No.....

Place .....

Date .....

Shri/Smt/Kumari .....  
has been working as ..... In the Ministry/Department of .....  
.....from.....to.....  
.....He/She was drawing Rs.....as pay with/without allowance and his/her  
services have been or are likely to be terminated with effect from.....on  
account of reduction in establishment.

His/Her work and conduct were satisfactory.

Signature.....

( Designation of Officer and office seal )

**MARITAL STATUS DECLARATION FORM**

I, Shri/Smt/Kumari\_\_\_\_\_declares as under:

- i) That I am unmarried/a widower/ a widow
- ii) That I am married and have only one spouse living
- iii) That I have entered into or contracted a marriage with a person having a spouse living. Application for grant of exemption is enclosed.
- iv) That I have entered into and contracted a marriage with another person during the life time of my declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

2. I solemnly affirm that the above declaration is 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.

DATE

SIGNATURE

\* Please delete clause/clauses not applicable.

FORM TO BE FILLED BY GOVERNMENT EMPLOYEES ON FIRST APPOINTMENT

## 1. Close relation who are Indian National domiciled in other countries:

S.No.	Relation	Name	Nationality	Present Address	Place of birth	occupation
1.	Father					
2.	Mother					
3.	Wife/Husband					
4.	Son(s)					
5.	Brother(s)					
6.	Sister(s)					

## 2. Close relations resident in India who are non-Indian:

S.NO.	Relation	Name	Nationality	Present Address	Place of birth	Occupation
1.	Father					
2.	Mother					
3.	Wife/Husband					
4.	Son(s)					
5.	Brother(s)					
6.	Sister(s)					

If in public service, give all particulars regarding designation of the post held, name of department/office etc. where employed and the date of such employment.

I certify that the foregoing information is correct and complete to the best of my knowledge.

Signature:

Name:

Designation:

Date:

**NOTE:** 1. Suppression of information in this form will be considered a major departmental offence for which the punishment may extend to dismissal from service.

2. Subsequent changes, if any in the above data should be reported to the head of the office/department at the end of each year.

**UNDERTAKING**

I understand that my appointment to the post of Scientific Assistant is purely provisional pending the issue of a certificate of eligibility in my favour after necessary verification of my antecedents and that in the event of such certificate being refused, my appointment shall stand cancelled.

I agree to serve anywhere in India or near India Where the India meteorological Department has or may establish an office or observatory according to the exigencies of service.

I am not serving or under obligation to serve another Central Government Department, a State Government or a Public Authority.

Signature of the candidate

Place:-

Dated:-



**FORM-1**

To

The Director General of Meteorology,  
India Meteorological Department,  
Mausam Bhavan,  
Lodi Road, New Delhi-110003.

Sub: Acceptance of the offer of Appointment to the post of **Scientific Assistant**  
in India Meteorological Department.

Ref. : File NO.E(2)109/DR(SA)/2018/ ----- , dated -----

Sir,

I, hereby, accept the Offer of Appointment to the post of **Scientific Assistant** in India Meteorological Department as per terms and conditions laid down in the above mentioned Offer of Appointment Memorandum.

Duly filled up annexure A to H is enclosed herewith, self attested copies of degree/ diploma certificate, Date of Birth and three copies of passport size photograph duly attested is enclosed herewith.

I am willing to join immediately/at \_\_\_\_\_ days prior notice (strike out which is not applicable).

Thanking You,

Yours faithfully,

Dated :

( )