STATE SELECTION BOARD DEPARTMENT OF HIGHER EDUCATION GOVERNMNT OF ODISHA, BHUBANESWAR.

ATTESTATION FORM FOR THE POST OF _____(ADVT. No.01/2024)

1	Name of the Candidate in full:					
	(in Capital Letters)					
2	Application ID:					
3	Roll No:					
4	Name of Father/ Mother/ Husband: (Put a tick mark)					
5	Gender:					
6	Date of Birth (DD/MM/YY):					
7	Mobile No:					
8	Email Id:					
9	Present Address/Address for correspondence in full:					
10	Permanent Address in full:					
11	Religion:					
12	Nationality:					
13	Category (UR/SEBC/ SC / ST):					
14	Whether PwD / Ex-Servicemen / Sportsperson:					
15	If PwD- Sub-category (Put a tick mark):	LV	HI	LD	MD	

16. Details of Educational Qualification

Qualification	Name of the	Year of	Total	Secured	Agg. % of	Class/
	University/College/ Institution	Passing & Date of	Marks	Marks	Marks (up to 3 decimal	Division
	mstitution	Publication Publication			places)	
		of Result			1,	
H.S.C/ 10 th						
+2/12 th						
,						
Bachelor's						
Degree/Equivalent						
B.Ed. / 3-yr. Int.						
B.Ed						
M.Ed./Equivalent						
4-yr.Int. B.A.						
B.Ed. / B.Sc.						
B.Ed.						
Any other relevant						
qualification for						
the post						

17. Two mandatory School Subjects in Bachelor's Degree/ Equivalent Degree:

1.	2.

18. Details of Employment (for in-service candidates only)

Post held	Pei	riod	Full address of the Office / Firm				
	From	To	/ Institution				

19.	Have you ever be sentence awarde		d by an	y Court	of Law	? If yo	es, give	details o	of conv	riction .
20.	Whether you hav	e passed Odi	a: (Put	a tick ma	rk) Yes	[]	No	[]
21.	Whether you hav a tick mark)	ve passed OS: Yes [STET in	the cond No	cerned o	catego]	ry and c	concerned	d subje	ct: (Put
22.	Name, Address a known.	and Mobile N	No. of tw	wo respo	nsible p	erson	s or ref	erees to v	whom	you are
	a)									
	b)									
			<u>D</u>	<u>eclarat</u>	tion_					
	I hereby decl	lare that the	informa	tion furn	ished a	bove	is corre	ct and co	mplete	e to the
bes	t of my knowledg	ge and belief.	I furthe	er declare	that I l	have n	ot supp	ressed an	y info	rmatior
wh	ich might impair	my candidatu	re for e	mployme	ent.					
Pla	ce:									
Dat	e:					Full s	ignature	e of the C	Candida	ate