



To,  
The Director,  
Dr.RMLIMS,  
Vibhuti Khand, Gomati Nagar,  
**Lucknow**

Date:

**DECLARATION**

I, \_\_\_\_\_ S/O, D/O \_\_\_\_\_ hereby declare  
that I am unmarried / married to Mr./Mrs \_\_\_\_\_ S/O, D/O  
\_\_\_\_\_ .

**Signature**

Name \_\_\_\_\_

I, further declare that I do not have more than one spouse living.

**Signature**

Name \_\_\_\_\_

**DECLARATION**

This is to certify that at present none of my family member is dependent upon me.

**Signature**

Name \_\_\_\_\_

OR

**DECLARATION**

This is to certify that at present the following members are solely dependent upon me: -

| Sl. No. | Name of dependent family members | Date of Birth / Age | Relationship | Income per month |
|---------|----------------------------------|---------------------|--------------|------------------|
|         |                                  |                     |              |                  |
|         |                                  |                     |              |                  |
|         |                                  |                     |              |                  |
|         |                                  |                     |              |                  |
|         |                                  |                     |              |                  |
|         |                                  |                     |              |                  |

**Signature**

Name \_\_\_\_\_

## OATH OF ALLEGIANCE

I, Shri/Smt./Mr. \_\_\_\_\_ S/o, D/o \_\_\_\_\_ hereby 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**

Place: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Designation \_\_\_\_\_

मैं श्री/श्रीमती/कु. .... पुत्र/पुत्री ..... शपथ लेता/लेती हूँ, सत्यनिष्ठा से प्रतिज्ञा करता/करती हूँ कि भार और विधि द्वारा स्थापित भारत के संविधान के प्रति श्रद्धा और सच्ची निष्ठा रखूंगा/रखूंगी, मैं भारत की प्रभुता और अखण्डता अक्षुण्ण रखूंगा/रखूंगी, तथा मैं अपने पद के कर्तव्यों का राजभवित, ईमानदारी और निष्पक्षता से पालन करूंगा/करूंगी।

(अतः ईश्वर मेरी सहायता करे)

### **हस्ताक्षर**

स्थान: \_\_\_\_\_

नाम: \_\_\_\_\_

दिनांक: \_\_\_\_\_

पदनाम \_\_\_\_\_

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## DECLARATION FOR MAINTAINING CONFIDENTIALITY ETC

I, Shri/Smt./Ms. \_\_\_\_\_ S/o, D/o \_\_\_\_\_ hereby affirm that I will follow the code of conduct for staff of Dr. Ram Manohar Lohia Institute of Medical Sciences, Lucknow. It includes protection of confidentiality, prohibition of participation in strike or protest, maintaining confidentiality of the post and other such rules as implemented from time to time.

### **Signature**

Place: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Designation \_\_\_\_\_

## IDENTITY CERTIFICATE

(Certificate to be signed by any one of the following)

- I. Gazette Officer of Central or State Government.
- II. Member of Parliament or State Legislature belonging to the Constituency where the candidate or his parent/Guardian is ordinarily resident.
- III. Sub-Divisional Magistrates/Officers.
- IV. Tehsildars or Naib/Deputy Tehsildars authorize to exercise magisterial powers.
- V. Principle / Head Master of the recognized School / Collage/Institution where the candidate studied last.
- VI. Block Development officer.
- VII. Post Masters.
- VIII. Panchayat Inspectors.

*Certified that I have known Shri/Smt. / Km..... Son / Daughter of Shri -----for the last .....years.....months and that to the best of my knowledge and belief the particulars furnished by him/her are correct.*

**Place-**

**Date-**

**Signature**

**Designation of Status and Address**

| <i>To be filled by Office.</i> |  |  |
|--------------------------------|--|--|
| (1)                            | Name, designation and full address of appointing authority |  |
| (2)                            | Post for which the candidate is being considered.          |  |

**Chief Medical Superintendent**

## चरित्र प्रमाण पत्र

प्रमाणित किया जाता है कि श्री/श्रीमती/कु०.....  
आत्मज/आत्मजा.....  
निवासी.....  
पिछले.....वर्ष.....मास से मैं अच्छी प्रकार से  
जानता/जानती हूँ। मुझे उसके चरित्र के बारे में पूर्ण विश्वास है।

.....से मेरा कोई सम्बन्ध नहीं है।

हस्ताक्षर.....

पद.....

दिनांक.....

## चरित्र प्रमाण पत्र

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हस्ताक्षर.....

पद.....

दिनांक.....

नोट: उक्त चरित्र प्रमाण पत्र पृथक-पृथक 02 राजपत्रित अधिकारियों द्वारा हस्ताक्षरित कराया जाना है।