



NESTS/Admin/Recruitment&RO/2023

Date: 10.09.2024

To

The Principal,
All EMRSs

Sub: 1. Updating and maintenance of Service Books of employees in EMRSs
2. Verification of Character and antecedents of employees and recording in service book- Reg

With reference to above cited subject, it is informed that NESTS has posted regular Teaching and Non- Teaching staff selected through ESSE-2023 in EMRSs in your school. It is the duty of the EMRS to maintain the service books of all the staff except Principal whereas the service books of Principals will be maintained by State EMRS society after completing the joining formalities. You are requested to ensure the same.

Further, you are also requested to carry out the verification of **Character and antecedents of employees** by sending the antecedent forms (attestation form) available on the NESTS website (Copy enclosed) with a request to the District Collectors/ District Magistrate of the district to which the employee belongs (as per the information provided by the candidate). It may be noted that 03 nos. of copies of the attestation form are to be filled up by each employee and a copy is to be retained in their respective service book and 02 copies are to be forwarded to the DC/DM as mentioned above. In respect of Principal, 03 copies of attestation forms are to be forwarded to the State EMRS society for similar action.

In order to comply with the above directions, the following time schedule is communicated:

S.No.	Activity	Action to be taken by	To be completed by	Remarks
1	Filling up of all information of candidates in Service Book in respect of regular employees including signature of the candidate	Principal of EMRS	Within 15 days after joining on regular basis. All pending cases are to be completed by 30.09.2024	In respect of Principal, after filling basic information, service book is to be forwarded to State EMRS Society
2	Filling up of Attestation form (03 copies) by the	Principal of EMRS/State	Within 15 days after joining on regular basis. All pending	In respect of Principal, 03 copies of attestation form are to be

	candidates and forwarding 02 copies to DM/DC with a request to verify Character and antecedents	EMRS Society	cases are to be completed by 30.09.2024	forwarded to State EMRS Society. State EMRS Society is requested to forward 02 copies of the attestation form of Principal to DM/DC with a request to verify Character and antecedents
3	Entry of verified Character and antecedents of employees on receipt from the office of DM/DC	Principal of EMRS/State EMRS Society	Within 02 months after forwarding the Attestation Form	
4	Regular entry of important activities like Pay fixation, promotions, Leave availed except CL, administrative actions, if any, changes in family particulars etc.	Principal of EMRS/State EMRS Society	On regular basis	

If, adverse remarks are received from the office of DM/DC against any of the employees the same is to be communicated immediately to the State EMRS Society/NESTS for immediate necessary actions as per rule with a copy to NESTS. If, verification report is not received you may take up the matter with the DM/DC concerned to complete the process, as it is mandatory for all regular employees. Action taken may kindly be communicated to State EMRS/NESTS.

This issues with approval of the Competent Authority.

Enclosure: As above


(Anupam Sonalkar)
Joint Commissioner

Copy to:

1. All State EMRS Societies with a request to disseminate to their respective EMRSs for implementation and follow up actions.
2. PS to Commissioner, NESTS-For information

ATTESTATION FORM

<div style="text-align: center;"> <hr/> <i>Affix signed</i> <i>Passport size</i> <i>(5 cms. X 7 cms.</i> <i>Approx). copy</i> <i>of recent</i> <i>photograph</i> <hr/> </div>	<p align="center">“WARNING</p> <p>The furnishing of false information or suppression of any factual information in the Attestation Form would be disqualification, and is likely to render the candidate unfit for employment under the government.</p> <p>1.</p> <p>If detained, arrested prosecuted, bound down, fined, convicted, debarred, acquitted etc.</p> <p>2.</p> <p>subsequent to the completion and submission of this form, the details should be communicated immediately to the authorities to whom the Attestation Form has been sent early, failing which it will be deemed to be a suppression of factual information</p> <p>3.</p> <p>If, the fact that false information has been furnished or that there has been suppression of any factual information in the Attestation Form comes to notice at any time during the service of a person, his services would be liable to be terminated”.</p>	
<p align="center">1.</p>	<p>Name in full (in block capitals) with aliases, if any, (Please indicate if you have added or dropped in any stage, any part of your name or surname).</p>	
<p align="center">2.</p>	<p>Present Address in full (i.e. Village, Thana and District, or House No., Lane/Street/Road & Town).</p>	
<p align="center">3.(a)</p> <p align="center">(b)</p>	<p>Home Address in full (i.e. Village, Thana & District, or House No., Lane/Street/Road and Town and name of District Headquarters)</p> <p>If originally a resident of Pakistan/Bangladesh (erstwhile East Pakistan) the address in that country and the date of migration to Indian Union.</p>	
<p align="center">4.</p>	<p>Aadhar Card No. (if available)</p>	
<p align="center">5.</p>	<p>Permanent Account Number (PAN) (if available)</p>	
<p align="center">6.</p>	<p>Nationality</p>	

Signature

11.	Name (in full & aliases if any)	Nationality (by birth & or by domicile)	Place of birth	Occupation if employed give designation & official address	Present postal address (if dead give last address)	Permanent Home address
a) Father						
b) Mother						
c) Spouse						

12.	Information to be furnished with regard to son(s) and/or daughters 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 the previous column	

13.	Educational Qualification showing places of education with years in Schools and Colleges since 15 th year of age:			
Name of School/College (with full address)	Date of Entering	Date of Leaving	Examination Passed	

Signature

14. (a)	Are you holding or have any time held an appointment under Central or State Government or a Semi-Government or a Quasi Government body or an autonomous body or a public Sector Undertaking or a private firm or institution? If so, give full particulars with date of employment up-to -date			
Period		Designation, emoluments & nature of employment	Full name & address of employer	Reasons for leaving previous service
From	To			
14. (b)	<p>If the previous employment was under the Government of India/a State Government/ undertaking owned or controlled by the Government of India or a State Government/ and Autonomous Body/University/Local Body.</p> <p>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 dates(s), before your service actually terminated?</p>			
15. (i)	(a)	Have you ever been kept under detention?	(Strike out 'Yes' or 'No' as the case may be) Yes / No	
	(b)	Have you ever been arrested?	Yes / No	
	(c)	Have you ever been prosecuted? (i.e has a charge sheet in a criminal case been filed against you in any court of law)	Yes / No	
	(d)	Is any criminal case pending against you in any Court of Law at the time or filling up this Attestation form?	Yes / No	
	(e)	Have you ever been convicted by a court of Law for any Office?	Yes / No	
	(f)	Whether discharged/expelled/withdrawn from any training/institution under the Government or otherwise?	Yes / No	
	(g)	Have you ever been rusticated by any University or any other educational authority/institution?	Yes / No	

Signature

	(h)	Have you ever been debarred / disqualified by any Public Service Commission/Staff Selection Commission for any of its examination/selection?	Yes / No
(ii)	If the answer to any of the above mentioned question 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 attestation form:		

Note: (i) Please also see the 'WARNING' at the top of this Attestation Form
(ii) Specific answers to each of the questions should be given by striking out
'Yes' or 'No' as the case may be

16.	Names of two responsible person of your locality or two references to whom you are known:	1) 2)
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DECLARATION

I certify that the foregoing information is correct and complete to the best of my knowledge and belief.

I am fully aware that by providing false information or suppressing material information while filling this form, the authorities have full right to terminate my appointment letter and I am also liable for appropriate criminal/civil/legal action as a consequence.

I am not aware of any circumstances which might impair my fitness for employment under Government.

Date:

Place

Signature of candidate

To be filled by the office

i) Name, designation and full address of the authority forwarding the form:

ii) Post for which the candidate is being considered

MEDICAL CERTIFICATE

I hereby certify that I have examined Sh./Smt./Km. _____,
a Candidate for employment in NESTS, an autonomous society under Ministry of Tribal of
Affairs and cannot discover that he/she has any disease (communicable or otherwise),
constitutional weakness or bodily infirmity, except _____.

I do not consider this as a disqualification for employment in the NESTS.

The age of Sh./Smt./Km. _____ according to his/her own
statement is _____ years, and by appearance is about _____ years.

(Signature/ thumb impression of the candidate)

Date: _____

(To be signed in the presence of
the examining Medical Officer)

(Paste a photograph of the
candidate examined)

(Signature of Medical Officer)

Name: _____

Address: _____

Official Seal

(Seal should be spread over
form and the photograph)

**Note: The Officer making this certificate should be a Civil Surgeon or a District Medical Officer of
equivalent status of a Government Hospital**