

Annexure-1

(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 _____

**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)

Annexure-3

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/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:

E-Mail:

Mobile No:

Date:

Annexure-5

Form-V

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 (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 is issued

Annexure-6

Form - VI

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)

@ 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. |
|---|

Annexure-7
(Economically Weaker Section (EWS))

Government of

(Name & Address of the authority issuing the certificate)

**INCOME & ASSETS 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 the Office _____

Name _____

Designation _____

Recent Passport size
attested photograph
of the applicant

*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.

Annexure 8

NOC and Experience certificate for candidates working in the ICMR projects

It is certified that Shri/Smt/Kum.....is presently working atin the project entitled since..... till date.....

| S. No. | Period (Initial to latest) | Designation | Title of the project | Emoluments Drawn (Rs.) | Nature of duties performed |
|--------|----------------------------|-------------|----------------------|------------------------|----------------------------|
| 1. | | | | | |

There is NO OBJECTION to her appearing for the post of

Signature:

Name:

Seal:

Annexure – 9

1. Candidates will be selected based on the CBT (Computer Based Test) and relevant experience.
2. CBT (Computer Based Test) will be conducted for 95 marks with one mark awarded for each correct answer and a negative marking of 0.25 for each wrong answer.
3. Five marks will be given for post-essential qualification research/lab/filed experience in any Government recognized/approved/registered institute or organization as per below given table.

| Relevant Experience | Marks |
|----------------------|-------|
| >1 and up to 2 years | 1 |
| >2 and up to 4 years | 2 |
| >4 and up to 6 years | 3 |
| >6 and up to 8 years | 4 |
| >8 years | 5 |

4. If tie occurs between two or more candidates, appropriate tie breaker rules will be applied as GOI guidelines.
5. Syllabus and marking pattern are given below

| Name of the Post | Syllabus | Marks |
|--------------------------------------|---|-----------|
| Technical Assistant and Technician-1 | Section A: General Intelligence/ Awareness/ Reasoning MCQ | 20 |
| | Section B: Computer skills MCQ | 15 |
| | Section C: Trade/subject related MCQ | 60 |
| | Total | 95 |

| Name of the Post | Syllabus | Marks |
|------------------|---|-----------|
| Lab attendant-1 | Section A: General Intelligence/ Awareness/ Reasoning/computer skills MCQ | 30 |
| | Section B: General Awareness and current affairs MCQ | 30 |
| | Section C: Lab/Work/Trade/subject related MCQ | 35 |
| | Total | 95 |