

रूपये 100/- के नान-जुडीसियल स्टाम्प पेपर पर

समक्ष:- निदेशक महोदय,
एस0जी0पी0जी0आई0,
रायबरेली रोड, लखनऊ।

शपथ पत्र (नोटरार्डज्ज)

मैं शपथी/शपथनी आयु लगभग पुत्र/पुत्री/पत्नी

श्री..... निवासी

शपथ पूर्वक निम्न कथन करता/करती हूँ:-

1. यह कि शपथी/शपथनी की आपके विभाग में सिस्टर ग्रेड-2 के पद पर नियुक्ति हुआ/हुयी है।
2. यह कि शपथी/शपथनी अभी अविवाहित है।
3. यह कि शपथी/शपथनी विवाहित है और मेरे एक जीवित पति/पत्नी है।
4. यह कि शपथी/शपथनी के ऊपर किसी भी न्यायालय में कोई अपराधिक वाद लम्बित नहीं है और न ही शपथी/शपथनी अपराधिक प्रवृत्ति का/की है।
5. यह कि शपथी/शपथनी के ऊपर किसी भी थाने आदि पर कोई मुकदमा पंजीकृत नहीं है।*
6. यह कि शपथी/शपथनी ने कोई तथ्य छिपाया नहीं है।

दिनांक

शपथी/शपथनी

*मुकदमा पंजीकृत होने की दशा में कृपया विवरण दें।

सत्यापन

मैं शपथी/शपथनी सत्यापित करता/करती हूँ कि धारा 1 से 6 तक मेरे निजी ज्ञान से सही है।

आज दिनांक को सत्यापित कर अपना हस्ताक्षर किया हूँ

दिनांक

शपथी/शपथनी

चरित्र प्रमाण-पत्र

मैं प्रमाणित करता हूँ कि मैं श्री/ कु0/ श्रीमती

सुपुत्र/ सुपुत्री/ पत्नी निवासी

.....
पिछले वर्ष माह से जानता हूँ ओर मेरी अधिकतम
जानकारी और विश्वास के अनुसार उसका चरित्र उत्तम है और उसके विरुद्ध कोई विपरीत कार्य नहीं है
जो उसे सरकारी अथवा अन्य नौकरी के अयोग्य ठहराये।

वह मेरा सम्बन्धी नहीं है।

दिनांक

.....
.....
(हस्ताक्षर व पद)

DECLARATION

I hereby declare that I am Unmarried/Married
till

date to Mr.Mrs-----S/O,D/O-----

(SIGNATURE)

Name:-----

I further declare that I do not have more than one spouse living or then I am
having a spouse living is not married in case in which marriage is void by
reasons of its taking place during the life of such spouse.

(SIGNATURE)

Name:-----

Date:-----

DECLARATION

This is to certify that at present none of my family member is depended upon
me.

Date:-----

(SIGNATURE)

Name:-----

This is to certify that at present following members are fully depended upon me.

S.No.	Name of family member	Date of Birth/Age	Relation	Income

Date:-----

(SIGNATURE)

Name:-----

**MEDICAL EXAMINATION FORM FOR EMPLOYEES OF THE
SANJAY GANDHI POST GRADUATE INSTITUTE OF MEDICAL SCIENCES, LUCKNOW
DECLARATION BY THE EMPLOYEE**

I hereby declare that I am not suffering from any disease including bodily deformity, infectious disease, chronic illness such as by hypertension, diabetes etc. I also declare that I have not been considered medically unfit by any medical authority before.

I declare that I have been suffering from..... for the last years.

Dated:

Name and signature of the employee

Designation:

MEDICAL EXAMINATION

Hight cm. Weight kg.
 Apparent ageyrs. B.P. Pulse
 JVPEderma. FtVarioose Veins
 CVS
 Chest
 CNS
 AbdHerniaHydrocoele.....
 GenitaliaLung

GYNAE CHECK UP:

Married/unmarried children LMP.....
 P/A P/V

Ophthalmic Check Up:	Without Glasses	With Glasses
Acuity of vision	L
	R
Colour Vision	L
	R

INVESTIGATIONS :

Urine Examination : Alb
 : Sugar
 : M/E

X-Ray Chest

NAME And SIGNATURE:

PhysicianGynecologist.....
 Surgeon Radiologist
 Pathologist
 Ophthalmologist
 Chairman.....

CHECK LIST (TICK OF X):

HISTORY

- | | |
|----------------------------------|--|
| 1. Prolonged fever | 10. Previous Operations or Accident. |
| 2. Cough/Prolonged Expectoration | 11. Previous Hospitalisation & reason. |
| 3. Chest pain | 12. Allergy. |
| 4. Heamoptysis (Blood sputum) | 13. Unconsciousness/Fecal or general seizures. |
| 5. Jundice | 14. Hypertension. |
| 6. Breathlessness | 15. Tuberculosis. |
| 7. Swolling over body | 16. Heart diseases. |
| 8. Blood Vomit/stool | 17. Diabetes. |
| 9. Irregular period | 18. Bronchial Asthma. |

FAMILY HISTORY:

- Diabetes
- Hypertension
- Tuberculosis
- Heart Disease
- Any other (specify)

MEDICAL FITNESS CERTIFICATE FOR GOVERNMENT SERVICES

I do hereby certify that members of the Medical Board of Super Speciality Pediatric Hospital & Post Graduate Teaching Institute, have examined to Sri/Smt/Km.....as candidate for employment/confirmation in the department ofas.....and have not discovered that he/ she has any disease communicable or otherwise, constitutional weakness or bodily infirmity except.....I do not consider him a disqualification for employment/confirmation in thedepartment asThe candidate's according the his/her statement is.....years and by appearance.....years.

(Signature of candidates)

Attested

(Signature of Officer)

Certified that I have never been declared medically unfit by any medical authority & have been examined before.

Date.....

(Signature of Candidate)

ATTESTATION FORM

Warning: 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 Govt.

Affix self attested
Passport Size Photograph

1. If detained, convicted, debarred etc, subsequent to the completion and submission of this form, the details should be communicated immediately to the Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow or the authority to whom the attested form has been sent earlier as the case may be, failing which it will be deemed to be a suppression of factual information.
2. 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.

1. Name in full (in block capitals) with aliases, if any (please indicate if you have added or dropped in any stage any part of your name or surname)	Surname	
2. Present Address in full (i.e. Village Thana & District or House Number, Lane/Street/ Road and Town).		
3. (a) Home Address in full (i.e. Village, Thana & District or house Number, Lane/Street/Road & Town & name of District Headquarters)		

(b) If originally a resident of Pakistan, the address in that country & the date of migration to Indian Union.

3. Particulars of places (with periods, of residences) where you have resided for more than one year at a time during the preceding five years. In case of stay abroad (including Pakistan) Particular or all places where you have resided for more than one year after attaining the age of 21 years should be given.

From	To	Residential address in full (i.e. Village Thana & Distt. or House no. Lane/Street, Road &Town)	Name of the Distt. Headquarter of the place mentioned in the Proceeding Co.
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S.No	Name	Nationality by birth &/or by domicile	Place of Birth	Occupation (if employed gives design & Official Address)	Present Postal Address (if deal give last Address)	Permanent Home Address
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1) Father

2) Mother

3) Wife/Husband

4) Brother(S)

5) Sister(S)

4. (a) Information to be furnished with regard to son(s) in case they are studying/living
In a foreign country.

Name	Nationality by birth or domicile	Place of birth	Country in which studying/ living with full address	Date from which studying/living in the country mentioning previous column
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5. Nationality

7. (a)	Date of Birth	(a)
(b)	Present Age	(b)

8. (a)	Place of birth District & state in which situated	(a)
(b)	District & state to which you belong	(b)
(c)	District & state to which your father originally belong	(c)

9 (a)	Your Religion
(b)	Are you a member of a Scheduled Caste/ Scheduled Tribe? Answer Yes or No & if the answer is Yes state the name thereof

10. Educational Qualification showing places of education with years in Schools & Colleges
since 15 year of Age

Name of School/ College with full	Date of entering	Date of leaving	Examination passed
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11. (a) Are you holding or have anytime held an appointment under the Central or State Govt. Or Semi-Govt. or a Quasi-Govt., or an autonomous body, or a public undertaking or a private firm or Institution/if so, give full particulars with dates of employment, up-to date.

Period	To	Designation,	Full name	&	Reasons for leaving
From		employments & nature of Employment	Address of employer	of	previous service.

11.(b) If the previous employment was under the Govt. of India or State Govt./ an undertaking owned or controlled by the Govt. of India or a State Govt./an autonomous body/University Local Body.

If any had left service on giving a month's notice under Rule 5 of the Central Civil Services (Temporary Service) Rule, 1965, or any similar corresponding rule where any disciplinary proceeding framed against you, or has you been called upon to explain your conduct on any matter at the time you gave notice of termination of services) or at a subsequent date, before your service actually terminated?

-
- | | | |
|-------|---|--------|
| 12(i) | (a) Have you ever been arrested? | Yes/No |
| | (b) Have you ever been prosecuted? | Yes/No |
| | (c) Have you ever been kept under detention? | Yes/No |
| | (d) Have you ever been bound down? | Yes/No |
| | (e) Have you ever been fined by a Court of Law? | Yes/No |
| | (f) Have you ever been convicted by Court of Law for any offence? | Yes/No |
| | (g) Have you ever been debarred from & examination or rusticated by any university? | Yes/No |
| | (h) Have you ever been debarred/disqualified by any Public Service Commission from appearing at its examination/selection? | Yes/No |
| | (i) Is any case pending against you in any Court of Law at the time of filling up this Attestation Form? | Yes/No |
| | (j) Is any case pending against you in any University or any other educational authority/Institution at the time of filling up this Attestation Form? | Yes/No |

12 (ii) If the answer to any of the above mentioned questions 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 form.

Note: (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.

<p>13. Name, complete address & Phone no. of two responsible persons of your locality or two references to whom you are know</p>	<p>1.</p> <p>2.</p>
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I certify that the foregoing information is correct & complete to the best of my knowledge & belief. I am not aware of any circumstances which impair my fitness for employment under government.

Name of Candidate

Signature of candidate

Date _____

Place _____

IDENTITY CERTIFICATES

(Certified of be signed by one of the following)

- (i) Gazetted Officers of Central or State Government:
- (ii) Members of Parliament of State legislature belonging to the constituency where the candidate or his parent/guardian is ordinary resident:
- (iii) Sub-Divisional Magistrates/Officers:
- (iv) Teshildars or Naib/Deputy Tehsildars authority to exercise magisterial powers:
- (v) Principal/Head-Master of the recognized School/College/Institute where the candidate studied last:
- (vi) Block Development Officer:
- (vii) Post-Masters:
- (viii) Panchayat Inspector:

Certified that I have known Shri/Smt./Kumari/Dr.....
son/daughter/wife of Shri.....for the last.....
years..... months & that to the best of my knowledge & belief the particulars
Furnished by him/her are correct.

Place _____

Signature _____

Date _____

Designation or status & address

TO BE FILLED BY THE OFFICE

- (I) Name, designation & full address
of the appointing authority.
- (II) Post for which the candidate is
being considered.