ATTESTATION FORM (FOR VERIFICATION)

(Refer POOA 7(2))

WARNING

The furnishing of false information or suppression of any factual information in the Attestation Form would be a disqualification and it will render the candidate unfit for employment under the Government. If the fact that false information has been furnished or 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 service would be terminated.

Paste a recent photograph (Do not staple)

1

i	Name in full (IN BLOCK CAPITALS) Please indicate, if you have added or dropped at stage any part of your name or surname.	Name Surname
ii	Present Address in full (i.e. Village, Thana and District, or House No. Lane/Street/road& Town.)	
iii	Permanent Address in full (i.e. Village, Thana and District, or House No. Lane/Street/road & Town) and Name of Distt. Head Qtrs.	
iv	Nationality	
v	Place of Birth [Distt./State]	
vi	Date of Birth	
vii	Age at the time of Matriculation	
viii	Present Age [As on 30.10.2026]	
ix	Religion	
x	Category [General/OBC/SC/ST]	

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2. Particulars of places (with periods of Residence where you have resided for more than one year at a time during the proceeding live/two years).

From	To	RESIDENTIAL ADDRESS in full (P.O. Thana, Village and Distt. Or House No., Lane/Street/road & Town).	Name of the Distt. Hqr. of the place mentioned in the preceding column.

3. Family Details

	Name	**Nationality/ Religion**	**Age [Yrs.]**	**Occupation [if employed give designation and office address**	**Annual Income**	**Remarks**
Father (Name in full, aliases, if any)		Nationality Religion				
Mother		Nationality Religion				
Wife		Nationality Religion				
Brother [s]		Nationality Religion				
Sister [s]		Nationality Religion				
Children		Nationality Religion				

4. Education Qualification

S. No.	**Name of school/college with full address**	**Date of entering**	**Date of leaving**	**Examination passed**
1				
2				
3				
4				

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5. If you have at any time, been employed, give details:

S. No.	Designation of Post hold for description or work	Full address of the employer	Period of Service	Reason for leaving the previous service.
1				
2				

5.1 If the previous employment was under the Government of India, a state Government/an undertaking owned or controlled by the Government of India or a State Government/an Autonomous Body/ University/ Local Body. Give Details, if applicable.

5.2 If you had left service on giving a month's notice under the Rule 5 of the Central Civil Services (Temporary Service) Rules 1965 or any similar corresponding rules where 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 a subsequent date before your services actually terminated. Give Details, if applicable.

6. Other Declarations

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 Court of Law?	Yes/No
F	Have you ever been convicted by a Court of Law for any offence?	Yes/No
G	Is any case pending/running against you in any court of Law at the time of filling up this attestation form?	Yes/No
H	Have you ever been debarred/ disqualified by any Public/Staff Selection Commission or any of examination/selection?	Yes/No
I	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
J	Have you even been debarred from any examination or rusticated by any University or any other educational authority, institution?	Yes/No
K	Whether discharged/expelled/withdrawn from any training institution under Government or otherwise?	Yes/No

If the answer is **'Yes'** in any of the above mentioned questions, give full particulars of the case, arrest, detention, fine, conviction, sentence, punishment etc, and the nature of the case pending in the Court/University/Educational authority etc. in under mention column.

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7. Name 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 the best of my knowledge and belief. I am not aware any circumstances, which might compare my fitness for employment under Government.

Signature of Applicant _____

Dated: _____

Place : _____

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IDENTITY CERTIFICATE

(Refer POOA 7(12))

Certificate to be signed by any one of the following:

1. Gazetted officers of Central or State Govt.
2. Member of Parliament or State Govt.
3. Sub-divisional Magistrate/ Officers
4. Tehsildar or Deputy/Tehsildar authorized to exercise magisterial powers:
5. Principal and Headmasters of recognized Institutions
6. Block Development Officers
7. Post Master
8. Panchayat Inspector

Certified that I have known Shri/Smt._____

S/o, D/o _____for the last _____ years _____ months and that to the best of my knowledge and belief the particulars furnished by him/her.

Signature _____

Designation _____

Status and Address _____

To be filled by the office

1. Name, designation and full address of
   Appointing authority.

2. Designation of the post hold by the person
   In respect of whom enquiry is made.

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DECLARATION TO BE OBTAINED FROM THE NEW ENTRANTS TO GOVERNMENT SERVICE

(Refer POOA 9)

Sh. _____

Declare as under:

i) That I am unmarried or a widower

ii) That I am married and have only one wife 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 spouse. Application for grant of exemption is enclosed.

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 liable to be dismissed from service.

Signature _____

Dated:

NOTE: Please delete clause not applicable.

*Application in the case of Clause (I, II, III) only.

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OATH OF ALLEGIANCE FOR INDIAN NATIONALS

(Refer POOA 7(11))

I _____ S/o _____ do swear solemnly Affirm that I will be faithful and bear true allegiance to India and to the Constitution of India as by law established and that will carry out the duties of my office honestly, loyalty and with impartiality.

(SO HELP ME GOD)

Signature _____

Name _____

Dated:

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HOME TOWN DECLARATION FORM

I _____ S/O Sh._____ hereby declare that my Home Town is at the place as shown below for the purpose of availing of the Leave Travel Concession as notified in the Government of India, Ministry of Home Affairs, New Delhi. OM No. 43/1/55 Estd.- (A) part II dated 11/10/56 Conveyed vide Under Secretary (Finance) to the Delhi Administration endorsement No. F.13 (3)/54 – Finance dated 22.12.1996.

Name of the State	Name of the District	Name of the Village	Name of the Railway Station	Remarks

SIGNATURE OF THE APPLICANT ……

NAME OF THE APPLICANT…….

DATE …….

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INDEMNITY BOND
[ON RS. 50/- NON-JUDICIAL STAMP PAPER]
Refer POOA 5 & 7(4)

I, Sh._____ S/o Sh. _____
R/o _____
have read and understood the Rules and Regulations and other terms and conditions for appointment to the post of **Fire Operator in Delhi Fire Service**, Govt. of NCT of Delhi, as conveyed to me vide F. No. _____ dated _____of Provisional Offer of Appointment and duly accepted by me.

I hereby undertake that I shall be bound to serve the Delhi Fire Service of the Govt. of National Capital Territory of Delhi for a minimum period of two years on pay and allowances as admissible after undergoing training prescribed for the said post from the date of appointment as Fire Operator on regular basis.

In case, I discontinue before two years, I would be liable and bound to refund the total amount received by me during training period plus the training expenses incurred on me as determined by the Director, Delhi Fire Service and also deposit a sum equal to the salary for the period not served.

The bond has been executed by me on _____ in the presence of the following sureties.

DEPONENT

In case the above referred individual fails to refund the amount as stated above, I stand surety for refund of the same.

1. Name: ..... Signature
   Address: .....
2. Name: ..... Signature
   Address: .....

I, Sh. _____ S/o Sh. _____
the above mentioned deponent do hereby verify that the contents of the above Bond are true to the best of my knowledge and belief and nothing has been concealed.

Verified at _____ on this _____

DEPONENT

Delhi Fire Service

DELHI FIRE SERVICE
GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI
HEADQUARTER: CONNAUGHT PLACE: NEW DELHI- 110001

VERIFICATION FORM (Refer POOA 7(1))

1.	**AGNIVEER ID NO**			Paste your latest photo here
2.	**NAME**			
3.	**FATHER'S NAME**			
4.	**MOTHER'S NAME**			
5.	**ADDRESS**			
	POLICE STATION		**PIN CODE**	
6.	**CATEGORY:-**		**RELIGION**	
7.	**AADHAR NUMBER**			

If belongs to SC/ST/OBC category give details of category certificate:
(i) Certificate No. ……
(ii) Date of issue of certificate. ……
(iii) Issuing authority ……

8.	DATE OF BIRTH (IN FIGURE)	
9.	DATE OF BIRTH (IN WORDS)	
10.	MARITAL STATUS	**Unmarried/Married/Divorcee/Widower [please ✓]**

11. EDUCATIONAL QUALIFICATION, AS APPLICABLE

S. No.	Examination passed	Name of Board/University	Month & Year of Passing
1	Xth		
2	XIIth		
3	Graduation		
4.	Any other qualification		

12. DRIVING LICENSE DETAILS, IF AVAILABLE

1.	Driving License No.	
2	Name & address of issuing authority	
3.	Date of Issue of HMV	
4.	Date of renewal, if any & renewal authority	

13. EMPLOYMENT DETAILS [IF ANY]

Name of Organisation	Post Held	From	To	Scale of Pay	Adhoc/Temporary/Permanent

14. PRAN NUMBER (IF ALLOTED):- _____

15. COURT CASE DETAILS (PENDING/DISCHARGED) IF ANY:- _____

DECLARATION: I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief and have been filled in my own handwriting. Nothing material has been concealed. **I HAVE NEVER BEEN PUNISHED/PROSCECUTED BY ANY COURT OF LAW.** In case of false statement, the department may take action against me and my appointment is liable to be cancelled.

Signature : _____

Phone No.: _____

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