

## 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 (10<sup>th</sup>) :

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\_\_\_\_\_

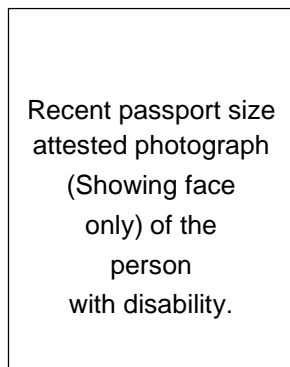
Designation\_\_\_\_\_

Recent Passport size  
attested photograph of  
the applicant

**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)



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: