

(FORMAT 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 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 OM No. 36012/22/93-Estt. (SCT,) dated 08.09.1993**. OM No. 36033/3/2004Estt. (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**.

Date _____

District Magistrate/ Deputy
Commissioner etc.

Seal of Office

*- The Authority issuing the Certificate may have to mention the details of Resolution of Government of India, in which the Caste of candidate is mentioned as OBC.

**-. As amended from time to time.

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 Certificate Certificates:

i.	District Magistrate / Additional District Magistrate/ Collector/ Deputy Commissioner / Additional Deputy Commission/ Dy. Collector / 1 st 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 applicant and or his family normally resides.

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

Note-III The candidate should furnish the relevant OBC Certificate in the format prescribed for Central Government jobs as per Annexure 'A' above issued by the competent authority on or before the Closing Date as stipulated in this Notice.

ANNEXURE 'B'

Form of declaration to be submitted by the 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 services as per orders contained in Department of Personnel and Training Office Memorandum No 36102/22/93-Estt. (SCT) dated 8-9-1993. It is also declared that I do not belong to persons/ sections/sections (Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum dated 8-9-1993, O.M. No. 36033/3/2004-Estt. (Res.) dated 9th March, 200, O.M. No. 36033/3/2004-Estt. (Res.) dated 14th October, 2008 and OM No. 36033/1/2013-Estt. (Res.), dated: 27th May, 2013.

Signature:.....

Full Name:.....

Address

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 _____



* 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.

**FORM OF UNDERTAKING TO BE GIVEN BY CANDIDATES APPLYING FOR CIVIL
POSTS UNDER EX-SERVICEMEN CATEGORY**

I understand that, if selected on the basis of the recruitment/examination to which this application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the Appointing Authority that I have been duly released/retired/discharged from the Armed Forces and that I am entitled to the benefits admissible to ex-servicemen in terms of the Ex- servicemen (Re-employment in Central Civil Services and Posts) Rules, 1979, as amended from time to time.

I also understand that I shall not be eligible to be appointed to a vacancy reserved for Ex-S in regard to the recruitment covered by this examination, if I have at any time prior to such appointment, secured any employment on the civil side (including Public Sector Undertakings, Autonomous Bodies/Statutory Bodies, Nationalized Banks, etc.) by availing of the concession of reservation of vacancies admissible to Ex-Servicemen.

I further submit the following information:

- a) Date of appointment in Armed Forces _____
- b) Date of discharge _____
- c) Length of service in Armed Forces _____
- d) My last Unit / Corps _____

Place:

Date:

(Signature of Candidate)



कर्मचारी राज्य बीमा निगम
आदर्श अस्पताल, सेक्टर 9ए, गुरुग्राम, हरियाणा - 122001
EMPLOYEES' STATE INSURANCE CORPORATION
MODEL HOSPITAL, SECTOR 9A, GURUGRAM, HARYANA - 122001



श्रम एवं रोजगार मंत्रालय,
भारत सरकार
(MINISTRY OF LABOUR AND
EMPLOYMENT, GOVT. OF INDIA)

दूरभाष/PHONE: 0124-2252001

ई-मेल/E-MAIL: ms-qurqaon.hr@esic.nic.in

फैक्स/FAX: 0124-2255133

APPLICATION FORM

(TO BE FILLED BY THE CANDIDATE IN BLOCK / CAPITAL LETTERS ONLY)

ADVERTISEMENT NO.:		AFFIX RECENT PASSPORT SIZE DULY ATTESTED COLOUR PHOTOGRAPH
NAME OF THE SPECIALITY APPLIED FOR:		
NAME OF THE POST:		

PERSONAL DETAILS: (IN CAPITAL LETTERS ONLY)

1. FULL NAME:																		
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2. FATHER'S / HUSBAND'S NAME:																		
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3. ADDRESS FOR CORRESPONDENCE WITH PIN CODE NO.																		
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4. PERMANENT ADDRESS WITH PIN CODE NO.																		
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5. E-MAIL ID (IN CAPITAL LETTERS ONLY)																		
6. PHONE/ MOBILE NO.	+	9	1															
ALTERNATE NUMBER	+	9	1															

7. DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y	8. Nationality	
									9. State to which you belong	

10. GENDER:		11. MARITAL STATUS:		12. HEIGHT:	
13. IDENTIFICATION MARK:	1.				
	2.				

14.	AADHAR NUMBER																		
	PAN CARD NUMBER																		
	NMC REGISTRATION NO.																		
	NAME OF THE MEDICAL COUNCIL																		

15.	If physically challenged candidate	Type of disability			% of disability	

16.	CATEGORY (Please tick one)	UR	OBC	SC	ST	EWS

17.	INTERVIEW FEE DETAILS (in favour of ESI Fund A/C No.2) (exempted for SC/ST/PwD/Women Candidates)	DD NO.	DATED	DRAWN ON BANK	AMOUNT
					₹ 300/-

18. DETAILS OF EDUCATIONAL QUALIFICATIONS:

S.no.	Qualification	Month, Year of Passing	University / Institute / Board	No. of Attempts
1.	SECONDARY (10 TH)			
2.	SENIOR SECONDARY (12 TH)			
3.	MBBS			
4.	PG DEGREE			
5.	PG DIPLOMA			
6.	ANY OTHER (_____)			

19. WORK EXPERIENCE (if any):

S.No.	Institution / Organization	Designation	Period of Service		Tenure in Months & Years	Govt./Pvt.
			From	To		
1.						
2.						
3.						
4.						
5.						
6.						

20.	Whether Worked or presently Working as a Senior Resident in Central Govt. / State Govt.: If Yes then,		YES / NO
S.No.	Period of SR-ship		Name & Address of the organization
	From	To	
1.			
2.			
3.			
4.			
21.	Has NOC certificate from Present Employer taken?		YES / NO
22.	Have you ever been Dismissed or Punished from any Institution/Organization?		YES / NO
If yes then please specify,			

Declaration: I do hereby declare that I am a citizen of India by Birth / Domicile and that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I am fully aware that in the event of any particulars or information furnished by me is found to be false/incomplete/incorrect or ineligible or for indulging in some unlawful act, my candidature for the post is liable to be rejected/canceled and in the event of any statement / information found false/incorrect even after my appointment, my services are liable to be terminated without any notice.

Date:

Place:

Signature of the Applicant

Name of the applicant:

Enclosures Checklist for Candidates:

- i. Certificate for Age Proof.
- ii. Proof of Educational Qualification along with certificates, if applicable.
- iii. MCI/ DCI or State Medical Council Registration Certificates.
- iv. Internship Completion Certificate/ experience certificate/ NOC.
- v. Latest Caste Certificate/Non-Creamy layer Certificate/ EWS/Disability certificate.