

ANNEXURE - I

GENERAL INSTRUCTIONS REGARDING RESERVATION

Abbreviations:

<i>UR</i> - Unreserved	<i>OBC</i> - Other Backward Classes	<i>EWS</i> - Economically Weaker Section
<i>PwD</i> - Persons with Disability	<i>SC</i> - Scheduled Caste	<i>ST</i> - Scheduled Tribe
<i>EXSM</i> - Ex-servicemen	<i>HI</i> - Hearing Impairment	<i>VI</i> - Visual Impairment
<i>ID&MI/MD</i> - Intellectual Disability & Mental Illness/Multiple Diseases		

- General:**
- i)** "Interlocking reservation will be provided to PWD candidates as per Govt. of India instructions"; and
 - ii)** PWDS with minimum 40% disability shall only be eligible to apply for competing for the posts advertised.

1. Definition of Persons with Disabilities (PWDs) [Divyangjan]:

Under Section 2 (r) of the Right of Persons with Disabilities Act 2016, only such persons would be eligible for reservation who suffer from not less than 40% of specified disability and are certified by a Medical Board constituted by the Central/State Government. Candidates claiming such benefits should produce certificate in original (by the Competent Authority issued on or before the last date of online submission of application in the prescribed format available at the end of this advertisement) in support of their claim at the time of Interview/at any stage of the recruitment process. Persons with Disabilities will have to work in any Regional Office/Branch Office as per requirement. Candidates with the following disabilities are eligible to apply against the vacancies reserved for them (as per GOI guidelines dated 15 January 2018):

- i) Blindness and Low Vision –**
 - a)** "blindness" means a condition where a person has any of the following conditions, after best correction—
 - (i)** total absence of sight; or
 - (ii)** visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction; or
 - (iii)** limitation of the field of vision subtending an angle of less than 10 degree.
 - (b)** "low-vision" means a condition where a person has any of the following conditions, namely:—
 - (i)** visual acuity not exceeding 6/18 or less than 20/60 upto 3/60 or upto 10/200 (Snellen) in the better eye with best possible corrections; or
 - (ii)** limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.
- ii) Deaf and Hard of Hearing–**
 - (a)** "deaf" means persons having 70 DB hearing loss in speech frequencies in both ears; (b) "hard of hearing" means person having 60 DB to 70 DB hearing loss in speech frequencies in both ears;.
- iii) Locomotive disability including cerebral palsy, leprosy cured, dwarfism, acid attack victims and muscular dystrophy –**

A Locomotor disability (a person's inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both), including—

 - (a)** "leprosy cured person" means a person who has been cured of leprosy but is suffering from—*(i)* loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity;*(ii)* manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;*(iii)* extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful occupation, and the expression "leprosy cured" shall construed accordingly;
 - (b)** "cerebral palsy" means a Group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth;
 - (c)** "dwarfism" means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimeters) or less;
 - (d)** "muscular dystrophy" means a group of hereditary genetic muscle disease that weakens the muscles that move the human body and persons with multiple dystrophy have

incorrect and missing information in their genes, which prevents them from making the proteins they need for healthy muscles. It is characterised by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue;

- (e) "acid attack victims" means a person disfigured due to violent assaults by throwing of acid or similar corrosive substance
- iv) Autism, intellectual disability, specific learning disability and mental illness
1. "speech and language disability" means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.
 2. Intellectual disability, a condition characterised by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour which covers a range of every day, social and practical skills, including—
 - (a) "specific learning disabilities" means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia;
 - (b) "autism spectrum disorder" means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others, and is frequently associated with unusual or stereotypical rituals or behaviours.
 3. Mental behaviour,—
"mental illness" means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence.
 4. Disability caused due to—
 - (a) chronic neurological conditions, such as—
 - (i) "multiple sclerosis" means an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord are damaged, leading to demyelination and affecting the ability of nerve cells in the brain and spinal cord to communicate with each other;
 - (ii) "parkinson's disease" means a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement, chiefly affecting middle-aged and elderly people associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine.
 - (b) Blood disorder—
 - (i) "haemophilia" means an inheritable disease, usually affecting only male but transmitted by women to their male children, characterised by loss or impairment of the normal clotting ability of blood so that a minor would may result in fatal bleeding;
 - (ii) "thalassemia" means a group of inherited disorders characterised by reduced or absent amounts of haemoglobin.
 - (iii) "sickle cell disease" means a hemolytic disorder characterised by chronic anemia, painful events, and various complications due to associated tissue and organ damage; "hemolytic" refers to the destruction of the cell membrane of red blood cells resulting in the release of hemoglobin.
- v) Multiple disabilities from amongst persons with disabilities [under clause i to iv] including deaf-blindness -
Multiple Disabilities (more than one of the above specified disabilities) including deaf blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems.

2. GUIDELINES FOR PERSONS WITH DISABILITIES USING A SCRIBE

- (a) In case of candidates with benchmark disabilities in the category of locomotor disability (both arm affected-BA) and cerebral palsy, the facility of scribe shall be given. if so desired by the candidate.

- (b) In case of other category of candidates with benchmark disabilities, the provision of scribe/lab assistant can be allowed on production of a certificate from the Chief Medical Officer/Civil Surgeon/ Medical Superintendent of a Government health care institution as per proforma at **APPENDIX-A**, to the effect that the person concerned has physical Limitation to write, and scribe is essential to write examination on his behalf.
- (c) In case the candidate is allowed to bring his own scribe, the qualification of the scribe should be one step below the qualification of the candidate taking examination. The candidates with benchmark disabilities opting for own scribe shall have to submit details of the own scribe as per proforma at **APPENDIX- B**

Other terms & conditions for providing scribes as mentioned in the “Guidelines for conducting written examination for persons with benchmark disabilities 2018” issued by Ministry of Social Justice & Empowerment, Department of Empowerment of Persons with Disabilities (Divyangjan) on 29 August 2018 shall prevail.

3. The Competent Authority for the issue of certificate shall be as specified in the “The Rights of Person with Disabilities Rules, 2017”: (as notified by GOI from time to time):

The Competent Authority for the issue of certificate For SC/ST/OBC:

- a) District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / First Class Stipendiary Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner
- b) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/ Presidency Magistrate
- c) Revenue Officer not below the rank of Tahsildar
- d) Sub-divisional officer of the area where the candidate and or his family normally resides

4. The format of certificate to be produced by a Candidate belonging to scheduled caste or scheduled tribe and Other Backward Classes shall be as per **FORM – A** and **FORM – B** respectively, appended hereinafter.
5. For persons with Disabilities, the format of certificate of disability will be as per applicable Form (s) appended to “The Rights of Person with Disabilities Rules, 2017”. The format of certificate to be produced by a Candidate is given on **FORM C (i, ii & iii)**
6. Reservation for Economically Weaker Sections (EWSs) will be as per provision(s) contained in DoPT OM no No.36039/1/2019-Estt (Res) dated 31st January 2019. The format of certificate to be produced by a Candidate is given on **FORM D**
7. Undertaking to be submitted by Ex-servicemen is given in **Form E**

APPENDIX- A

Certificate regarding physical limitation in an examinee to write

This is to certify that, I have examined Mr/Ms/Mrs _____ (name of the candidate with disability), a person (nature and percentage of disability as with mentioned in the certificate of disability), s/o/D/o _ a resident of _____(Village/ District/State) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Signature

Chief Medical Officer/ Civil Surgeon/ Medical
Superintendent of a Government health care institution

Name & Designation.

Name of Government Hospital/ Health Care Centre with Seal

Place:

Date:

Note:

Certificate should be given by a specialist of the relevant stream/ disability (eg, Visual impairment - ophthalmologist, Locomotor disability - Orthopaedic specialist/ PMRJ).

APPENDIX B

Letter of Undertaking for Using Own Scribe

I _____, a candidate with _____ (name of the disability) appearing for he _____ (name of the examination) bearing Roll No. _____ at _____ (name of the centre) in the District _____, _____ (name of the State). My qualification is _____

I do hereby state that _____ (name of the scribe) will provide the service of scribe/lab assistant for the undersigned for taking the aforesaid examination.

I do hereby undertake that his qualification is _____. In case, subsequently it is found that this qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims relating thereto.

(Signature of the candidate with Disability)

Place :

Date :

FORMAT FOR SC/ ST CERTIFICATE

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

This is to certify that Shri/ Shrimati /Kumari* _____ son/daughter of _____ of _____ village/town/* _____ District/Division* _____ of the State/Union Territory* _____ belongs to the _____ caste/ Tribes* which is recognized as a Scheduled Castes/Scheduled Tribes* 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 Lists(Modification) order, 1956, the Bombay Reorganization Act, 1960 & the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act 1970, the North-Eastern Area(Reorganization) 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 & 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 (Dadra and Nagar Haveli) Scheduled Castes order 1962. @The Constitution (Dadra 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 & Diu) Scheduled Castes Order, 1968
- @The Constitution (Goa, Daman & 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) orders (Amendment) Act, 1990
- @The Constitution (ST) orders (Amendment) Ordinance 1991 @ The Constitution (ST) orders (Second Amendment) Act, 1991
- @ The Scheduled Castes and Schedules 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/Srimati/Kumari* _____ of _____ village/town* _____ in District/Division* _____ of the State/Union Territory* _____ who belong to the Caste/Tribe* which is recognized 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 reside(s) 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 Certificates :

- (i) District Magistrate/ Additional District Magistrate/ Collector/ Deputy Commissioner/ Additional Deputy Commissioner/ Dy.Collector/ Ist 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 Officers of the area where the candidate and/or his family normally resides.
- (v) Administrator/ Secretary to Administrator/ Development Officer (Lakshadweep).

FORM B

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.

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 as on closing date, 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, 2004 and O.M. No. 36033/3/2004-Estt. (Res.) dated 14th October, 2008.

Signature:.....

Full Name:.....

Address:.....

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 Shri _____ Date of Birth (DDMM/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 _____

(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

Certificate of Disability
(In cases 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) _____ 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 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 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.	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) -----

@ eg Left/right/both arms/legs

eg Single eye

£ 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

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

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 (.....number and date of

issue of the 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

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 E

UNDERTAKING TO BE GIVEN BY THE EX-SERVICEMEN

I _____, bearing Roll No... ,
appearing for the Document Verification of the
..... Examination, 20....., do
hereby undertake that:

- (a) 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.
- (b) I have not joined the Government job on civil side (including Public Sector Undertakings, Autonomous Bodies/ Statutory Bodies, Nationalized Banks, etc.) in Group „C“ and „D“ posts on regular basis after availing of the benefits of reservation given to ex-serviceman for re- employment; or
- (c) I have availed the benefit of reservation as ex-serviceman for securing Government job on civil side. I have joined ason..... in the office of
..... I hereby undertake that I have submitted the self-declaration/ undertaking to my current employer about date wise detail of the application for the above mentioned examination for which I had applied for before joining the present civil employment; or
- (d) I have availed the benefit of reservation as ex-serviceman for securing Government job on civil side. I have joined ason..... in the office of
..... Therefore, I am eligible for age-relaxation only;

I hereby declare that the above statements are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, my candidature/ appointment is liable to be cancelled/ terminated.

Signature:

Name:

Roll Number:

Date:

Date of appointment in Armed Forces:

Date of Discharge:

Last Unit/ Corps:

Mobile Number:

Email ID: