

5. Evaluation Form for the post of JOA (IT) (Class-III) reserved for Orthopedic and hearing impaired of H.P. (to be filled by the candidate)

Sr. No.	Remarks	Maximum Marks	Marks Claimed by the candidate
1.	Weightage for essential educational qualification as per the R&P Rules (% of marks obtained in educational qualification prescribed for the posts would be divided by 10)	10(Ten)	
2.	Weightage for maximum disabilities as certificate by the Medical Board/ Authorities. (40% to 59%) = 2 marks (60% to 79%) = 4 marks (80% to 100%) = 6 marks	6(Six)	
3.	Weightage for maximum additional qualification (% of marks obtained would be divided by 25)	4 (Four)	
4.	Belonging to notified Backward Area or Panchayat, as the case may be.	1 (One)	
5.	Land less family/family having land less than 1 hectare to be certified by the concerned Revenue Authority	1(one)	
6.	Non-employment Certificate to the effect that none of the family member is in Government/Semi Government.	1(one)	
7.	BPL family having family annual income (from all sources) below Rs. 40,000/- or as prescribed by the Government from time to time.	2 (Two)	
8.	Widow/divorced/ destitute/ single woman	1(one)	
9.	Single daughter/Orphan.	1(one)	
9.	Training of atleast 6 months duration related to the post applied for from a recognized University/Institution.	1(Two)	
10.	Experience up to a maximum of 5 years in Government/Semi-Government organization relating to the post applied for (0.4 mark only for each completed year)	2(Two)	
	Total	30 Marks	

Note:- Wherever marks are claimed, candidate is required to attach attested/self attested copy of marks sheet/certificate and to show the original to the Authority when called to do so.

Encls:

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____
7. _____ 8. _____ 9. _____

Signature of the candidate

Name _____

Address _____

Application format for the post of JOA(IT)

1. Type of disability (Please tick the column) (1) Orthopedically impaired (2) Hearing impaired
2. Name of the post applied for : _____
3. Name of the applicant : _____
4. Father/Husband's Name : _____
5. Date of birth : _____
6. Percentage of disability : _____
7. Name of Authority issuing The medical certificate : _____

Self Attested latest photo be affixed

8. Educational qualification.

Examination	Name of the University/Board	Subject	Marks obtained	Percentage	Year of Passing
Matric					
+2					
Diploma					
Any other					

9. Permanent address : _____
10. Correspondence address : _____
11. E-mail and Mobile No. : _____

The application and evaluation form duly filled by the candidate and be sent to the office of the Registrar Cooperative Societies Block No. 25 SDA Complex Kasumpti Shimla-9

The following self attested documents should be attached.

1. Matriculation
2. +2
3. Bonafied Himachali certificate
4. Medical disability certificate 40% or above issued by the medical board.
5. SC/ST/OBC certificate.

Signature of the Candidate

Date:
Place: