

**Annexure-A-I**

**APPLICATION FORM FOR CERTIFICATE FOR AN APPLICANT WHOSE FATHER HAS DIED**

To

The Naib Tehsildar/Tehsildar

\_\_\_\_\_

**Sub:- CERTIFICATE FOR AN APPLICANT WHOSE FATHER HAS DIED.**

1	Name of applicant (IN BLOCK LETTERS)	
2	Date of Birth (enclose proof)	
3	Age of applicant at the time of father death	
4	Applicant is first or second child	
5	Present Address, Village	
6	Post Office	
7	Police Station	
8	District	
9	Caste	
10	Father's Name	
11	Date of birth of father	
12	Age of father at the time of his death	
13	Date of father's Death (enclose death certificate)	
14	Mother's Name	
15	Occupation	
16	Aadhar No/PAN Card No/Voter Id No ( if any)	

Please issue me a "Certificate for an applicant whose father has died.

Signature of applicant

Place:

Date:

Signature and Address of Witness

i)

ii)

**VERIFICATION**

I \_\_\_\_\_,s/o \_\_\_\_\_,Member Panchayat/Sarpanch/Councilor/MLA/MP of concerned Village/area/constituency \_\_\_\_\_ verified personally and statement furnished by the applicant are correct to the best of my knowledge and belief.

Signature with seal of Member Panchayat/Councilor/MLA/MP  
of the concerned Village/area/constituency

**Annexure-A-II**

**GOVERNMENT OF HARYANA  
Certificate for an applicant whose father has died**

No \_\_\_\_\_ Date \_\_\_\_\_

Certified that the person with the details mentioned below is an applicant whose father has died-:

1	Name of applicant(IN BLOCK LETTERS)	
2	Date of Birth(enclose proof)	
3	Age of applicant at the time of father death	
4	Applicant is first or second child	
5	Present Address, Village	
6	Post Office	
7	Police Station	
8	District	
9	Caste	
10	Father's Name	
11	Date of birth of father	
12	Age of father at the time of his death	
13	Date of father's Death (enclose death certificate)	
14	Mother's Name	
15	Occupation	
16	Aadhar No/PAN Card No/Voter Id No ( if any)	

This certificate is issued based on the details given in the application, local enquiry, facts and records produced by the applicant.

Signature with seal of the Naib Tehsildar/Tehsildar

**Annexure-B-I**

**APPLICATION FORM FOR WIDOW CERTIFICATE**

To

The Naib Tehsildar/Tehsildar

**Sub:- Issuance of Widow Certificate.**

I ....., Widow of Sh..... hereby give my particular as under:-

1	Name of Applicant (IN BLOCK LETTERS)	
2	Address	
3	Village	
4	Tehsil	
5	District	
6	Post office with PIN Code	
7	Name of Father/Mother	
8	Name of Husband	
9	Date of Death of Husband (Death Certificate to be attached)	
10	Aadhaar No. (if any)/PAN Card No. (if any)/Voter ID No. (if any)	

Please issue me a "WIDOW" Certificate.

Signature of Applicant

Place:

Date:

**VERIFICATION**

I.....s/o, d/o, w/o,....., Member Panchayat /Sarpanch /Councilor/ MLA/MP of concerned Village/area/constituency..... verified personally and statement furnished by the applicant are correct to the best of my knowledge and belief.

Signature with seal of Member  
Panchayat/Sarpanch/Councilor/MLA/MP of the concerned Village  
area/ constituency

**Annexure-B-II**

**GOVERNMENT OF HARYANA  
WIDOW Certificate**

No \_\_\_\_\_ Date \_\_\_\_\_

Certified that the person with the details mentioned below is a Widow.

1.	Name (IN BLOCK LETTERS)	
2.	Address	
3.	Village	
4.	Tehsil	
5.	District	
6.	Post office with PIN Code	
7.	Name of Father/Mother	
8.	Name of Husband	
9.	Date of Death of Husband	
10.	Aadhaar No./PAN Card No./Voter ID No. (if any)	

This certificate is issued based on the details given in the application, Verification Report, local enquiry, facts and records produced.

Signature with seal of the Naib Tehsildar/Tehsildar

**Experience Certificate**

1. This is to certify that Shri /Smt/Ms/Kumari, .....  
Son/ daughter/ wife of Shri .....  
resident of ..... village/town .....  
Tehsil ..... District .....  
of Haryana State/Union Territory has been serving as .....  
(Complete nomenclature of the post in the office of .....  
(Department/ Board /Corporation /Company/ Statutory Body / Commission /  
Authority of Government of Haryana or any State Government or Government of  
India.)
2. The period of engagement was from.....  
to ..... and the completed years and  
months are ..... (years & months.)
3. The EPF account no. (if any) is /was.....

**Place:**

**Date:**

**Signature with seal of Issuing Authority (Head of Office)**

**Full Name**

**Designation**

**Address**

**Telephone No. With code**

**UNDERTAKING**

I.....,Son/Daughter of.....  
aged.....,years,R/o.....,  
District ....., do hereby submit the following information for claiming  
marks under the Socio-economic criteria namely:-

- (1) That I am to apply for the post of ..... in HSSC  
against Category No. ...., Advt.No.  
....., Dated .....
- (2) That my Aadhaar No. / PAN Card No. / Voter ID No. (if any) is  
.....,
- (3) That neither the applicant nor any person among the applicant's family viz. father,  
mother, spouse, brothers and sons is, was or has been a regular employee in any  
Department / Board / Corporation/ Company/ Statutory Body/ Commission /  
Authority of Government of Haryana or any other State Government or Government of  
India.
- (4) That as no person as mentioned above had been in employment, I may be allotted  
marks under the socio-economic criteria.
- (5) That I fully understand that the marks are given on the basis of information supplied  
by me and if at any stage it is found that the information has been provided wrongly  
then not only my service can be terminated on the ground of supply of wrong  
information even if without these marks also my name would have figured within the  
select list / recommendation list. I also understand that criminal action can be taken  
against me for providing wrong / false information.
- (6) That the deponent shall not take advantage of the certificate(s) issued by the  
Competent Authority if in meantime any other eligible person in my family obtains the  
benefits thereof in the recruitment.

Place:-

DEPONENT

Date:-

**VERIFICATION:-**

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

Place:-

DEPONENT

Date:-

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