Affix recent passport size photograph and sign across the photo

ATTESTATION FORM

''WARNING"

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. It 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 early, 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.

1.	Name in full (in Block Capitals) with aliases, if any. Please indicate if you have added or dropped in any stage any of your name or surname	FIRST NAME	LAST NAME
2.	Present address in full (i. e, Village, Thane & District or House number, Lane/Street/Road &Town)		
3.	a) Home Address in full (i.e. Village, Thane & District or House Number, Lane/Street/Road & Town & Name of Dist. Head Quarters)		
	b) If originally a resident of Pakistan, the address in that country & date of migration to Indian Union		

4. Particulars of places (with periods of residences) where you have resided for more than one year at a time during 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.

Form	To	Residential address in full (i.e. Village, Thane & District or House No. Lane/Street/Road & Town)	Name of the Dist. Headquarters of the place mentioned in the preceding column
1	2	3	4

5.

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
i) Father					
ii) Mother					
iii) Wife/husband.					
iv) Brother(s)					
(v) Sister(s)					

6. Information to be furnished with regard to Son(s) and/or daughter(s) 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/ living with full address	Date from which studying/ living/ in the country mentioned in the previous column.

7.	Nationality	
8.	a) Date of Birth b) Present age c) Age at Matriculation	
9.	a) Place of birth, District and State in which situated. b) District and State to which you belong. c) District and State to which your father originally belong.	
10.	a) Your Religion b) Are you a member of SC/ST/OBC (Answer Yes or No)	

11. Educational qualification showing places of education and with years in schools and colleges since 15th year of age:

Name of school/colleges with full address	Date of entering	Date of leaving	Examination passed

Name of school/colleges with full address	Date of entering	Date of leaving	Examination passed

12(A). Are you holding or have any time held an appointment under the Central or State Government or Semi-Govt. or a Quasi Govt. body or an autonomous body or a public sector undertaking, or a private sector firm or institution, if so, give full particulars with dates of employment up to date.

Period		Designation, emoluments & nature of employment	Full Name & address of the employer	Reasons for leaving previous services
From	To			

12(B). If the previous employment was under the Government of India, State Govt / an undertaking owned or controlled by the Govt. of India or a State Govt./ An Autonomous Body/University/Local body. If you had left service on giving a month's notice under Rules 5 of the Central Civil Services (Temporary services) Rules, 1965 or any similar corresponding rules were any disciplinary proceedings framed against you, or had you been called upon to explain your conduct in any matter at the time you gave notice of termination of service, or at a subsequent date, before your services actually terminated.

12(B)(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 a Court of law for any offence?	Yes/No
	(g)	Have you ever been debarred from any examination or restricted by any University Selection Commission for any of its examination/ Selection?	Yes/No
	(h)	Have you ever been debarred/disqualified by any Public Service Commission/ Staff selection for any of 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
	(k)	Whether discharged/expelled/withdrawn from any training institution under the Govt. or otherwise?	Yes/No

12(B)(ii). If the answers 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 the Attestation Form.

(ii) Specific answer to each of the questions should be given by striking out 'Yes' or 'No' as the case may be.

13.	Name, address and mobile no. of two responsible persons of your locality or two references to whom you are known.	1.	
		2.	

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances which might impair my fitness for employment under Government.

Date:

Place: Signature of the Candidate

CERTIFICATE OF CHARACTER

Certified that I have known Shri/Smt/Kum……..

……Son/Daughter of Shri/Smt…….

for the last …….. years.....months and that to the best of my knowledge and belief he/she bears reputable character and has no antecedents which render him/her unsuitable for Government Employment.

Shri/Smt/Kum.....is not related to me.

Place:

Signature of
Gazetted Officer
Date: With Designation ……

(Office Seal)

" **ATTESTED** "
(To be attested by a District Magistrate or a Sub-Divisional Magistrate or their superior Officers of State Revenue Department)

Place: Signature ……

Date: Designation…….

(Office Seal)

DECLARATION

1. Shri/Smt/Kum……

Declaration 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 a contract for marriage with a person having a spouse living Application for grant of exemption is enclosed.

iv. That I have entered into a contract for marriage with another person during the lifetime of my spouse. Application for grant of exemption is enclosed.

2. I solemnly affirm that the above declaration is true and I understand 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

Note: Please delete clause/clauses not applicable.

DECLARATION TO BE SUBMITTED BY CANDIDATES SEEKING RESERVATION AS OBCs

I, ... son / daughter of Shri…… resident of village/ town/ City…… district…… State……..hereby declare that I belong to the ……..... Community which is recognised as a backward class by the Government of India for the purpose of reservation in services as Per orders contained in Department of personnel and Training Office Memorandum No.36012/22/93-Estt. (SCT) dated 08-09-1993. It is also declared that I do not belong to Persons/ Sections (Creamy Layer) mentioned in column 3 of the schedule to the above Referred Office Memorandum dated 08-09-1993.

Date: Signature

Name of the candidate

Place:

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 smallpox,

Intermittent or any other fever,

Enlargement of 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

8. Furnish the following particulars concerned your family :

Fathers' age if Living and State of health	Fathers 'age at death and cause of death	No. of brother living, their ages & state of health	No. of brothers dead their ages at death and cause of death

Mothers' age if Living and State of health	Mothers' age at death and cause of death	No. of Sisters living, their ages & state of health	No. of Sisters dead their ages at death and cause of death

I declare all the above answer to be, to the best of my belief, true and correct.

I also solemnly affirm that I have not received disability certificate/pension on account of any disease or other condition.

Candidate's Signature _____

Signed in my presence_____

(Signature of Medical Officer)

NOTE: The candidate shall be held responsible for the accuracy of the above statement. By willfully suppressing any information he will incur the risk of losing the appointment and, if appointed, of for felting all claim to superannuation allowance or gratuity.

CERTIFICATE OF PHYSICAL FITNESS BY A SINGLE MEDICAL OFFICER

Candidate to affix signed recent photograph to be attested by Medical Authority on the Photo

I do hereby certify that I (full name.....) have examined .....a candidate for employment under the Government of India in the Income Tax department service as INSPECTOR OF INCOME TAX / OFFICE SUPERINTENDENT / TAX ASSISTANT / MULTI TASKING STAFF / STENOGRAPHER and cannot discover that he / she has any disease, communicable or otherwise, constitutional affection or bodily infirmity/ except that his/her weight is in excess of / below the standard prescribed, or except

I do not consider this a disqualification for the employment he / she seeks

His / her age is, according to his own statement.....years and by appearance about years.

I also certify that he has marks of small pox / vaccination

Chest measurement in Cms on full inspiration.....

On full expiration.....

Difference (expansion).....

Height _____cms

Weight in kg _____kgs

His / her vision is normal

Hypermetropic ( )

(here enter the degree of defect and the strength of correction glasses)

Myopic ( )

(here enter the degree of defect and the strength of correction glasses)

Astigmatic (Simple or mixed) ( )

(here enter the degree of defect and strength of correction glasses)

Hearing is normal / defective (must or slight)

Urine – Does chemical examination show i) albumen ii) sugar (state specific gravity)

Personal marks (at least two should be mentioned)

1.

2.

Station : Signature :

Date : Rank :

Designation :

INCOME TAX DEPARTMENT
KARNATAKA & GOA REGION
PLACES OF CHOICE PROFORMA

Name of the Candidate :

Roll No. :

Mobile No. :

Email-ID (in block letters) :

LIST OF STATIONS

Sl. No	Station	Sl. No	Station
1	BAGALKOT	20	KOPPAL
2	BALLARI	21	MADIKERI
3	BELAGAVI	22	MANDYA
4	BENGALURU	23	MANGALURU
5	BIDAR	24	MARGAO
6	CHAMARAJANAGAR	25	MYSURU
7	CHIKKABALLAPURA	26	NIPPANI
8	CHIKKAMAGALURU	27	PANAJI
9	CHITRADURGA	28	PUTTUR
10	DAVANGERE	29	RAICHUR
11	GADAG	30	RAMANAGARA
12	GOKAK	31	SHIVAMOGGA
13	HASSAN	32	SIRSI
14	HAVERI	33	TIPTUR
15	HOSAPETE	34	TUMAKURU
16	HUBBALLI	35	UDUPI
17	KALABURAGI	36	VIJAYAPURA
18	KARWAR	37	YADGIR
19	KOLAR		

Note: Only 6 choice places from the above list to be given in the order of preference.

CHOICE NO	NAME OF THE STATION
1	
2	
3	
4	
5	
6	

Signature of the Candidate