GENERAL NOTICE

This notice is meant for all those doctors who have recently been recommended/selected for HCMS (Group-A) on regular basis against 761 posts advertised in June, 2015 & interviewed in July, 2015.

No: 7/3-5E2-2015/6042    Dated: 03.09.2015

Subject: Completion of the formalities before joining by the doctor in HCMS (Group-A) service—character verification through Police, oath of allegiance, Medical fitness certificate, declaration of Home district etc.

All those doctors who have recently been selected in HCMS (Group-A) service on the recommendation by the Departmental High Power Selection Committee and have been issued appointment letters by the Government on 03.09.2015, are required to fulfil the following formalities before their joining in the service. These documents are to be forwarded through the concerned Civil Surgeon/Principal Medical Officer to Director General Health Services, Haryana (Swasthya Bhawan, Sector-6, Panchkula) for record, alongwith the joining report.

1. Certain doctors have been recommended/selected subject to the completion of lacking documents before joining. This can be noted from the result uploaded on official website of department (www.haryanahealth.nic.in) against the roll no./name in a particular category. Candidates are directed to submit the requisite documents before joining.

2. Medical Certificate of fitness from the Medical Board.

3. Four copies of attestation form which can be downloaded from the official website of the department i.e. www.haryanahealth.nic.in. The appointment letters have been issued by the Government subject to the condition that verification of antecedents and character through Police would be got done within two months from the date of issuance of appointment letter. In case one has stayed at a place other than the place of permanent resident for more than one year during past five years, he/she is required to supply 2 copies of attestation form additionally and so on.

4. A declaration/affidavit to the following effect:-
   (i) Declaring home district duly attested by first class magistrate. The home district once declared shall ordinarily not be changed except in exceptional circumstances (only once in whole service), hence due diligence must be exercised before declaration of home district.

   (ii) Oath of allegiance to the Constitution of India.

   (iii) Declaration that he does not have more than one wife living (in case of male candidate). She is not married to a person who already has another wife living or she is not having more than one husband living (in case of female candidates).

The concerned Civil Surgeons and the Principal Medical Officers are directed to send aforesaid documents to the DGHS office alongwith their joining report. In case of any lackadaisical approach by newly selected MO in this regard, he is liable for withholding of his salary since the completion of above said formalities is the responsibility of the individual.

Additional Director (Admn)
for Director General Health Services, Haryana
1. Name in full (in block capital with alias, if any) (Please Indicate if you have added or dropped at any stage any part if Your name or surname) 

Surname: ____________________
Name: ____________________

2. Present address in full (i.e.) Village Thana, District or House No. Lane Street and Road

3. a) Home Address in full (i.e.) Village, Thana, District or house No. Lane Street and Road

b) If originally a resident of Pakistan the address in that Domination and the date of Migration to Indian Unions

4. Particulars of Places where you have resided for more than one year, during the preceding five years

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<tr>
<th>S.no</th>
<th>From</th>
<th>To</th>
<th>Residential address in full i.e. village, thana, District or house no. lane street and Road</th>
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5. (Father’s Particular’s a to e)
   a) Father’s Name (full with aliases, if any)
   b) Present postal address give last address
   c) Permanent Home address
   d) Profession
   e) If in service give designation and official address

a) ____________________________
b) ____________________________
c) ____________________________
d) ____________________________
e) ____________________________
6. i) Nationality of:--
   a) Father 
   b) Mother 
   c) Husband 
   d) Wife 

ii) Place of Birth of:--
   a) Husband 
   b) Wife 

7. a) Exact date of Birth as given in the Matriculation pass certificate 
   b) Present age 
   c) Age at matriculation 
   d) Height 
   e) Chest 
   f) Mark of identification 

8. a) Place of birth, Dist. and state in which it is situated 
   b) District and state to which you belong 
   c) District and state in which Property is held 

9. a) Are you a member of schedule caste or Scheduled Tribe/ 
     Class of Harynaa if the answer is 'Yes' state the name of 
     b) If Member of a Scheduled caste state of your religion/ caste, if member of backward class, state your caste. 

10. Educational Qualification showing places of education with years in school and college since 15th year age:--

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<tr>
<th>Name of school/ college with full address</th>
<th>Date of entering</th>
<th>Date of Examination Leaving passed</th>
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11. If you have, at any time been employed given details

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<tr>
<th>Designation of post held or description of work</th>
<th>Period</th>
<th>Full address of office / firm/ institution</th>
<th>Detailed reason for leaving</th>
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12. Are you Ex- Eco, Ex ESSCO or service man or like in the released? If so, state the rank (i) office (ii) Junior Commissioned Officer and (iii) other rank besides indicating the dates of entry and release in the Army
13. Have you ever been convicted by court of any offence?
   If the answer is 'Yes' the full particulars of the convicting
   and the sentences should be given

14. Name of the responsible persons of your locality or two
    references to whom you are known with full address

15. Are you married? If yes state number of living wives you
    have. (This information is to be given by male persons only)

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 of
my fitness for employment under Government.

Signature of the candidate ________________
Date ________________ Place ________________

(Certificate to be signed by a Gazetted Officer or Member of Legislature or other
authority prescribed by the appointing Authority)

Certified that I have known Shri/ Sm. ____________________________ 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:- ____________________________ Signature
Dated:- ____________________________ Designation or status and Address

ADDRESS IN CAPITAL WORDS ON WHICH THE CANDIDATE
DESires FURTHER INFORMATION

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
DECLARATION/AFFIDAVIT

I, ______________ S/D/W/o ______________ R/o ____________
do hereby solemnly affirm and declare as under:-

1. That I am the resident of said address.
2. That I have been appointed in HCMS, Group-A service.
3. That I declare my home district as _______________.
4. That I shall have good faith (allegiance) in Constitution of India.
5. That I am unmarried and I shall not take any dowry in my marriage; or
   That I am married and my husband has no other living wife and I have not
   accepted any dowry in my marriage; or
   That I am married and I have only one living wife/spouse and I have not
   accepted any dowry in my marriage.
   (choose the one which is applicable)
6. That I am not on any previous occasion dismissed from service under any
   Government Department, nor I have ever been convicted by any Court of
   Law. There is no criminal case pending against me.
7. That I shall abide all the rules and regulations of Haryana Government.
8. That this affidavit is meant for submission to the Health Department,
   Haryana for the appointment of the deponent.

Place: __________________________
Dated: _________________________

Verification

Verified that all the contents are true and correct to the best of my
knowledge and belief and nothing has been concealed therein.

Place: __________________________
Dated: _________________________