

(Format of certificate to be submitted by Central Government Employees seeking age relaxation)

(To be produced on the Letter Head of the Department and to be filled by the Head of the Department in which the candidate is working)

It is certified that Shri/Smt/Kum. _____ is a Central Government employee holding the post of _____ in the Pay Scale/Pay Level of Rs. _____ with 03 years regular/continuous service in the grade as _____ w.e.f. _____.

2. There is no objection to his appearing for the post of _____ and document verification for the said recruitment.

Signature _____

Name _____

Designation _____

Tel No _____

Office Seal _____

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 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.....

<p>Recent passport size attested photograph of the applicant</p>
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***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 of 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.

**EXPERIENCE CERTIFICATE FOR CANDIDATES WORKING IN THE ICMR
PROJECTS**

(To be produced on the Letter Head of the Institute/Centre and to be filled by
the Head of the Department in which the candidate is working)

It is certified that Shri/Smt/Kum. _____ is
working at _____ as per the details given below:

Sl. No.	Period (Initial to latest)		Designation	Name of the ICMR funded Project	Emoluments Drawn (Rs.)	Remarks
	From	To				

Please state whether the candidate has entered into the project service within the prescribed age limit for the post for which the candidate is applying: -
(YES/NO)

There is no objection to his appearing for the post of _____ and document verification for the said recruitment.

Note:- Please attach copies of the appointment letters and joining orders in r/o of each of the above mentioned work experience.

Signature _____
Name _____
Designation _____
Tele No: _____

Office Seal _____

Syllabus of written examinations for Technical Cadre Posts

Sl. No	Name of the Post	Syllabus	Questions	Marks	Remarks
1	Technical Assistant (Electrical Engineering) (Life Sciences) (MLT) (Veterinary Science) (Pharmacology)	MCQ Type Questions consisting of :-			The total duration will be 02 hours There will be a negative marking. For every wrong answer, 0.25 marks will be deducted.
		Section A General Intelligence and Reasoning.	15	15	
		Section B General Awareness including current affairs	15	15	
		Section C Quantitative Aptitude	15	15	
		Section D English Language	15	15	
		Section E Trade/Subject related	40	40	
		TOTAL	100	100	
2	Technician-1 (Life Sciences) (Computer Science)	MCQ Type Questions consisting of :-			
		Section A General Intelligence and Reasoning.	15	15	
		Section B General Awareness including current affairs	15	15	

		Section C Quantitative Aptitude	15	15	<p>The total duration will be 02 hours</p> <p>There will be a negative marking. For every wrong answer, 0.25 marks will be deducted</p>
		Section D English Language	15	15	
		Section E Trade/Subject related	40	40	
		TOTAL	100	100	
3	Laboratory Attendant -1	MCQ Type Questions consisting of :-			
		Section A General Intelligence and Reasoning.	15	15	
		Section B General Awareness including current affairs	15	15	
		Section C Quantitative Aptitude	15	15	
		Section D English Language	15	15	
		Section E Trade/Subject related	40	40	
		TOTAL	100	100	

NO OBJECTION CERTIFICATE

(To be produced on the Letter Head of the Department and to be filled by the Head of the Department in which the candidate is working)

1. It is certified that Mr./Mrs./Miss/Dr. _____ (designation) _____ is working in the temporary/permanent capacity with effect from _____. The particulars furnished by him/her in the application form are correct and he/she possesses educational qualification and experience mentioned in the Vacancy Circular no. _____ dated _____. **This organization has no objection in his/her applying to the post of _____ as mentioned in the above stated circular.**

2. It is certified that his/her Pay Level is _____. He/She is drawing a Basic Pay of Rs. _____. He/her next increment is due on _____.

3. It is certified that in the event of selection of Mr./Mrs./Miss/Dr. _____ to the post of _____ at ICMR-NIMR, Sector-8, Dwarka, New Delhi - 110077, he/she shall be relieved within a period of 01 month of issue of Appointment letter to Mr./Mrs./Miss/Dr. _____ by ICMR-NIMR.

Place:

Date:

Signature _____

Name _____

Designation _____

Seal of the office _____

NO OBJECTION CERTIFICATE

(To be produced on the Letter Head of the Department and to be filled by the Head of the Department in which the candidate is working)

1. It is certified that Mr./Mrs./Miss/Dr. _____
_____ (designation) is working in the project
entitled "_____". The particulars furnished by
him/her in the application form are correct and he/she possesses educational
qualification and experience mentioned in the Vacancy Circular no.
_____ dated _____.
This organization has no objection in his/her applying to the post of
_____ as mentioned in the above stated circular.

Place _____

Date: _____

Signature : _____

Name: _____

Designation: _____

Seal of the office: _____

**FORM OF DECLARATION/UNDERTAKING TO BE SUBMITTED BY OBC
CANDIDATE (IN ADDITION TO THE COMMUNITY CERTIFICATE)**

I, _____ Son/Daughter of Shri
_____ resident of village/town/city
_____ District _____
_____ State _____ hereby declare

that I belong to the _____ community
which is recognized as a backward class by the Government of India for the purpose
of reservation in Service admission in Central Govt. institutions as per orders
contained in the Department of Personnel and Training Office Memorandum No.
36012/22/93-Estt.(SCT) dated 08th September, 1993. I also declare that I do not
belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the
Schedule to the above referred Office Memorandum dated 08th September, 1993,
which is modified vide Department of Personnel and Training Office Memorandum No.
36033/1/2013-Estt. (Res.) dated 14th September, 2017

Signature of Candidates: _____

Full Name: _____

Correspondence Address: _____

Place:

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
_____ of _____ village/town
_____ in _____ District/Division
_____ in the State/Union Territory _____
belongs to the _____ community which is recognised
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, OM No. 36033/3/2004-
Estt. (Res) dated 9th March, 2004, O.M. No. 36033/3/2004-Estt. (Res) dated 14th
October, 2008 and O.M. No. 36033/1/2013-Estt. (Res) dated 27th May, 2013**.

Signature _____
Designation _____ \$

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.

\$ - List of Authorities empowered to issue Other Backward Classes certificate will be the same as those empowered to issue Scheduled Caste/Scheduled Tribe certificates.

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

PRESCRIBED PROFORMAE

Performa-I

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

This is to certify that Shri/Shrimati/Kumari*.....
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 List (Modification) Order, 1956; the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976., the State of Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Reorganisation) Act, 1987.]

- @ The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956
- @ The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976
- @ The Constitution (Dadar and Nagar Haveli) Scheduled Castes Order, 1962
- @ The Constitution (Dadar and Nagar Haveli) Scheduled Tribes Order, 1962
- @ The Constitution (Pondicherry) Scheduled Castes Order, 1964
- @ The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967
- @ The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968
- @ The Constitution (Goa, Daman and 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) Order (Amendment) Act, 1990
- @ The Constitution (ST) Order (Amendment) Act, 1991
- @ The Constitution (ST) Order (Second Amendment) Act, 1991
- @ The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act 2002
- @ The Constitution (Scheduled Castes) Order (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes and Scheduled Tribes) Orders (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002

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

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes certificate issued to Shri/Shrimati*..... Father/Mother of Shri/Shrimati/Kumari of village/town* in District/Division*..... of the State/Union Territory*..... who belongs to the caste/tribe* which is recognised as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* of issued by the dated

% 3. Shri/Shrimati/Kumari*..... and/or* his/her* family ordinarily resides in village/town*..... of..... District/Division* of the State/Union Territory* of.....

Signature.....
**Designation.....

(With Seal of Office)
State/Union Territory*

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 Scheduled Caste/Scheduled Tribe Certificate.

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary Magistrate/† Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.
†(not below of the rank of 1st Class Stipendiary Magistrate).
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- (iii) Revenue Officers not below the rank of Tehsildar.
- (iv) Sub Divisional Officer of the area where the candidate and/or his/her family normally resides.
- (v) Administrator/Secretary to Administrator/Development Officer(Lakshadweep)

Form-V

Certificate of Disability

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

(A) he/she is a case of :

- locomotor disability
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is

(A) 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 certificate is issued.

Form-VI
Certificate of Disability
(In case of multiple disabilities)
[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 we have carefully examined Shri/Smt/Kum
..... /son/wife/daughter of Shri
Date of Birth..... (DD)/(MM)/(YY) Ageyears,
male/female..... Registration No.....
permanent resident of House
No.....Ward/Village/Street.....
..... Post Office District.....
State whose photograph is affixed above, and are
satisfied that:

(A) He/she is a Case of Multiple Disability. His/her extent of
permanent physical impairment/disability has been evaluated as
per guidelines (.....number and date of issue of the
guidelines to be specified) for the disabilities ticked below, and
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.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid attack Victim			
7.	Low vision	#		
8.	Blindness	#		
9.	Deaf	£		
10.	Hard of Hearing	£		
11.	Speech and Language disability			
12.	Intellectual Disability			
13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			
15.	Mental illness			
16.	Chronic Neurological Conditions			
17.	Multiple sclerosis			
18.	Parkinson's disease			
19.	Haemophilia			
20.	Thalassemia			
21.	Sickle Cell disease			

(B) In the light of the above, his /her over all permanent physical impairment as per guidelines (.....number and date of issue of the 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

£ 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 person in whose favour certificate of disability is issued.

Form-VII
Certificate of Disability
(In cases other than those mentioned in Forms V and VI)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE
CERTIFICATE)
[See rule 18(1)]

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 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.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	€		
8.	Hard of Hearing	€		
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological Conditions			
15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

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

2. The 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)

@ - eg. Left/Right/both arms/legs

- eg. Single eye/both eyes

€ - eg. 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
Chief Medical Officer/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 the person
in whose favour certificate
of disability is issued.

Note: 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: The principal rules were published in the Gazette of India by Ministry of Social Justice and Empowerment vide notification number 489, dated 15.06.2017.