

Format for Spouse Case

ANNEXURE-1

Declaration by DCE Faculty

1. Name of the DCE Faculty:
2. Place of working of DCE Faculty:
3. Name of the Spouse of DCE Faculty:
4. Department and Place of working of Spouse of DCE Faculty:
5. KGID (HRMS) No/ Employee No. of Spouse of DCE Faculty:

I hereby declare that the above particulars are true and correct.

Date:

Signature of DCE Faculty

Format for Spouse Case

ANNEXURE-2

Certificate of Employment

This is to certify that Sri/ Smt _____ wife/ husband of _____ Sri/ Smt is presently working as _____ in this Office/ Department/ Institution/ Bank. His/ Her Place of Employment is _____.

He/ She is a Government/ Aided Employee of this Institution and his/ her KGID (HRMS) No/ Employee No. is. _____.

This Certification is being issued upon his/ her request for whatever legal purpose it may serve.

Date:

Signature of the Competent Authority with seal

Medical Certificate
(For Serious Ailments, DCE Teaching Staff)

Name:

Nature of ailment:

Suffering since.....years

Certificate by Medical Board

I, certify that Sri/Smt..... aged about..... is suffering from..... disease as per serious ailment notified by the Government in Karnataka.

Medical records enclosed

- 1.
- 2.
- 3.

It is also certified that the treatment is not available in the present place of working of the Government employee. The nearest place/s to the present work station where the treatment available is mentioned below:

- 1.
- 2.

Dist. Medical Board
(Signatures with Seal)

Medical Certificate

(For Serious Ailments, Spouse and Children of DCE Teaching Staff)

Name:
Wife/Son/daughter of :
Nature of ailment:

Certificate by Medical Board

We, certify that Sri/ Smt/ Kum aged about years
Wife/Son/daughter of Sri/Smt (Employee Name) is suffering from
..... disease as per serious ailment notified by the Government in Karnataka.

Medical Records enclosed

- 1.
- 2.
- 3.

It is also certified that the treatment is not available in the present place of working of the Government employee. The nearest place/s to the present work station where the treatment available is mentioned below:

- 1.
- 2.

Dist. Medical Board
(Signatures with Seal)

Physically Challenged Certificate
(For DCE Teaching Staff)

Affix here recent photograph showing the disability duly attested by Medical Superintendent/ CMO/ Head of the Hospital (with seal)

Certificate No:

Date:

This is to certify that Mr./Ms. _____ Son/daughter of Mr./Ms. _____ Aged _____ years, Registration No. _____ He/ She is physically disabled/ visually challenged /speech and hearing impaired/ leprosy cured and has _____% (_____percent) permanent disability (physical impairment/visual impairment/speech and hearing impairment etc.).

Note:

This condition is progressive/not progressive/likely to improve/not to improve*.

1. Re-assessment is not recommended/is recommended after a period of _____ months/years*. (*Strike out whichever is not applicable)

Signature of Dr.
Name of Dr.
Specialization
Seal with Degree
(Member, Medical Board)

Signature of Dr.
Name of Dr.
Specialization
Seal with Degree
(Member, Medical Board)

Signature of Dr.
Name of Dr.
Specialization
Seal with Degree
(Member, Medical Board)

Signature/Thumb impression of Patient (Employee)

**Countersigned by the
Medical Superintendent/CMO/Head of Hospital (with seal)**

Declaration
(For being Widow, by DCE Teaching Staff)

I....., State that my husband is deceased and I have not remarried till date and I have enclosed the death certificate issued by the competent authority to support the above.

Enclosures:

- A. Death Certificate issued by competent authority
- B. Affidavit for not having remarried

Date:

Signature of the Faculty

Declaration

(For Single Parent with children below 12 years, by DCE Teaching Staff)

I..... State that I am a single parent having child/ children below 12 years and I have enclosed the documents to support the above.

Enclosure:

- A. Affidavit regarding dependent children
- B. Document/s for proof of age of child/ children
- C. Document in support of Single Parent (Affidavit for being Widow/ Divorcee/ Un-married/ not Re-married)

Date:

Signature of the Faculty

Declaration

(For being a Women Divorcee and not having re-married, by DCE Teaching Staff)

I..... State that I am a divorcee and not remarried and I have enclosed the documents to support the above.

Enclosure:

- A. Court decree for being a divorcee or Khula-naama/Talaq-naama/Talaq-e-mubarat (Incase if Muslims)
- B. Affidavit regarding not having remarried

Date:

Signature of the Faculty

Disability Certificate

(For having physically dependent spouse and children who has suffered bench mark disability while serving in Indian Armed forces or Paramilitary forces, by Teaching staff)

I..... State that I am having dependent spouse and children who have suffered bench mark disability while serving in Indian Armed forces or Paramilitary forces. and I have enclosed the documents to support the above.

Enclosure:

- A. Affidavit regarding dependent spouse and children who has suffered bench mark disability while serving in Indian Armed forces or Paramilitary forces.
- B. Certificate issued by the commanding officer or the Director Sainik welfare board

Date:

Signature of the Faculty

**Government of Karnataka
Department of Collegiate Education**

Project Work Certificate

Name of the College:

Name and Designation of Faculty	Subject	Details of Project Awarded and Duration of Project	Project Awarding Agency (UGC/ DST/ CSIR/ State Govt ...)	Sanctioned Amount (in Rs.)	Remarks

Enclosure:

- A. Scanned Copy of the project sanctioned letter issued by concerned agency

Date:

Signature of the Faculty

It is certified that the details provided in the table above are correct as per the records available at the college.

Date:

Signature of the Principal, with seal

**Government of Karnataka
Department of Collegiate Education**

Research Guide Certificate

Name of the College:

Name and Designation of Faculty	Subject	Date from which the Faculty is recognized as research guide	Name of the University by which Guideship is issued	No. of students pursuing research and registered for PhD/ MPhil with the University that has recognized the College as Research Center	Remarks

- Enclosure: 1. Copy of the Guideship Letter issued by University.
2. Copy of the letter issued by University for college having recognized as Research Centre.
1. Copies of PhD/Mphil registration of Students pursuing research.

Date:

Signature of the Faculty

It is certified that the details provided in the table above are correct as per the records available at the college.

Date:

Signature of the Principal, with seal

Declaration

(For DCE Faculty having Service less than TWO years for Superannuation)

I am, working in (college) due for superannuation
on(date).

Date:

Signature of the Faculty

It is certified that the details provided above are correct as per the records available at the college.

Date:

Signature of the Principal, with seal

Declaration

(For being a Central Office bearer of KGCTA, by DCE Teaching Staff)

I..... state that, am a central office bearer of the Karnataka State Government College Teachers' Association and I have enclosed the document in proof of the above.

Enclosure:

- A. Copy of the letter issued by the concerned officer for being elected as central office bearer of KGCTA.
- B. Copy of the Association Bye-laws indicating the election term.

Date:

Signature of the Faculty