




The candidate must make the statement required below prior to his medical examination and must sign the declaration thereto. His attention is specially directed to the warning contained in the note below :-

- 1 Name in full :
- 2 Age and birth place :
- 3 a) Have you ever had small pox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma inflammation of lungs, heart 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 Blood Group :
- 6 Have you or any of your near relations been afflicted with consumption, scrofulagout, asthma, fits, epilepsy or insanity :

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- 7 Have you suffered from any form of nervousness due to overwork or of any other cause :
- 8 Furnish the following particulars concerning your family :

Father's age, if living & state of health	Father's age at death & cause of death	No. of brothers living, their ages and state of health	No. of brothers dead, their ages at and causes of death

Mother's age, if living & state of health	Mother's age at death & cause of death	No. of Sisters living, their ages and state of health	No. of Sisters dead, their ages at and causes of death

9. Have you been examined and declared unfit for Government Service by a Medical Officer / Medical Board within the last 3 years? :

I declare all the above answers 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 wilfully suppressing any information he will incur the risk of losing the appointment and, if appointed forfeiting all claim to pension or gratuity.

CANDIDATE'S SIGNATURE



I do hereby certify that I have examined with the results given below and discover that he/she has any disease, communicable or otherwise, constitutional affection or bodily infirmity / except that his/her weight is in excess / 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/her own statement year and by appearance about Years.

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

Chest measurement in cms

on full inspiration

on full expiration

difference (Expansion)

Height in cms.

Weight in Kgs.

His / Her vision is normal

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

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

Astigmatic (Simple or mixed) (.....) (here enter the degree of defect and the strength of correction glasses)

Hearing is normal / defective (much or slight)



:: 2 ::

URINE : Chemical examination shows

- 1) Albumen
- 2) Sugar
- 3) State specific gravity

PERSONAL MARKS : 1)

2)

SIGNATURE :

DESIGNATION :

REGISTRATION NO. :

STATION :

DATE :

DECLARATION

I hereby declare that I am not under any bond or agreement or any obligation to serve the Central Government or State Government or Universities or Public Authority / Undertaking. I hereby declare that I am on my own free will report for duty at NIOT.

Name:

Station:

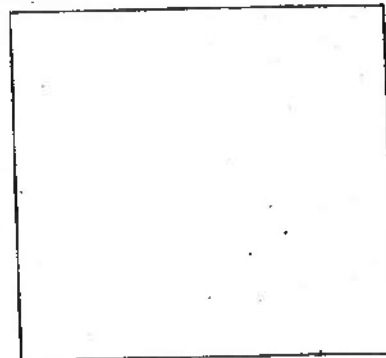
Signature:

Date:



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 Institute. If the fact found 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 services would be liable to be terminated.



1.	Name in full (in block Capitals) with aliases, if any <i>(please indicate if you have added or dropped at any stage, any part of your name or surname)</i>	Surname <i>(in capitals)</i>	Name <i>(in capitals)</i>
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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 & District of House No. Lane/ Street / Road and Town and name of the District Headquarters
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 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 should be given.

From	To	Residential Address in full (i.e. village, Thana & District or House No., Lane / Street / Road and town	Name of the District Headquarters of the place mentioned in the preceding column



5. a. Father's / Husband's name in full with alias, if any :
b. Present postal address :
(if dead, give last address)
c. Permanent Home address :
d. Profession :
e. If in service, give designation and official address :

6. i) Nationality :
a. Father :
b. Mother :
c. Husband / Wife :
d. Candidate :
ii) Place of birth of Husband / Wife :

7. a. Exact date of birth :
(in Christian era)
b. Present age :
c. Age at Matriculation :

8. a. Place of birth, District and State in which it is situated :
b. District and State to which you belong :

9. a. State your Religion :
b. Are you a member of a Scheduled Caste / Scheduled Tribe? Answer 'Yes' or 'No' and if the answer is 'Yes' state the name thereof :

10 Educational Qualifications showing place of education with years in Schools and Colleges since 15th year of age

Name of School / College with full address	Date of entering	Date of leaving	Examinations passed



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

Designation of post held or description of work	Period		Full address of the Office, Firm or Instn.	Full reasons for leaving the previous service
	From	To		

12. Have you ever been prosecuted, kept under detention or bound down fined, convicted by a court of Law of any offence or debarred, disqualified by any Public Service Commission from appearing at its examinations / Selection?

13. Is any case pending against you in any court of Law at the time of filling up this attestation form? If the answer is 'Yes' full particulars of the case, detention, fine, conviction, sentence, etc. should be given.

14. Names of two responsible persons of your locality or two referees to whom you are known

(i)

(ii)

DECLARATION

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:

Place :

Date :



Certified that I have known Mr. / Ms.
son/daughter/wife of Shri 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 employment at the National Institute of Ocean Technology,
Chennai.

2. Mr. / Ms. is not related to me.

Place:

Signature: _____

Date:

Designation : _____

(Issued by the Principal of the Institution last studied or by any Gazetted Officer)