

APPLICATION FOR THE POST OF _____ Category _____

Affix recent
passport size
(4.5 x 3.5cm)
photograph self-
attested(not
older than 06
months

1. Name of the candidate (To be filled in Capital Letters only)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Father's Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Date of Birth :

D	D	M	M	Y	Y	Y	Y

4. Age as on closing date of application : Years _____ Months _____ Days _____

5. Permanent Address

Line 1

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Line 2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Line 3

												P	I	N	C	O	D	E				
--	--	--	--	--	--	--	--	--	--	--	--	---	---	---	---	---	---	---	--	--	--	--

State _____

6. Address for correspondence

Line 1

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Line 2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Line 3

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State _____

Mobile No. _____

E-mail ID _____

7. Aadhar card No : _____

8. Are you a Government Employee

Yes	
No	

9. Whether Ex-Serviceman (ESM):

Yes	
No	

Length of Service in the Armed Forces (in years) : _____

Have you already joined a civil post by availing benefit of reservation for Ex-Serviceman, if yes provide details thereof _____

10. Whether PwBD :

Yes	
No	

11. Caste/Category {Please tick (√) in appropriate box (attach certificate)}

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UR	SC	ST	OBC	EWS

12. Whether seeking Age Relaxation:

Yes	
No	

13. Nationality: _____

14. Gender: (Please tick (√) in appropriate box)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male	Female	Transgender

15. Marital Status: - Single/Married/Divorced/separated _____

16. Religion: _____

17. Educational qualification (Matriculation onwards) (attach certificates)

Qualification	University/Board	Year of Passing	Total Marks Secured	Percentage of Marks	Div/Class

18. Date of obtaining license for driving heavy vehicle {applicable for CMD (OG)}.

Qualification	Date of issue	License No.	Issuing Authority	Valid upto

19. Date of obtaining license for driving motor cycle {applicable for CMD(OG)}.

Qualification	Date of issue	License No.	Issuing Authority	Valid upto

Attach copies of Driving License (DL). Also attach genuineness certificate obtained from concerned RTO if Driving License (DL) not reflected the date of issue of Heavy Motor Vehicle or Motor Cycle.

20. Experience (attach certificates)

Post held & Pay scale	Office/Institute	Period of Service		Total period in years & months	Nature of Duties
		From	To		

21. Identification mark (please write in the box)

DECLARATION:-

(a) I hereby declare that the statements made in the application are true, complete and correct to the best of my knowledge and belief. I have not suppressed any information. I understand and agree that in the event of any information being found false or incorrect or incomplete or ineligibility being detected at any time before or after selection, my candidature is liable to be rejected. I shall be bound by the decision of the competent authority.

(b) I have ensured that, I fulfill eligibility criteria for the post applied for.

Date:- _____ (Left hand Thumb impression) (Candidate's name & signature)

Place:-

Enclosures:-

- | | | |
|----------|----------|----------|
| 1) _____ | 2) _____ | 3) _____ |
| 4) _____ | 5) _____ | 6) _____ |

Form of certificate to be submitted by Government Employees
Seeking Age – Relaxation

(To be filled by the Head of the Office or Department in which the candidate is working)

It is certified that Shri/Smt/Kum.
_____ is a Central Government Civilian
employee holding the post of _____ in the pay scale of Rs.
_____ with 03 years regular/continuous service in the grade as
_____.

Signature _____

Name _____

Office Seal _____

Place: _____

Date: _____

(*Please delete the words which are not applicable)

FORMAT FOR SC/ST CERTIFICATE

A candidate who claims to belong to one of the Scheduled Caste or the Scheduled Tribes should submit in support of his claim an attested/certified copy of a certificate in the form given below, from the District Officer or the Sub-Divisional Officer or any other officer as indicated below, of the District in which his parents (or surviving parent) ordinarily reside, who has been designated by the State Government concerned as competent to issue such a certificate. If both his parents are dead, the officer signing the certificate should be of the district in which the candidate himself ordinarily resides otherwise than for the purpose of his own education. Wherever photograph is an integral part of the certificate, the Commission would accept only attested photocopies of such certificates and not any other attested or true copy.

The format of the certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under Government of India.

FORM OF CASTE CERTIFICATE

1. This is to certify that Shri/Shrimati*/Kum*
 _____ son/daughter* of
 _____ of village/town* _____ in District/Division*
 _____ of the State/Union Territory* _____ belongs to the
 _____ Caste/Tribe* which is recognised as a Scheduled Caste/Scheduled
 Tribe* under:

The Constitution (Scheduled Castes) Order, 1950

The Constitution (Scheduled Tribes) Order, 1950

The Constitution (Scheduled Castes) Union Territories Order, 1951 *

The Constitution (Scheduled Tribes) Union Territories Order, 1951*

As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification) Order, 1956, the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North-Eastern Area (Reorganisation) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976,

The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956*

The Constitution (Andaman & Nicobar Islands) Scheduled Tribes Order, 1959 as amended by

The Scheduled Castes and Scheduled Tribes order (Amendment Act), 1976*

The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962

The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order, 1962 @

The Constitution (Pondicherry) Scheduled Castes Order, 1964 @

The Constitution (Scheduled Tribes) (Uttar Pradesh) Order, 1967 @

The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968 @

The Constitution (Goa, Daman & Diu) Scheduled Tribes Order, 1968 @

The Constitution (Nagaland) Scheduled Tribes Order, 1970 @

The Constitution (Sikkim) Scheduled Castes Order, 1978 @

The Constitution (Sikkim) Scheduled Tribes Order, 1978 @

The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989 @

The Constitution (SC) Orders (Amendment) Act, 1990 @

The Constitution (ST) Orders (Amendment) Ordinance, 1991 @

The Constitution (ST) Orders (Second Amendment) Act, 1991 @

The Constitution (ST) Order (Amendment) Ordinance, 1996@

2. **Applicable in the case of Scheduled Castes, Scheduled Tribes persons who have migrated from one State/Union Territory Administration.

This certificate is issued on the basis of the Scheduled Caste/ Scheduled Tribes Certificate issued to Shri/Shrimati/Kumari

Father/Mother _____ of Shri/Shrimati/Kumari _____ of village/town _____ in District/Division _____ of the State/Union Territory _____ who belong to the _____ Caste/Tribe which is recognised as a Scheduled Caste/Scheduled Tribe in the State/Union Territory issued by the _____ dated _____.

3. Shri/Shrimati*/Kumari* _____ and/or* his/her family ordinarily reside(s) in village/town* _____ of _____ District/Division* of the State/Union Territory* of _____.

Signature _____
Designation _____
(with seal of office)
State/Union Territory* of _____

Place _____
Date _____

* Please delete the words which are not applicable

@ Please quote specific Presidential Order

% Delete the paragraph which is not applicable.

NOTE: The term ordinarily reside(s) used here will have the same meaning as in section 20 of the Representation of the People Act, 1950.

List of authorities empowered to issue Caste/Tribe Certificates:

(i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Dy. Collector/1st Class Stipendiary Magistrate/Sub-Divisional Magistrate/Extra-Assistant Commissioner/Taluka Magistrate/Executive Magistrate.

(ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.

(iii) Revenue Officers not below the rank of Tehsildar.

(iv) Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES
APPLYING FOR APPOINTMENT TO POSTS UNDER
THE GOVERNMENT OF INDIA

This is to certify that Shri/Smt./Kum. _____ Son/
Daughter of Shri/Smt. _____ of Village/Town
_____ District/Division _____ in the
_____ State belongs to the _____ Community which is
recognized as a backward class under:

- (i) Resolution No.12011/68/93-BCC dated 10/09/1993 published in the Gazette of India Extraordinary Part I, Section I, No. 186 dated 13/09/1993.
- (ii) Resolution No.12011/9/94-BCC dated 19/10/1994 published in the Gazette of India Extraordinary Part I, Section I, No. 163 dated 20/10/94.
- (iii) Resolution No.12011/7/95-BCC dated 24/05/1995 published in the Gazette of India Extraordinary Part I, Section I, No. 88 dated 25/05/1995.
- (iv) Resolution No. 12011/96/94-BCC dated 09/03/1996.
- (v) Resolution No.12011/44/1996-BCC dated 06/12/96 published in the Gazette of India Extraordinary Part I, Section I, No. 210 dated 11/12/1996.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/1997.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/1997.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/1999.
- (ix) Resolution No. 12011/88/98-BCC dated 06/12/1999, published in the Gazette of India, Extra Ordinary Part-I, Section-I No. 270, 06/12/1999.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000, published in the Gazette of India, Extra Ordinary Part-I, Section-I, No. 71 dated 04/04/2000.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000, published in the Gazette of India, Extra Ordinary Part-I, Section-I, No. 210 dated 21/09/2000.

Shri/Smt./Kum. _____ and/or his/her family
ordinarily reside(s) in the _____ District/Division of
the _____ State. This is also to certify that he/she does not belong to the
persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the
Government of India, Department of Personnel & Training O.M. No. 36012/22/93-
Estt.(SCT) dated 08/09/1993, which is modified vide Department of Personnel and
Training OM No. 36033/3/2004 Estt. (Res.), dated, 9.3.2004 and 14.10.2008.

Dated:

District Magistrate or
Deputy Commissioner, etc.

Seal

NOTE-I:

- (a) The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- (b) The authorities competent to issue Caste Certificate are indicated below:
 - (i) District Magistrate / Additional Magistrate/ Collector / Deputy Commissioner/ Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendiary Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of Ist Class Stipendiary Magistrate).

- (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
- (iii) Revenue Officer not below the rank of Tehsildar; and
- (iv) Sub-Divisional Officer of the area where the candidate and / or his/her family resides.

NOTE-II: The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also, for assuming that the candidate does not fall in the creamy layer.

The candidate should furnish the relevant OBC Certificate in the format prescribed for Central Government jobs issued by the competent authority on or before the Closing Date as stipulated in the Notice.

Form-I

Disability Certificate

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)

(See rule 4)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent PP size Attested Photograph (Showing face only) of the person
--

Certificate No.

Date:

This is to certify that we have carefully examined
Shri/Smt./Kum. _____ son/wife/daughter of Shri _____ Date of Birth _____
(DD / MM / YY), Age _____ years, male/female _____ Registration
No. _____ Permanent resident of House No. _____ Ward/Village/
Street _____
Post Office _____ District _____ State _____
whose photograph is affixed above,

(A) He/She is a case of:

- Locomotors disability
- Blindness

(Please tick as applicable)

(B) The diagnosis in his/her case is.....

(C) He/ She has % (In figure).....percent
(in words) permanent physical impairment/blindness in relation to
his/her.....
(part of body) as per guidelines (to be specified).

2. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorized Signatory of notified Medical Authority)



Signature/Thumb impression of the disable person

Form-II
 Disability Certificate
 (In case of multiple disabilities)
 (NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE
 (See rule 4)

Recent PP size Attested Photograph (Showing face only) of the person with disability
--

Certificate No. _____

Date: _____

This is to certify that we have carefully examined
 Shri/Smt./Kum. _____ son/wife/daughter of Shri _____
 Date of Birth ____ / ____ / ____
 (DD / MM / YY), Age ____ years, male/female _____ Registration
 No. _____ Permanent resident of House No. _____ Ward/Village/
 Street _____ Post Office _____
 District _____ State _____ whose photograph is affixed
 above,

(A) He/she is a Case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

Sr. No	Disability	Affected Part of Body	Diagnosis	Permanent Physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Low vision	#		
3.	Blindness	Both eyes		
4.	Hearing impairment	£		
5.	Mental retardation	X		
6.	Mental- illness	X		

(B) In the light of the above, his /her over all permanent physical impairment as per guidelines (to be specified), is as follows:-

In figures: - _____ percent

In words: - _____ percent

2. This condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

3. Reassessment of disability is:

(i) not necessary,

Or

(ii) is recommended/ after _____ years _____ months, and therefore this certificate shall be valid till _____
(DD) (MM) (YY)

@ e.g. Left/Right/both arms/legs

e.g. Single eye/both eyes

£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority

--	--	--

Name and seal of member

Name and seal of Member

Name and seal of the
Chairperson

Signature/ Thumb impression of the

Signature/ Thumb impression of the disabled person.

Form-III

Disability Certificate
(In case other than those mentioned in Forms II and III)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE
(See rule 4)

Recent PP size
Attested Photograph
(Showing face only) of
the person with
disability

This is to certify that we have carefully examined Shri/Smt./Kum. _____ son/wife/daughter of Shri _____ Date of Birth _____ (DD / MM / YY), Age _____ years, male/female _____ Registration No. _____ Permanent resident of House No. _____ Ward/Village/Street _____ Post Office _____ District _____ State _____ whose photograph is affixed above and AM satisfied that he/she is a case of _____ disability. His/her extent of percentage physical impairment/ disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below:-

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Low vision	#		
3.	Blindness	Both eyes		
4.	Hearing impairment	£		
5.	Mental retardation	X		
6.	Mental- illness	X		

(Please strike out the disabilities which are not applicable.)

2. This above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

3. Reassessment of disability is:

(i) Not necessary,

Or

(ii) Is recommended/ after _____ years _____ months, and therefore this Certificate shall be valid till _____

(DD) (MM) (YY)

- @ e.g. Left/Right/both arms/legs
- # e.g. Single eye/both eyes
- £ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)
(Name and Seal)

Countersigned

{Countersignature and seal of the CMO/Medical Superintendent/ Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)}

Signature/ Thumb impression of disabled person

Note 1: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District."

Note 2: The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996.

Government of _____
(Name & Address of the Authority issuing the Certificate)

INCOME & ASSETS CERTIFICATE TO BE PRODUCED BY
ECONOMICALLY WEAKER SECTION

Certificate No. _____

Dated. _____

VALID FOR THE YEAR _____

1. This is to certify that Shri/Smt/Kumari _____ Son/daughter/wife of _____ permanent resident of _____ village/Street _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her "family"*** is below Rs. 8 Lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess nay of the following assets ***

- I. 5 acres of agricultural land and acres
- II. Residential flat of 1000 sq ft and above
- III. Residential plot of 100 sq yards and above in notified municipalities
- IV. Residential plot of 200 sq yards and above in areas other than the Notified Municipalities.

2. Shri/Smt/Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of office _____
Name _____
Designation _____

* Note -1 :- Income covered all sources i.e. salary agriculture business profession etc.

** Note -2 :- The term "Family" for this purpose include the person, who seeks benefit for reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

*** Note-3:- The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

Note-4:- The income and Asset Certificate issued by any one of the following authorities in the prescribed format shall only be accepted as proof of candidate's claim as belonging to EWS.

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/1st class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate
- (iii) Revenue Officer not below the rank of Tehsildar and
- (iv) Sub-Divisional Officer of the area where the candidate and or his family normally resides.

CBC-10702/11/0060/2223