STATE SELECTION BOARD

HIGHER EDUCATION DEPARTMENT GOVERNMNT OF ODISHA BHUBANESWAR-751009

ATTESTATION FORM FOR THE POST OF P.G.Ts. (POST GRADUATE TEACHERS) (ADVT. No.05/2024)

1	Name of the Candidate in full					
	(in Capital Letters)					
2	Post Applied for the Subject					
3	Application No.					
4	Roll Number					
5	Name of Father / Mother / Husband (Put a tick mark)					
6	Gender					
7	Date of Birth (DD/MM/YY)					
8	Mobile No.					
9	Email Id					
10	Present Address/Address for correspondence in full					
11	Permanent Address in full					
12	Religion					
13	Nationality					
14	Category (UR/SEBC/ SC / ST)					
15	Whether PwD / Ex-Serviceman / Sportsperson					
16	If PwD : Sub-category (Put a tick mark)	VI	HI	LD	MD	
17	Passed Odia of M.E. standard or Equivalent Examination (Yes/No)					

18. Details of Educational Qualification

Qualification	Name of the University/College/ Institution	Year of Passing & Date of Publication of Result	Total Marks	Marks Obtained	Agg. % of Marks (up to 3 digit)	Class/ Division	Distinction (Wherever applicable)
H.S.C/ 10 th							
Higher Secondary (+2) /12 th							
Bachelor's Degree (+3)							
Post Graduation							
B.Ed. or Equivalent Degree recognized by NCTE							
Integrated 6-Year Masters course from Regional College of Education, NCERT							
Any other							

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

Post held	Perio	od	Full address of the Office /		
	From	To	Organization / Institution		

- 20. Have you ever been convicted by any Court of Law? If yes, give details of conviction / sentence awarded.
- 21. Name, Address & Mobile No. of two responsible persons for referees to whom you are known.

(i)

(ii)

Declaration

I hereby declare that the information furnished above is correct and complete to the best of my knowledge and belief. I further declare that I have not suppressed any information which might impair my candidature for employment.

Place:	
Date:	Full Signature of the Candidate