

PROFORMA FOR APPLICATION

1. Advertisement No:
2. Post Applied for:
3. Application Fee details:
4. Category:

**Space for
photograph
duly signed
by the
candidate**

UR	EWS	OBC	SC	ST

5. Name (in block letters):

First Name	Middle Name	Last Name

6. Father's /Husband's Name:

7. Permanent Address

8. Address for correspondence
Pin code:
Tel. No. & Fax No. with STD Code:
E- mail:
Mobile:

9. Nearest Railway Station:

10. Date of Birth (Date/Month/Year):

11. Age as on **14.03.2024**

Years	Months	Days

12. Scale of Pay of present post & present
Basic Pay and Total emoluments drawn:
(for employed candidates)

13. Educational Qualifications starting with Matriculation (10th) :

Exams passed	Name of The Board/ University	Year of passing	Subjects	Division	Percentage of marks obtained

14. Employment details, if applicable (Chronologically from present position backwards)

Name of the Employer/ Organization	Full Address of Employer/Organization	Post held (with pay scale)	Period From*-To*	Total emoluments drawn	Nature of duties/ experience

* Specify Month and Year

15. References: (Name and Designation along with contact address details including fax, email and mobile)

(i)

(ii)

(iii)

16. Any other relevant information:

DECLARATION

I affirm that information given in this application is true and correct. I also fully understand that if at any stage it is found that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature may summarily be rejected and employment terminated.

PLACE:

(SIGNATURE OF THE APPLICANT)

DATE:

**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./Kumari _____
son/daughter_____of village/town in District/Division _____
_____ in the State/Union Territory_____ belongs to
the_____ community which is recognized as a backward class under
the Government of India, Ministry of Social Justice and Empowerment's Resolution No.
_____ dated_____. Shri/ Smt./Kumari
_____ and/or his/her family ordinarily
reside(s) in the_____ District/Division of the_____ State/Union Territory. 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 8.9.1993.**

District Magistrate Deputy
Commissioner etc.

Dated:

Seal

* The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

** As amended from time to time.

Note:- The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

Government of.....

(Name & Address of the authority issuing the certificate)

**INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY
ECONOMICALLY WEAKER SECTIONS**

Certificate No._____

Date:_____

VALID FOR THE YEAR_____

This is to certify that Shri/Smt./Kumari_____son/daughter/wife of _____permanent resident of _____, Village/Street _____Post Office _____District _____in the State/Union Territory _____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 any of the following assets***:

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft . and above;
- III. Residential plot of 100 sq. yards and above is 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 Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

Signature with seal of Office_____

Name_____

Designation_____

Recent Passport size
attested photograph of
the applicant

Annexure 4

CERTIFICATE OF DISABILITY

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)
[See rule 18 (1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport size
attested photograph
(Showing face
only) of the
person
with disability.

Certificate No. _____

Date: _____

This is to certify that I have carefully examined Shri/Smt./Kum. _____ son/
wife/ daughter of _____ 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:

(A) he/she is a case of:

- locomotor disability
- dwarfism
- blindness
- deaf
- Any other _____

(Please tick as applicable)

(B) the diagnosis in his/her case is

(C) he/she has % (in figure) percent (in words) permanent locomotor
disability/dwarfism/blindness in relation to his/her (part of body) as per
guidelines (.....number and date of issue of the 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 Authorised Signatory of
notified Medical Authority)

Signature/thumb
impression of the
person in whose
favour certificate of
disability is issued

Check list of Supporting documents attached in the application form

I affirm that I have attached the following supporting **self-attested documents** and have signed at the appropriate places in the application form.

- ☐ Photo pasted and signed by me
- ☐ Demand Draft for Rs. 700/- or Rs. 200/- attached
- ☐ Address proof (aadhar card/ passport) attached
- ☐ Valid caste certificate issued by Central / State Government attached (if applicable)
- ☐ Proof of age (Matriculation Certificate/Marksheet) attached
- ☐ Certificate in support of claim of age relaxation (if applicable) attached
- ☐ Education qualifications (Mark sheets of Class X, Class XII, Bachelor, if applicable) attached
- ☐ NCC/ NSS/ Sports/ Nature club/ Co-curricular activity certificates (if any) attached.
- ☐ Employment details (if applicable) attached
- ☐ Declaration for informing to Head of Office/ Department that the candidate has applied for selection (if applicable) attached
- ☐ Documentary support for any other claim(s) made (if applicable) attached.

(SIGNATURE OF THE APPLICANT)

DATE: