

SERVICE AGREEMENT CUM SURETY BOND (To be executed on non-judicial stamp paper worth of Rs. ____/- (Rs. _____ (of the value as per rules of the State) only and Rs 1.00 (Rs. One only) Revenue Stamp to be affixed on top left side of first page.

This contract made on this ____ day of _____ Two thousand and Nineteen BETWEEN the KVS through the _____ (designation of the person in KVS) having its office at _____ hereafter called the "Employer" (which term shall unless repugnant to the context mean and include its successors-in-interest and permitted assignees) of the ONE PART; AND, Shri/Smt./Ku....., Son/ daughter of Shri..... Resident of in the tehsil of the District..... hereinafter called the "Probationer/employee" (which term shall unless repugnant to the context mean and include its successors-in-interest and permitted assignees) of the SECOND PART; AND, Shri/Smt./Ku....., son/daughter of Shri..... Resident of in the tehsil of the District....., hereinafter called the "Surety" (which term shall unless repugnant to the context mean and include its successors-in-interest and permitted assignees) of the "THIRD PART".

WHEREAS the employer has offered to engage Shri/Smt./Ku. as (post) for on a probation/ training for a period of _____ years, which may be extended and the probationer/employee has agreed to accept the offer of the employer.

AND WHEREAS Shri/Smt./Ku. has been selected by the Employer as _____ vide its offer of appointment No. dated for undergoing training/probation with a view to utilize his/her service with the Employer after successful completion of the training, which offer has been unequivocally accepted by the probationer;

AND WHEREAS in terms of clause 4 of the Main Terms and Conditions of the said offer of appointment, the Probationer is required to undergo initial training as determined by the Employer for a period of twenty-four months, which may be extended to twelve more months in case of unsatisfactory performance by the Probationer, and to serve the Employer for a minimum period of 2 years from the date of joining on initial appointment in KVS.

AND WHEREAS in terms of clause 17 of the Main terms and Conditions of the said offer of appointment, the Probationer and his Surety are required to execute a Service Agreement cum Surety Bond on non-judicial stamp paper in favour of the Employer, undertaking to complete the training and to serve the Employer for a minimum period of two years failing which the Probationer and the Surety shall be jointly and severally bound to pay the Employer a sum of Rs.2,00,000/-(Rupees Two Lakhs only);

AND WHEREAS the Probationer recognizes and accepts that at the time of appointment as Probationer, except exposure to academic knowledge, he/she has received no formal, effective, technical or practical training enabling him/her to become professionally viable to the Employer;

AND WHEREAS the Probationer is aware that the Employer would be incurring substantial sums of money and incurring substantial costs, expenses, man hours in the process of selecting and appointing him/her as Probationer & training him/her thereafter.

AND WHEREAS this service agreement cum surety bond executed with the Employer by the Probationer along with a Surety to the extent Rs. 2,00,000 (Rs. Two lakhs only) will be used for indemnifying the Employer against all such costs as mentioned above by reason of breach and/or non-compliance of any of the terms of this agreement with by the Probationer;

AND WHEREAS the Probationer also agrees that if he/she commits any breach of any of the conditions of this agreement, the Probationer and the Surety shall be jointly and severally liable to pay to the Employer on demand immediately the above said sum of Rs. 2,00,000 (Rupees Two lakhs only) from the date of breach of the terms of the contract.

AND WHEREAS in order to secure the Employer against the expenses incurred by it on the training of the Probationer and to ensure due compliance of all terms and conditions stipulated by the Employer and accepted by the Probationer, it is agreed that the Probationer shall be liable to compensate the Employer in the manner and under the circumstances enumerated in this agreement;

IN WITNESS WHEREOF THE parties hereto have signed these presents on this date and year in the presence of the following witnesses:

WITNESSES: (For the Probationer & Surety) Clear Signature :

1. Name:..... Signature of the Probationer Address

2. Name Signature of the Surety Address.....

Name.....

Occupation..... PAN No.

Address.....

(Attestation of signatures of Probationer and Surety by Gazetted Officer)

..... Signature of the Probationer

..... Signature of the Surety

..... Attested Signature & seal of Gazetted Officer

Signature & seal of Gazetted Officer

For office use only)

WITNESSES: (For the Employer) 1. Accepted. Name:..... Address

..... Signature of the _____

For and on behalf of KVS..... Name.....

2. Address..... Name.....

.....

**NEW PROFORMA
ANNEXURE-I**

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 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 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 service would be liable to be terminated.

<p>Affix signed passport size (5 cm x 7 cm appx) copy of recent photograph where asked for</p>
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		SURNAME	NAME
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)		
2.	Present Address in full i.e. Village, Thana and District or House No., Lane/Street/ Road and Town.		
3.	a) Home Address in full i.e. Village, Thana and District or House No., Lane/Street/ Road and Town and name of District Headquarters.		
	b) If originally a resident of Pakistan, the address in that country and the date of migration to Indian Union.		

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4. Particulars of places (with periods 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.

From	To	Residential address in full (i.e. Village, Thana and District or House No., Lane/Street/ Road and Town).	Name of the District Headquarters of the place mentioned in the preceding column.

5.

	Name	Nationality (by birth or by domicile)	Place of Birth	Occupation (if employed give designation & official address)	Present Postal address (if deal give last address)	Permanent Home address
i) Father (Name in full aliases, if any)						
ii) Mother						
iii) Wife/ Husband						
iv) Brother(s)						
v) Sister (s)						

Contd..3/-..

5(a) 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 previous column.

6. Nationality

- 7. (a) Date of Birth -
- (b) Present Age -
- (c) Age at Matriculation -

- 8. (a) Place of birth, District and State in which situated -
- (b) District and State to which you belong -
- (c) District and State to which you/father originally belong -

- 9. (a) Your Religion -
- (b) Are you member of a SC/ST? Answer in Yes or No. -

10. Educational Qualification showing places of education with year in School and College since 15th year of age.

Name of School/College with full address	Date of Entering	Date of Leaving	Examination Passed

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

Period		Designation & nature of employment	Emoluments	Full name & address of employer	Reasons for leaving previous service
From	To				

11.(b) 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.

If you had left service on giving a month's notice under the Rule 5 of the Central Civil Service (Temporary Service) 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 a subsequent date before your services actually terminated.

- 12(1) 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 rusticated by any University or any other educational authority, institution ? Yes / No
- h) Have you ever been debarred/disqualified by any Public/ Staff Selection Commission or any of if 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 Government or otherwise ? Yes / No

12(2) 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 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 answer to each of the questions should be given by striking out 'Yes' or 'No' as the case may be.

13. Names of two responsible person of 1.
 your locality or two references to
 whom you are known. 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.

Signature of Candidate _____

Date _____

Place _____

IDENTITY CERTIFICATE

(TO BE SUBMITTED IN DUPLICATE FROM TWO DIFFERENT GAZETTED OFFICERS)

- (I) GAZETTED OFFICER OF CENTRAL / STATE GOVT.
- (II) MEMBERS OF PARLIAMENT OR STATE LEGISLATION.
- (III) NON-GAZETTED SUB-DIVISIONAL MAGISTRATES / OFFICERS.
- (IV) TESHILDAR OR NAIB TESHILDAR/ DY.TESHILDAR AUTHORISED TO EXERCISE MAGISTERIAL POWERS.

Certified that I have known Shri/Smt./Kum-----
 son/daughter of Shri.----- for the last ----- year (s)
 ----- months and that to the best of my knowledge and belief he/ she
 the particulars furnished by him are correct.

Place: -----

Signature -----

Date :-----

Designation or status -----

Address -----

IDENTITY CERTIFICATE

(TO BE SUBMITTED IN DUPLICATE FROM TWO DIFFERENT GAZETTED OFFICERS)

- (I) GAZETTED OFFICER OF CENTRAL / STATE GOVT.
- (II) MEMBERS OF PARLIAMENT OR STATE LEGISLATION.
- (III) NON-GAZETTED SUB-DIVISIONAL MAGISTRATES / OFFICERS.
- (IV) TESHILDAR OR NAIB TESHILDAR/ DY.TESHILDAR AUTHORISED TO EXERCISE MAGISTERIAL POWERS.

Certified that I have known Shri/Smt./Kum-----
 son/daughter of Shri.----- for the last ----- year (s)
 ----- months and that to the best of my knowledge and belief he/ she
 the particulars furnished by him are correct.

Place: -----

Signature -----

Date :-----

Designation or status -----

Address -----

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MEDICAL CERTIFICATE

Please Paste
Passport Size
Photograph

CANDIDATES 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, Asthama, Heart Disease, Lung Disease, fainting attack, 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, asthama, 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 fit for Government Service by a Medical Officer/Medical Board within the last Three years ? _____

8. Furnish the following particulars concerning your family :

Father's age if living and State of health	Father's age at death and cause of death	No. of brothers living their ages and state of health	No. of brothers dead, their ages at death and cause of death
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____



Mother's age if living and State of health	Mother's age at death and cause of death	No. of sisters living their ages and state of health	No. of sisters dead, their ages at death and cause of death
1.			
2.			
3.			

I declare all the above answers to be, 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.

Candidates' Signature _____
 Signed in my presence _____
 Signature of Medical Officer

I, do hereby certify that I have examined Shri/Smt./Kumari _____
 a candidate for employment in the Kendriya Vidyalaya _____
 and cannot discover that he/she has any disease communicable or otherwise constitutional alliction 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 the Officer _____

Designation of Officer (This Officer should be District Medical Officer/CMO or Medical Officer of equal rank)

SIGNATURE OF OFFICER
 (District Medical Officer/CMO or
 MEDICAL OFFICER of equivalent rank)
 WITH SEAL AND DATE

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The Deputy Commissioner
Kendriya Vidyalaya Sangathan
Regional Office, Govt. Hospital Road,
Gandhi Nagar, Jammu.

Subject : Acceptance for the Offer of Appointment for the Post _____.

Sir,

With reference to your Memorandum No.F. _____
dated _____, I hereby accept the offer of appointment to the post of _____
as per the terms and conditions contained therein with place of posting in Kendriya
Vidyalaya _____.

Yours faithfully,

(Signature with Name)
Of the Candidate

Dated : _____

Place : _____

**Note : Scanned copy may be sent through e.mail only on ID kvsjammuadm@gmail.com.
Please don't send through post.**

केन्द्रीय विद्यालय संगठन, क्षेत्रीय कार्यालय जम्मू
KENDRIYA VIDYALAYA SANGATHAN, REGIONAL OFFICE, JAMMU

FORM OF OATH PROPOSED FOR GOVERNMENT SERVANTS

मैं _____ शपथ लेता हूँ / सत्यनिष्ठा से प्रतिज्ञा करता हूँ कि भारत और विधि द्वारा स्थापित भारत के संविधान के प्रति श्रद्धा और सच्ची निष्ठा रखूँगा, मैं भारत की प्रभुता और अखंडता अक्षुण्ण रखूँगा , तथा मैं अपने पद के कर्तव्यों का राजभक्ति, ईमानदारी और निष्पक्षता से पालन करूँगा ।

(अतः ईश्वर मेरी सहायता करे)

I _____ 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, that I will uphold the sovereignty and integrity of India, and that I will carry out the duties of my Office loyally, honestly and with impartiality.

(So help me God)

Signature of the Govt. Servant

Signature of Head of Office

Date _____

Designation _____

(14)

Rule-18 of CONDUCT
RULES 1964

MOVEABLE, IMOVEABLE AND VALUEABLE PROPERTY
THE SCHEDULE

[Rule-18(1)]

Return of assets and Liabilities on the first appointment on **31st December**-----

1. Name of the Government Servant in full(in block letters)

2. Service to which he belongs

Total length of service up to date

(i) in non Gazetted rank

(ii) in Gazetted rank

4. Present Post held and place of posting

5. Total annual income from all sources during the Calendar
year immediately preceding the 1st January, 2015 to **31st
December**-----

6. Declaration :-

I hereby declare that the return enclosed namely, Forms I to V are complete, true and correct as on ----- to the best of my knowledge and belief, in respect of information due, to be furnished by me under the provisions of sub-rule(1) of Rule 18 of the Central Services(Conduct) Rules, 1964.

Dated:-

Signature
(Name of the Government Servant)
Designation with place of posting

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FORM-1

STATEMENT OF IMMOVABLE PROPERTY ON FIRST APPOINTMENT/AS ON 31st December _____
(Lands, houses, shops, other buildings etc.)

2	3	4	5	6	7	8	9	10	11	12	13
Description of property	Precise location, Name of Districts, Division, Taluk and Village in which the property is situated and also its distinctive number etc.	Area of land (in case of land and buildings)	Nature of land (in case of landed property)	Extent of interest	If not in own name, state in whose name it is held and his/her relationship, if any, to the Government servant	Date of acquisition	How acquired (whether by purchase, mortgage, lease, inheritance, gift or otherwise) and name with details of person/ persons from whom acquired, address and connection of the Govt. servant if any with the person/persons concerned	Value of the property	Particular of sanction of prescribed authority, if any	Total annual income from the property	Remarks

Signature

Date:

STATEMENT OF LIQUID ASSETS ON FIRST APPOINTMENT AS ON 31st December ———

- 1) Cash and Bank balance exceeding 3 months emoluments
- 2) Deposits, loans advances and investments (such as shares, securities, debentures etc.)

Description	Name and address of Company, Bank etc.	Amount (Rs.)	If not in own name, name & address of person in whose name held and his/her relationship with the Govt. servant	Income derived (Rs.)	Remarks
2	3	4	5	6	7

Signature

Date:

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STATEMENT OF MOVABLE PROPERTY ON FIRST APPOINTMENT AS ON 31st December

2 Description of Items	3 Price or value at the time of acquisition and/or the total payments made up to the date of return, as the case of articles purchased on hire-purchase or installment basis.	4 If not in own name, name & address of person in whose name held and his/her relationship with the Govt. servant.	5 How acquired with approximate date of acquisition	6 Remarks

Signature

Date:

STATEMENT OF PROVIDENT FUND & LIFE INSURANCE POLICY ON FIRST APPOINTMENT 31st December _____

Insurance policies		Provident Fund						Remarks (if there is dispute regarding closing balance, the figures according to the Govt. servant should also be mentioned in the column	
No.	Policy No. & date of policy	Name of Insurance Company	Sum insured/ date of maturity	Amount of annual premium	Type of provident fund/ G.P.F, C.P.F Account No.	Closing balance as last reported by the Audit/ Accounts Officer along with date of such balance	Contribution made subsequently		Total
	2	3	4	5	6	7	8	9	10

Signature

Date:

(19)

Form No. V

STATEMENT OF DEBTS & OTHER LIABILITIES ON FIRST APPOINTMENT AS ON 31st December

Amount	Name & address of creditor	Date of incurring liability	Detail of transaction	Remarks
2	3	4	5	6

Signature

Date:

MARRIAGE DECLARATION FORM

R (Decl. II)

1. I, Sri/ Smt./Kumari _____ declare as under :-

- (i) That I am unmarried/ a widower/ a widow
- (ii) That I am married and have only one wife living
- (iii) That I am married and my husband has no other living wife, to the best of knowledge
- (iv) That I am married to a person who has already one wife or more living.
Application for grant of exemption is enclosed.

2. The details of my spouse are :

- a) Name : Sri/ Smt. _____
- b) Date of Birth of the spouse is : __/__/____
- c) Date of marriage is : __/__/____

Recent colour
Passport
Photograph of
the spouse duly
attested

I solemnly affirm that the above declaration is correct 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.

Signature (in full)

Date : _____

Name in CAPITAL Letters : _____

Note :

- Please delete clauses which are not applicable.
- Applicable in case of Clause (i), (ii), (iii) and (iv) only.\
- Please fill Sl. No.2 only if you are married.

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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.

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

Place _____

Signature

Date _____

Designation _____

Office Stamp

* At least 6 months at the time of signing the certificate.

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FORM

HOME TOWN DECLARATION

[OM No. 43/15/57-Estts. (A) dated 24-6-1958]

I, _____ hereby declare that my home town is at the place as shown below for the purpose of availing my self of the Travel Concession as notified in the Govt. of India, Ministry of Home Affairs, New Delhi O.M. No. 43/1/55/Estts - (A) Part-II dated 11-1-1956 conveyed vide Secretary (Finance) to the Delhi Administration endorsement No. F 13(3) / 54 / Finance dated 22-12-1956.

Name of State	Name of the District	Name of the Village	Name of the Railway station	Remarks
1.	2.	3.	4.	5

Signature of the Govt. Servant

Nomination by _____
Designation _____
Date of receipt of nomination _____

Signature of Head of Office _____
Date _____
Designation _____