



JANAKPURI SUPER SPECIALITY HOSPITAL

(AN AUTONOMOUS INSTITUTE)

GOVT. OF NCT OF DELHI

C-2B, JANAKPURI, NEW DELHI-110058

Website: www.jsshs.org www.health.delhigovt.nic.in

Email: janakpurijssh@yahoo.com Phone: 011-28504100

F.9(70)/JSSH/Estt./EdCIL/2017/Pt.File-I/2736

Dated: 11/10/23

Important Notice for Verification of Documents

In compliance of directions of Hon'ble High Court vide order dated 06.09.2023 in WPC No. 2182/2019 titled Abhishek Mishra & Ors Vs. State of NCT of Delhi & Anr, WPC No. 2159/2019 titled Chetna Rani & Ors Vs. State of NCT of Delhi & Anr, and WPC No. 7664/2020 titled Harsh Patuna & Ors. Vs. National Capital Territory of Delhi & Anr. and as per corrigendum dated 11.10.2023, the candidates next in order of merit for the various posts as per **Annexure** attached, are hereby informed that the counseling for verification of documents has been scheduled from 12.10.2023 to 20.10.2023.

The details of shortlisted candidates (strictly in order of merit) are given in the **Annexure**.

All candidates whose name and roll no. are given in the Annexure are required to report at Administration Branch, JSSH on any working day between 10:00 am to 12:30 pm from 12.10.2023 till 20.10.2023, failing which their candidature will be cancelled without further reference and no request would be considered after 20.10.2023.

Candidates have to report for document verification at their own cost. No TA/DA claim will be admissible in this regard.

Candidates must bring the following documents in original alongwith one set of photocopies (self attested) of each :-

1. For proof of Date of Birth: Birth Certificate/Class 10th certificate showing date of birth.
2. For proof of essential Educational Qualification : Marksheets and Certificates of degree/diploma (as applicable).
3. Caste Certificate for candidates who have applied under SC/ST/OBC (Delhi) category.
4. Non Creamy Layer Certificate for OBC (Delhi) Candidates from Authorised/Competent Authority.
5. Income and Assest certificate for EWS candidates from Authorised/Competent Authority.
6. Physically Handicapped Certificate showing extent of Disability from Authorised/Competent Authority.
7. NOC from present Employer, if applicable.
8. For Photo ID Proof : Voter ID/PAN Card/Aadhar Card/Passport.
9. Four Recent Passport size photographs.
10. Copy of Admit Card.

Candidates are required to download the following forms and submit these duly filled forms at the time of verification:-

- a. Proforma for providing personal details (Form 1)
- b. Undertaking for not having been debarred by any board in any examination (Form 2)
- c. Self Declaration (Form 3)
- d. Oath of Allegiance for Indian Nationals (Form 4)
- e. Undertaking for OBC Candidates (Form 5)
- f. Undertaking for EWS Candidates (Form 6)
- g. Undertaking "That I Am the Same Person" (Form 7)

Note :- Verification of documents does not entitle the candidate for appointment. Offer letters shall be issued only in case the vacancy still exists.

**Dr. Col H C SHARMA
MEDICAL SUPERINTENDENT/HOO**

ANNEXURE (10/2023)

Post Code :- 07/18

Post Name :- Lab Technician Gr III (UR)

S.No.	CML	Roll No.	Name of Candidate
1	7	111010700038	RAHUL KUMAR
2	8	111010700090	POOJA GUPTA

Post Name :- Lab Technician Gr III (OBC)

S.No.	CML	Roll No.	Name of Candidate
1	9	111010700017	GALIB
2	12	111010700001	SAROJ KUMAR

Post Code :- 10/18

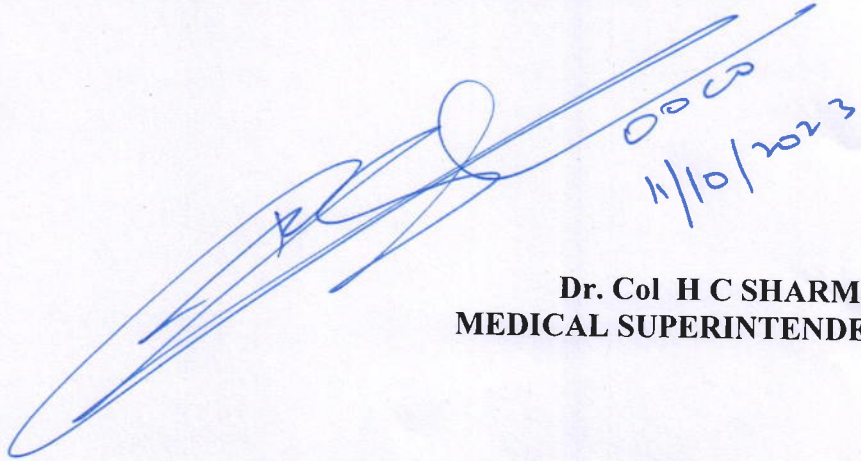
Post Name :- Technical Assistant Gr IV (UR)

S.No.	CML	Roll No.	Name of Candidate
1	7	111041000036	RAJNISH KUMAR
2	8	111041000022	ANKITA DADLANI

Post Code :- 16/18

Post Name :- Lab Assistant (SC)

S.No.	CML	Roll No.	Name of the Candidate
1	13	111011600112	SEEMA
2	21	111021600084	PRABHAT KUMAR



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PROFORMA FOR PERSONAL DETAILS

	Post Applied For :-		
	Roll No. :-		
1.	Name of the candidate		Affix recent Passport size Photograph and Signature
2.	Father's Name		
3.	Husband's Name		
4.	Date of Birth	(in figures)	
		(in words)	
5.	Religion		
6.	Whether belong to SC/ST/ OBC/EWS/PH/ Ex- Servicemen etc.		

7. Academic/Professional Qualifications from 10th onwards:-

S. No.	Name of Course/ Degree etc.	Name of Board/ University	Subject	Division	% age	Year of Passing

8. Details of Post(s) held previously, if any:-

Name of the post	Date of joining	Date Leaving	of	Name of the Employer(s)

9.	Present Address, Phone No. and E-mail	
10.	Permanent Address & Phone No.	
11.	If employed at present, the date on which will be relieved from the post.	
12.	Any other information	

DECLARATION

I solemnly declare that the information given above is true and correct to the best of my knowledge and belief and nothing has been concealed.

Date:

Signature:

Name:

(In block letters)



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UNDERTAKING

I _____ give an undertaking that I have never been debarred by any Board/University/Commission in any examination. If at any stage it is found to be false or incorrect, my candidature/selection/appointment is liable to be cancelled/terminated automatically without any notice to me and action can be taken against me accordingly.

Date:

Signature:

Name:

(In block letters)



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SELF DECLARATION FORM

I _____ son/daughter of Sh. _____

Age _____ (years) resident of _____

Do hereby affirm and declare:-

1. That :-

- I am Unmarried/Widower/Widow.
- I am married and have only one living spouse.
- I have entered into and contracted a marriage with another person, in addition to having a living spouse. Application for grant of exemption is enclosed.
- I have entered into and contracted a marriage with another person during the lifetime of my spouse. Application for grant of exemption is enclosed.

2. That the certificates/documents produced by me and the copies of the same deposited by me with the application form are genuine and are issued by the recognized Institute/Board/University, and if the same are proved to be fake/false during the course of verification of certificates/documents by the JSSH, my service shall be liable to be terminated without any notice in addition to penal action as warranted by the appropriate authority.

3. That I am well aware that concealment of facts and giving false information is a punishable offence and in case I am found to be guilty of giving false information or concealment of facts herein, I will be liable to be punished with imprisonment and/or fine as per the relevant provisions of law. I also undertake that the benefits availed by me by furnishing such false information or concealment of facts shall be liable to be summarily withdrawn.

4. That I bear good moral Character and the same may be verified from any Appropriate Authority.

Date:

Signature:

Name:

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Note: Please delete clause/ clause not applicable.



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OATH OF ALLEGIANCE FOR INDIAN NATIONALS

I _____ do swear/solemnly affirm and declare 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 of India and that I will carry out the duties of my office, honestly and impartially.

Date:

Signature:

Name:

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UNDERTAKING

(For OBC candidates only)

I _____ son/daughter of Shri _____
 resident of Village/Town/City _____
 District _____ State _____ hereby
 declare that I belong to the _____
 community which is recognized as a backward class by the Govt. of Delhi for
 the purpose of reservation in service/appointment in Delhi Government
 service in accordance with notification No.28 (93)/91-92/scst/p&s/4385-95
 dated 20.01.1995 of Government of Delhi. It is also declared that I do not
 belong to person/section (Creamy Layer) mentioned in Column 3 of the
 Schedule in Department of Personal and Training office Memorandum No.
 36012/22/93-Estt. (SCT) dated 8/9/1993, which is modified vide
 Department of Personnel and Training office Memorandum No. 36033/3/2004
 Estt.(Res) dated 9/3/2004 and 36033/3/2004 Estt.(Res) dated 14/10/2008.

I also declare that the condition of status/annual income for creamy
 layer of my parents/guardian is within the prescribed limits as on date. I
 understand that my appointment/offer will stand cancelled in case the "Non-
 creamy Layer Certificate" submitted by me is found not genuine/invalid.

Date:

Signature:

Name:

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UNDERTAKING

(For EWS candidates only)

I _____ son/daughter of Shri _____
resident of Village/Town/City _____
District _____ State _____ hereby
declare that I belong to the Economically Weaker Sections (EWSs) for the
purpose of reservation in service/appointment in Delhi Government service in
accordance with notification of DoPT OM No.36039/1/2019-Estt (Res) dated
31.01.2019 endorsed by Govt. of NCT of Delhi, Services Department vide
Circular No. 19(10)/2018/S-IV/1595 dated 28.05.2019.

I also declare that the condition of status/annual income as per Income
and Asset Certificate furnished by me is true and correct. I understand that
my appointment/offer will stand cancelled in case the Certificate submitted by
me is found not genuine/invalid.

Date:

Signature:

Name:

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UNDERTAKING

I, _____, son/daughter/wife of Shri _____
do hereby undertake that I am the same person who
applied for the post of _____ and whose
name, photograph, signature and other particulars appear in the Application
form, Affidavit and other Educational Certificates etc.

PHOTO

THUMB IMPRESSION

Date :

Signature:

Name:

(In block letters)