

Form I

TERMS OF CONTRACT FOR APPOINTMENT AS _____
_____ (name of post) under the State Health & Family
Welfare Society, Trivandrum

Articles of Agreement made this day, the _____ between
_____ (name of party) of the one part and State
Health & Family Welfare Society, Trivandrum (hereinafter called the Society) of the
other part.

Whereas, the Society has engaged the Party as _____
(name of post) on a contract basis and Party has agreed to serve the Society in that
capacity on the terms and conditions hereinafter contained.

NOW THESE PRESENT WITNESS AND THE Parties hereto respectively
agree as follows:-

1. The party of the first part shall remain in the service of the Society as
_____ (name of post) from
..... to..... (hereinafter called 'contractual
period') subject to the provisions herein contained.
2. During the period of contract, while functioning as _____
_____ (name of post), the Party will be entitled to a
consolidated remuneration (not salary) of **Rs.** _____ per month.

3. In addition to the consolidated compensation referred to in article 2 hereinabove, the Party shall be entitled to receive such other benefits / compensation such as TA/DA allowance while on tour, casual leave, sick leave etc. in accordance with the rules of the Society.
4. The appointment of the Party is purely on a contract basis and the Party would not be entitled to any claims, rights, interests or further benefits in terms of regularization or consideration of further appointment to the said post or any other post under the Society.
5. The Party has agreed to perform duties as per the present job description prescribed for the said post under the Society and further agrees to be governed by the Rules of the Society in force and such other conditions of service as may be adopted by the Society from time to time.
6. The services of the Party shall stand automatically terminated at the expiry of contract period.
7. Notwithstanding anything contained herein above, the services of the Party may be terminated at any time by the competent authority of the Society if the Party is found to be guilty of any insubordination, intemperance or other misconduct or of any breach or non-performance.
8. The Society also reserves the right to terminate this Agreement without assigning any reasons; provided that a written notice of fifteen working days is given to the Party. The Society may, in lieu of the written notice, give the Party a sum equivalent to the amount of his/her consolidated emoluments for fifteen working days or shorter notice than fifteen working days along with a sum equivalent to the amount of his/her consolidated emoluments for the period of which such notice falls short of fifteen working days.

In witness thereof, the Party and the authorized signatory of the Society have hereunto set their hands the day and year first above written.

Signed by the Party:

Signed by authorized signatory of the Society:

Signature

Signature:

Name

Name:

Address

Designation in the Society:

Dated:

Dated:

Signature Witness 1

Signature Witness 2

Name

Name

Address

Address

Dated:

Dated:

MEDICAL CERTIFICATE

I hereby certify that I have examined Mr/Ms and
can not discover that he/she has any disease, constitutional weakness or bodily
infirmity except
..... I do not consider this to be a reason
for disqualification of the candidate for employment under the office of State Health
& Family Welfare Society,

Signature of the candidate Attested:

Left thumb and finger impression of the candidate:

Signature of the examining physician:

Registration Number:

Place.....

Date.....

DECLARATION

I, Mr/Ms/Dr.....declare as under:

- (i) That I am unmarried/a widower/a widow.
- (ii) That I am married and have only one spouse.
- (iii) That I have entered into or contracted a marriage with a person having a spouse living. Application for grant of exemption is enclosed.

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

Signature.....

Date:

Name: (IN BLOCK LETTERS)

*Note : - Please strike clause/clauses not applicable.

APPLICATION FOR GRANT OF EXEMPTION

To

The Member Secretary

_____ (name of the Society)

_____ (place where the Society office is located)

Sir / Madam,

I request that in view of the reasons stated below, I may be granted exemption from the operation or restriction to service of a person having more than one spouse living.

Reasons:

Yours faithfully,

Signature _____

OATH OF ALLEGIANCE

“I _____ do swear / solemnly affirm 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 and integrity of India, and that I will carry out duties of my office loyally, honestly and with impartiality.

Signature:

Name:

Date:

Place:

CERTIFICATE OF CHARACTER

[From a Gazetted Officer OR the Head of Educational Institution last attended by him/her OR a similar certificate from his/her present / last employer].

A: Format when issued by a Gazetted Officer or Head of Educational Institution Last attended

Certified that I have known Mr/Ms/Dr.....for the last..... years.....months and that to the best of my knowledge and belief he/she bears reputable character and has no antecedents which render him/her unsuitable for employment.

2. Mr/Ms/Dr.....is not related to me.

Place.

Signature

Date

Designation

B: Format when issued by present / last employer

Certified that Mr/Ms/Dr..... has worked with (name of organization) during(period) and on the basis of his/her conduct during his/her employment with the organization, I have no hesitation to state that to the best of my knowledge and belief he/she bears reputable character and has no antecedents which render him/her unsuitable for employment.

2. Mr/Ms/Dr.....is not related to me.

Place.

Signature

Date

Designation