

ANNEXURE

(FORM 1)

PROFORMA

~~This Form~~ is to be filled in by candidate and forwarded to the Public Service Commission along with the application for or submitted to the appointing authority before joining duty.

WARNING

- 1) The furnishing of false information or suppression of any factual information in this Form will lead to disqualification of the candidate from employment under the Government or any other institution for which appointments are made on the advice of the Kerala P.S.C. Besides rendering him liable for prosecution.
- 2) If detailed, convicted, debarred etc. subsequent to the completion and submission of the form, the details should be communicated immediately to the Kerala Public Service Commission or the appointing authority, as the case may be, 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 this form comes to notice at any time during the service of a person his service would be liable to be terminated without prejudice to any other action that may be taken against him.

- 1) Name of candidate with initials if any :
(Block capitals)
- 2) Present address of the candidate in full showing :
also the Revenue district, state and the Police
station having Jurisdiction over his/her residence
- 3) Permanent address of the candidate (with the :
above details)
- 4) a) Has the candidate resided for more than six :
months at a time during the preceding 3 years if
any place other than that referred to in column 2
&3 above (Answer "Yes" or "No")
b) If the answer is "Yes" give details (with full :
addressed and name of District)
- 5) Name and address of the Father or Guardian :
- 6) Date of birth, Place of birth, District and State of :
the candidate.

- 7) Religion and Community of the candidate
- 8) Name of the school and College with full address in which the candidate has studied since the 15th year of age showing the year of study
- 9) Details of previous employment if any (with full address of the Office, Name of District and period of employment)
- (d) (a) Has He/she ever been dismissed from Service of a State Government of the Central Government or from any quasi Government Institution or any Govt. owned company or Corporation or Local Self Government? (Answer "Yes" or "No")
 (b) If the answer is "Yes", give the details
- 11) (a) Has he/she ever deserted his/her post of duty in Government service/Corporation/Govt. owned companies or Board? (Answer "Yes or No")
 b) If the answer is "Yes", give the details
- 12) a) Has he/she ever been debarred from appearing for Public Examination by any University or Education Department? (Answer "Yes or No")
 b) If the answer is "Yes", give the details
- 13) a) Has he/she ever been debarred by UPSC or any State PSC from appearing for examinations/selections conducted by them? (Answer "Yes" or "No")
 b) If the answer is "Yes" give the details
- 14) a) Has he/she ever been convicted by a Court of law for any offences? (Answer "Yes" or "No")
 b) If the answer is "Yes" give the details
- 15) a) Is there any case pending against the candidate in a Criminal Court/Police Station? (answer is "Yes" or "No")
 b) If the answer is "Yes" give the details such as Crime No., Section of Law, Police Station, Imprisonment/ Punishment/ Fine awarded by court in Criminal cases etc. Name of Court, Summary Trial No., Calendar Case no., Sessions Case Number etc.

76) Name of Department to which the candidate is selected for appointment.

Details of appointment order.

DECLARATION

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 high impair my fitness for employment under Government or in any other post which selection is made by Kerala Public Service Commission.

Place:

Signature of Candidate
(with date)

Date:

Forwarded to the Superintendent of Police of the.....District,
with a request that the roll be returned after careful verification.

Place:

Date:

Name and Designation of the Appointing Authority.

Report of the Verifying Officer (Not below the rank of Head Constable)

Station:

Date:-

Signature and designation of the Verifying Officer.

Returned/forwarded to the Appointing Authority/ Additional Director, General of Police (Intelligence) after careful verification.

Signature:

Superintendent of Police.....District

place

Date:

Commissioner of Police.....City