

**rites limited**

(A GOVERNMENT OF INDIA ENTERPRISE)

No.1, RITES BHAVAN, SECTOR – 29, GURGAON – 122001 (HR), INDIA

STATEMENT & DECLARATION TO BE GIVEN BY THE CANDIDATE FOR  
APPOINTMENT IN RITES.

1. Name in block letters \_\_\_\_\_
2. Age & Place of birth \_\_\_\_\_
3. (a) Have you ever had smallpox, Intermittent \_\_\_\_\_  
or any other fever, Enlargement or  
suppression of glands. Spitting of blood,  
Asthma, Heart disease, Lung disease,  
Fainting attacks, rheumatism, Appendicitis?

OR

- (b) Any other disease or accident requiring \_\_\_\_\_  
confinement to bed and medical or surgical treatment?
- (c) Are you suffering from Diabetes Mellitus? \_\_\_\_\_  
**(enclose latest Lab. Report – Blood Sugar both PP and Fasting)**
4. When were you last vaccinated? \_\_\_\_\_
5. Have you suffered from any form of nervousness \_\_\_\_\_  
due to over-work or any other cause?
6. Furnish the following particulars concerning you family:

Father's age if living & state of health	Father's age at death & cause of death	No. of brothers living, their ages & state of health	No. of brothers dead their ages at and cause of death

Mother's age if living & state of health	Mother's age at death & cause of death	No. of Sisters living, their ages & state of health	No. of Sisters dead, their ages at and cause of death

7. Have you ever been medically examined? \_\_\_\_\_  
 If yes, what was the result of medical Examination? \_\_\_\_\_

I declare all the above answers are correct to the best of my knowledge and belief.

\_\_\_\_\_  
**Signature of the candidate**

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

Date \_\_\_\_\_

**BITES LIMITED**

(A GOVERNMENT OF INDIA ENTERPRISE)

No.1, BITES BHAVAN, SECTOR – 29, GURGAON – 122001 (HR), INDIA

REPORT ON THE MEDICAL CHECK UP OF SHRI/MS. \_\_\_\_\_

1. Physical examination:

General development Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_  
 Nutrition Thin \_\_\_\_\_ Average \_\_\_\_\_ Obese \_\_\_\_\_  
 Height (Without shoes) \_\_\_\_\_ Weight \_\_\_\_\_  
 Best weight \_\_\_\_\_ When \_\_\_\_\_ Any recent change in  
 weight \_\_\_\_\_ Temperature \_\_\_\_\_

2. Girth of Chest:

(a) After full inspiration \_\_\_\_\_  
 (b) After full expiration \_\_\_\_\_

3. Skin: Any Obvious disease \_\_\_\_\_

4. Eyes:

(a) Any disease \_\_\_\_\_  
 (b) Night blindness \_\_\_\_\_  
 (c) Defect in colour vision \_\_\_\_\_  
 (d) Field of vision \_\_\_\_\_  
 (e) Visual acuity \_\_\_\_\_

Acuity of vision	Naked eye	With glasses	Strength of glasses		
			Sph.	Cyl.	Axis
Distant Vision:					
R.E.					
L.E.					
Near Vision:					
R.E.					
L.E.					

5. Ears Inspection \_\_\_\_\_ Hearing \_\_\_\_\_ Right Ear \_\_\_\_\_ Left Ear \_\_\_\_\_
6. Glands \_\_\_\_\_ Thyroid \_\_\_\_\_
7. Condition of teeth \_\_\_\_\_
8. Respiration System: Does physical examination reveal anything abnormal in the respiration organs \_\_\_\_\_  
If Yes. Explain fully \_\_\_\_\_
9. Circulatory System:
  - (a) Heart: any organic lesions? \_\_\_\_\_ Rate \_\_\_\_\_ Standing \_\_\_\_\_  
After hopping 25 times \_\_\_\_\_  
Two minutes after hopping \_\_\_\_\_
  - (b) Blood Pressure: Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_
10. Abdomen: Girth \_\_\_\_\_ Tenderness \_\_\_\_\_ Hernia \_\_\_\_\_
  - (a) Palpable: Liver \_\_\_\_\_ Spleen \_\_\_\_\_  
Kidneys \_\_\_\_\_ Tumors \_\_\_\_\_
  - (b) Hemorrhoids \_\_\_\_\_ Fistula \_\_\_\_\_
11. Nervous System: Indications of nervous or mental disabilities:
12. Loco-Motor System: Any abnormality?
13. Genito – Urinary system: Any evidence of Hydrocele, Varicocele etc. \_\_\_\_\_

**Urine Analysis:**

- |                         |             |             |
|-------------------------|-------------|-------------|
| (a) Physical appearance | (b) Sp. Gr. | (c) Albumin |
| (d) Sugar               | (e) Casts   | (f) Cells   |

14. Report of X-ray examination of Chest \_\_\_\_\_
15. Is there anything in the health of the candidate likely to render him unfit for efficient discharge of his duties in the service for which he is a candidate?  
\_\_\_\_\_

16. For which services has the candidate been examined and found in all respects qualified for the efficient and continuous discharge of his duties and for which of them is he considered unfit?
17. Is the candidate fit for Field Service? \_\_\_\_\_

RESULTS OF MEDICAL EXAMINATION:

- (i) Fit \_\_\_\_\_
- (ii) Unfit on account of \_\_\_\_\_
- (iii) Temporarily unfit on account of \_\_\_\_\_

\_\_\_\_\_  
Signature with seal

Place \_\_\_\_\_

Date \_\_\_\_\_

THIS MEDICAL CHECK UP SHOULD BE FROM CENTRAL / STATE GOVT. HOSPITALS OR HOSPITAL REGISTERED UNDER CENTRAL / STATE GOVT.

**DECLARATION REQUIRED UNDER COMPANIES ACT 1956**

I, Shri/Smt/Km\_\_\_\_\_ S/o/W/o/D/o Shri\_\_\_\_\_

declare that I am not a partner or relative of any Director of this Company within the meaning of Section 314 of the Companies Act, 1956.

**(List of Directors is available in this for perusal)**

\_\_\_\_\_  
SIGNATURE

**DECLARATION FORM**

I, Shri / Smt. / Km. \_\_\_\_\_  
declare as under:-

- i) That I am unmarried / a widow / a widower.
- ii) That I am married and have only one living wife
- iii) That I am married and my husband has no other living wife, to the best of my knowledge.
- iv) That I am married and have more than one wife living (Application for grant of exemption is enclosed)

I solemnly affirm that the above declaration is true and I understand that in the event of my declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

\_\_\_\_\_  
SIGNATURE

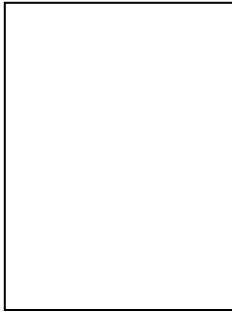
\_\_\_\_\_  
**(NAME IN BLOCK LETTERS)**

(\* Delete clauses not applicable

**REFERRED TO: DISTRICT MAGISTRATE/  
DY.COMMISSIONER/COMMISSIONER OF POLICE**

**ATTESTATION FORM**

Affix signed passport size (8 cm) copy  
of recent photograph here:



**WARNING**

1. The furnishing of false information or suppression of any factual information in the Attestation Form would be a disqualification, and is likely to render the candidate unfit for employment in the Government/ PSU.
2. If detained, convicted, debarred etc. subsequent to the completion and submission of this form, the details should be communicated immediately to the RITES Limited, 1, RITES Bhavan, Sector – 29, Gurgaon (Haryana) or the authority to whom the attestation form has been sent earlier, as the case may be, failing which it will be deemed to be a suppression of factual information.
3. The fact that false information has been furnished or that there has been suppression of any factual information in the attestation form comes to the notice at any time during the service of a person, his/her service would be liable to be terminated.

1. NAME IN FULL(in block capitals with aliases, if any). Please indicate if you have added or dropped at any stage any part of your name or surname

SURNAME                      NAME

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2. Present address in full (i.e. village, Thana & District, or House No. Lane Street/ Road & Town. With Pin Code number.

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3.(a) Home Address in full (i.e. village, Thana & District, or House No. Lane Street/ Road & Town & Name of Distt.Head-Quarters. With Pin Code number.

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3.(b) If originally a resident of Pakistan, the address in that country and the date of migration to Indian Union.

4.(a) Particulars of places (with periods of residences) where you have resided for more than one year at a time during the preceding five years. In case of stay abroad (including Pakistan) particulars of all places where you have resided for more than one year after attaining the age of 21 years, should be given.

<b>From</b>	<b>To</b>	<b>Residential Address in full (i.e. village Thana and Distt. or House No.Lane/Street Road Town &amp; State)</b>	<b>Name of the District Headquarters of the place mentioned in the preceding Col.</b>

4.(b) Family particulars.

<b>Name in full (with aliases, if any) of</b>	<b>Nationality (by birth and/or by domicile)</b>	<b>Place of birth</b>	<b>Occupation if employed. Give designation &amp; official Address</b>	<b>Present Postal Address (if dead give last Address)</b>	<b>Permanent Home Address</b>
<b>1.Father</b>					
<b>2.Mother</b>					
<b>3.Wife/husband</b>					
<b>4.Brother(s)</b>					
<b>5.Sister(s)</b>					

5.(a) Information to be furnished with regard to son(s) and/or daughter(s) in case they are studying/living in a foreign country.

Name	Nationality (by birth and/or by Domicile)	Place of birth	Country in which studying/ living with full address	Date from which studying/ living in the country mentioned in previous column

6. Nationality

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7. (a) Date of birth :
- (b) Present age :
- (c) Age at Matriculation :
- 

8. (a) Place of birth :  
District and State  
in which situated
- (b) District and State to :  
which you belong
- (c) District and State :  
to which your father  
originally belongs
- 

9. (a) Your religion :
- (b) Are you a member of  
SC/ST/OBC/Ex-SM/PH

Answer `YES' or `NO' and if the answer is `YES'  
State the name thereof

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10. Educational Qualifications showing places of education with years in Schools and Colleges since 15<sup>th</sup> year of age.

Name of School/ College with full address	Date of entering	Date of leaving	Examination passed

11.(a) Are you holding or have at any time held any appointment under the Central or State Government or Semi-Government or a Quasi-Government body or an autonomous body or a Public Undertaking or a private firm or institution? If so, give full particulars with dates of employment upto date.

Period		Designation, emoluments & nature of Employment	Full Name & Address of Employer	Reasons for leaving previous service
From	To			

11.(b) If the previous employment was under the Govt. of India/or State Govt./ or an Undertaking owned or controlled by the Govt. of India or a State Govt./or an autonomous body/University/local body, and if you had left service on giving a month's notice under Rule 5 of the Central Civil Services (Temporary Service) Rules, 1965, or any similar corresponding rules, were any disciplinary proceedings framed against you, or had you been called upon to explain your conduct in any matter at the time you gave notice of termination of service or at a subsequent date before your services actually terminated?

-----  
 \_\_\_\_\_

- |        |     |                                                                                                                                                |        |
|--------|-----|------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 12.(i) | (a) | Have you ever been arrested?                                                                                                                   | YES/NO |
|        | (b) | Have you ever been prosecuted?                                                                                                                 | YES/NO |
|        | (c) | Have you ever been kept under detention?                                                                                                       | YES/NO |
|        | (d) | Have you ever been found drunk?                                                                                                                | YES/NO |
|        | (e) | Have you ever been fined by Court of Law?                                                                                                      | YES/NO |
|        | (f) | Have you ever been convicted by Court of Law for any offence?                                                                                  | YES/NO |
|        | (g) | Have you ever been debarred from any examination or rusticated by any University or any other educational authority/institution?               | YES/NO |
|        | (h) | Have you ever been debarred/disqualified by any Public Service Commission from appearing at its examination/selection?                         | YES/NO |
|        | (i) | Is any case pending against you in any Court of Law at the time of filling up this attestation form.                                           | YES/NO |
|        | (j) | Is any case pending against you in any University or any other educational authority/institution at the time filling up this Attestation Form? | YES/NO |

12(ii) If the answer to any of the above mentioned questions is `Yes`, give full particulars of the case/arrest/detention/fine/conviction/sentence/punishment etc. and/or the nature of the case pending in the Court/University/Educational authority etc. at the time of filling up this Form.

- NOTE:**
1. Please see the `WARNING` at the top of this Attestation Form.
  2. Specific answers to each of the questions should be given by striking out `Yes` or `No` as the case may be.

13. Name of the two responsible persons of your locality or two references to whom you are known.

1.-----  
-----  
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2.-----  
-----  
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I 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 my fitness for employment under Government/PSU.

Date\_\_\_\_\_

Place\_\_\_\_\_

\_\_\_\_\_  
**Signature of Candidate**



**UNDERTAKING**  
( by the candidate pending receipt of police verification )

1. Name :
2. Father's name :
3. Particular of post :  
Vacancy Code No.
4. Address :

I am free from any police case and in case any case is found as a result of police verification, my services may be terminated without any notice and I shall have no claim to the appointment.

Signature \_\_\_\_\_

Name of candidate \_\_\_\_\_

**Note: To be given on Non-judicial stamp paper of Rs.10/- duly attested by Notary Public.**

1. USE CAPITAL LETTERS
2. IF THE NOMINEE IS MINOR GIVE NAME & ADDRESS OF THE GUARDIAN WHO MAY RECEIVE THE AMOUNT DURING THE MINORITY OF THE NOMINEE.

PF No. \_\_\_\_\_

Inter Com No. \_\_\_\_\_

Emp.No. \_\_\_\_\_

Mob. No. \_\_\_\_\_

Place of posting \_\_\_\_\_

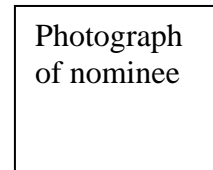
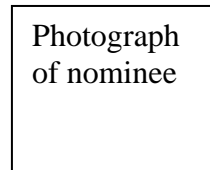
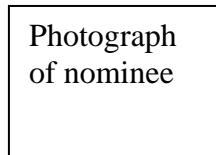
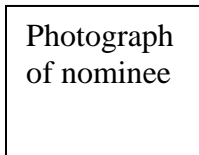
**FORM 'B'**  
**DECLARATION AND NOMINATION FORM**  
 (Referred to in Rule 6 (i) to (iv) of the Fund)

**rites contributory provident fund**

1. Name of Employee : \_\_\_\_\_  
(in Block Letters)
2. Designation : \_\_\_\_\_
3. Sex : \_\_\_\_\_
4. Religion : \_\_\_\_\_
5. Father / Husband's Name : \_\_\_\_\_
6. Marital Status : \_\_\_\_\_  
(Whether unmarried / married / widower)
7. Date of Birth : Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_
8. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_

I hereby nominate the person(s) mentioned below to received the amount that may stand to my credit in the Provident Fund. Amount of Gratuity in the event of my death before that amount become payable or, having become payable, has not been paid and direct that the said amount shall be distributed amongst the said persons(s) in the manner show against their names:

SN	Name & address of the Nominee(s)	Nominee's relationship with the Employee	Age of Nominee	Amount of Share of accelerations in the PF amount to be paid to each Nominee
1				
2				
3				
4				



Signature or thumb  
 Impression of nominee(s) \_\_\_\_\_

1. Certified that I have no family and should I acquire family hereinafter, the above nomination should be deemed as cancelled.
2. Certified that my father / mother / sister(s) and minor brother(s) is / are dependent upon me.

Dated \_\_\_\_\_  
Place \_\_\_\_\_

Signature \_\_\_\_\_  
Name \_\_\_\_\_

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri / Smt. / Km. \_\_\_\_\_ employed in my establishment after he / she has read the entire. The entries have been read over to him/her by me and got confirmed by him/her.

\_\_\_\_\_  
(Signature of the Controlling Officer)  
Name & Designation

Date \_\_\_\_\_  
Place \_\_\_\_\_