

10. Present Occupation :
(Write PROFESSION/ GOVT. SERVICE)

--

11. Gross annual income/emoluments
(This column is to be filled up
Only by candidates who are Not in
Govt. Service). Please attach self
attested copy of ITR.

Assessment Year	Gross Total Income	Whether self attested copy of ITR filled enclosed
2018-19		
2017-18		
2016-17		

12. (a) Educational Qualifications (Starting from Graduation and above) (only self attested copies of degrees/diplomas to be enclosed).

S.No.	Degree/Diploma	University/Board	Div./Grade	Year of passing

(b) Professional/Special qualifications :

(i) Enrolment/Registration No. as an Advocate/Chartered Accountant:

--

(ii) Date of Enrolment/Registration as an Advocate/Chartered Accountant:

d	d	m	m	y	y	y	y

(iii) Details of Professional Experience:

S.No.	Period of practice		Remarks
	From	To	

13. How do you qualify for the post applied for:
(As on 20.08.2018) :
14. Details of present and previous employment such as name of employer, post(s) held specifically from the first post held to the present post, joining and leaving dates, nature of employment, pay excluding allowances drawn, etc., separately for each post held. Candidates belonging to Higher Judicial Service should indicate the date of promotion/appointment in the Higher Judicial Service. Candidates from the Indian Revenue Service should indicate the dates of promotion as Additional Commissioner and Commissioner of Income Tax (Attach separate sheet, if necessary) :

S.No.	Name of Deptt./ Organization/ PSU etc.	Designation alongwith name of Service	Duration		Pay Scale with Grade Pay	Regular/ Contract
			From	To		

Declaration

I declare that all the information submitted in this application form is correct and complete.

Signature

Name _____

Place:

Date :

Check list for enclosures (self attested) (please put (✓) tick mark in the box)

Sl. No.	Particulars	Yes	No
(1)	Age proof (X/XII certificate)		
(2)	Caste certificate in the prescribed form (for candidates from SC/ST/OBC category)		
(3)	Declaration to be submitted by the OBC Candidates		
(3)	Certificates in respect of Enrolment as an Advocate		
(4)	Certificates in respect of Registration as a Chartered Accountant/Certificate of Practice as CA		
(5)	Certificate(s) in respect of Educational Qualifications		
(6)	Medical Certificate in the prescribed form (for persons with disabilities)		
(7)	One Recent Passport Size Photographs		
(8)	Self attested copy of Income Tax Return for the Assessment Year 2018-19, 2017-18 and 2016-17.		

Signature

Name _____

Place:

Date :

PRESCRIBED PROFORMAE**Forma-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 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**.

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.

Form-II
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
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

= blindness

(Please tick as applicable)

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

(A) 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 Authorised Signatory of notified Medical Authority)

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

Form-III
 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..... Ageyears,
 male/female.....

(DD) (MM) (YY)

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 (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	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

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 person in whose favour disability certificate is issued.

Form-IV
 Disability Certificate
 (In cases 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

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	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. 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)

@ 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 the person in whose favour disability certificate 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 vide notification number S.O. 908 (E), dated the 31st December, 1996.