



icmr
INDIAN COUNCIL OF
MEDICAL RESEARCH
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भारतीय आयुर्विज्ञान
अनुसंधान परिषद

"Government strives to have a workforce which reflects gender balance and women candidates are encouraged to apply"

Adv.No. ICMR/Recruitment/JTO-DR/02/2024-Estt. Dated: 30.07.2024

RECRUITMENT NOTICE FOR JUNIOR TRANSLATION OFFICER POSTS

Indian Council of Medical Research (ICMR) is an Autonomous Organization, under the Department of Health Research, Ministry of Health & Family Welfare, Govt. of India. ICMR is dealing with biomedical/ health research in various areas, in collaboration with National/ International agencies, through its Headquarters at New Delhi and 27 Institutes/ Centers and a large number of field stations, situated across the country.

2. ICMR invites online applications, from Indian Citizens, to fill up following Hindi Cadre, Group 'B' positions under ICMR Hqrs. New Delhi and ICMR Institutes/Centers situated all over India for appointment on regular basis under Direct Recruitment with all India transfer liability under the Council:-

Name of Post & Category	Pay Scale	Age
Junior Translation Officer (JTO) 03 posts (UR-02, SC-01)	Pay Level-6 of Pay Matrix (Rs. Rs. 35400-1,12,400) (7thCPC Scale) and usual allowances as admissible from time to time	Not exceeding 30 years

Notes: 01 post of JTO has been identified suitable for Persons with Benchmark Disabilities and earmarked to PwBD (Deaf and HH). The last date of receipt of online applications is upto 31.08.2024 till 5:30 PM.

3. IMPORTANT NOTE :

- All information relating to this recruitment right from the status of application up to the nomination of the selected candidates, to the initial place of posting including call letters for the Tests, to the provisionally eligible candidates etc will be available on the website of ICMR i.e. www.icmr.nic.in. ICMR will not be responsible for information available from other sources.

- ii. Any Addendum/Corrigendum/updates, in this regard will be displayed on ICMR's website at www.icmr.nic.in. Further information regarding screening of applications, schedule of written examination, documents verification, date, time and final result of selected candidates will be announced and displayed only in ICMR's website at www.icmr.nic.in. Candidates will not be informed individually in this regard. Therefore, candidates are advised to regularly visit the above-mentioned website of ICMR for any updates.
- iii. All applicants are advised to read these guidelines carefully before starting online registration and ensure that no column is left blank. If the columns in the REGISTRATION FORM / APPLICATION FORM are filled incorrectly and registered/submitted, candidates will not be able to change the entries and their candidature will be decided accordingly. In the event of rejection of the application form due to INCORRECT entries filled by the candidate, no correspondence/request for reconsideration will be entertained.

4. DETAILS OF VACANCIES, EDUCATIONAL QUALIFICATION AND ELIGIBILITY CRITERIA.

Sno.	Details of Posts	Educational Qualifications & Experience
1.	Junior Translation Officer (JTO) 03 posts (UR-02, SC-01)	<p>Master's degree of a recognized university in Hindi with English as a compulsory or elective subject or as the medium of examination at the degree level;</p> <p>Or</p> <p>Master's degree of a recognized university in English with Hindi, as a compulsory or elective subject or as the medium of examination at the degree level;</p> <p>Or</p> <p>Master's degree of a recognized university in any subject other than Hindi or English, with Hindi medium and English as a compulsory or elective subject or as the medium of an examination at the degree level;</p> <p>Or</p> <p>Master's degree of a recognized university in any subject other than Hindi or English, with English medium and Hindi as a compulsory or elective subject or as the medium of an examination at the degree level;</p> <p>Or</p> <p>Master's degree of a recognized university in any subject other than Hindi or English, with Hindi and English as a compulsory or elective subject or either of the two as a medium of an examination and the other as a compulsory or elective subject</p>

		<p>at the degree level;</p> <p>And</p> <p>Recognized Diploma or certificate course in translation from Hindi to English & vice versa or two years experience of translation work from Hindi to English and vice versa in central or state government office, including the government of India undertaking.</p> <p>Note 1: Qualifications are relaxable at the discretion of the DG, ICMR in the case of candidates otherwise well qualified.</p> <p>Note 2: The qualification(s) regarding experience is relaxable at the discretion of the DG, ICMR in the case of candidates belonging to SC/ST if at any stage of selection, the DG, ICMR is of the opinion that sufficient number of candidates from these communities possessing the requisite experience are not likely to be available to fill up the vacancies reserved for them.</p>
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Note:

i. The candidates selected for these posts may be posted anywhere by the Competent Authority of ICMR, New Delhi, as it carries All India service liability.

ii. The above vacancies are provisional and subject to variation. The competent authority reserves the right to vary the vacancies including reserved vacancies at any stage of recruitment. The competent authority also reserves the right to withdraw this advertisement or cancel this advertisement in part or full, at any stage without assigning any reason.

6. Age limit:

- i. **Upper age limit is 30 years** (relaxable in accordance to GOI instructions applicable to reserved category i.e. SC/ST/OBC/PwBD etc.)
- ii. Upper age limit shall be determined as on the closing date for submission of online application.
- iii. Date of Birth as recorded in the Matriculation/Secondary Examination Certificate only will be accepted for determining the age and no subsequent request for change will be considered or granted.
- iv. No age relaxation would be available to SC/ST/OBC candidates applying for unreserved vacancies.

7. Selection Procedure:

- All applications shall be first screened based on the information provided by the candidates in on-line application.
- Written test (CBT) would be conducted in respect of screened in applications only. However, all candidates may be called for written examination (CBT) based on the information provided by the application in online application as per discretion of competent authority. Hence, candidates are advised to check their eligibility and satisfy himself/herself before applying.
- The Selection would be made on merit, based on his/her aggregate scores in the Computer Based Test (CBT) out of 100 marks.
- The written test will comprise of two parts :
PART-I (60 marks) comprising of general scientific knowledge related to health care ;
PART-II (40 marks) comprising of translation from English to Hindi and vice-versa.
- The minimum qualifying marks of CBT will be 50% for Unreserved and 40% for SC/PwBD candidates.
- **RESOLUTION OF TIE CASES :** In the event of tie in scores of candidates in the Computer Based Test, such cases will be resolved by applying following criteria, one after another, till the tie is resolved :-
 - i) Date of Birth, with older candidates placed higher.
 - ii) Alphabetical order of names.

8. **Application Fee.** Application Fee (**non-refundable**) of Rs.300/- (Rupees **Three hundred** only) is required. SC/ST/Women/PwBD/Ex-servicemen candidates are exempted from application fee. Application Fee is to be paid by candidates through online link given in the application form. Fee once paid shall not be refunded in any case.

9. **MODE OF PAYMENT.** The candidates can deposit the above application fee through online payment gateway available at the APPLICATION PORTAL using Debit/ Credit Card/ Net Banking.

10. **Instructions for Government Employees Applicants.**

i. Govt. Civilian Employees (Central / State / UT / Autonomous / PSU / Statutory body etc organizations) should have rendered not less than 03 (three) years continuous service on regular basis (and not on ad-hoc /project contract basis) as on the closing date of receipt of applications of the Notice and should remain in Government Service holding civil post in any of the above offices till the candidate receives Offer of Appointment from the ICMR against the current advertisement.

ii. For claiming the benefit of age relaxation, they shall invariably submit, the requisite Certificate as per Format at Annexure-I from the Competent Authority and also submit a Declaration as and when called for by the ICMR, otherwise their claims for age-relaxation shall not be considered. Further, they would require furnishing **"NO OBJECTION CERTIFICATE" along with Vigilance Clearance and Integrity Certificate from their EMPLOYER** at the time of Interview, failing which their candidature is liable to be cancelled at any stage of recruitment process.

NOTE: Candidates should note that in case, a communication is received from their employer by the ICMR withholding permission to the candidate applying for or appearing in the written Test or Interview at any stage of recruitment process, their applications shall be rejected and candidature shall be cancelled.

11. For Persons with Benchmark Disabilities (PwBD) [Deaf & HH] Applicants:

- i. The vacancy is suitable for candidates belonging to category of Persons with Benchmark Disability (PwBD) viz. Deaf and Hearing Handicapped.
- ii. Only those Persons with Benchmark Disabilities (PwBD) who are having benchmark disabilities (minimum 40%) are eligible for fee concession, age-relaxation and for reservation, wherever applicable.
- iii. The applicant must have a valid Disability Certificate issued by the competent authority i.e. Medical Board duly constituted by the Central or the State Government. Certificate issued by the Medical Practitioner, Hospital or any other Institution will not be considered. The physical disability of finally selected candidates would be ascertained by a Medical Board specifically constituted for this purpose.
- iv. Relaxation for providing facilities of Scribe / Reader and extra time would be allowed to persons having disability of 40% or more, if so desired by the persons. However, this would be provided only according to instructions issued in this regard by Govt. of India.
- v. The candidates will have the discretion of opting for his/ her own scribe or the facility of scribe provided by the ICMR. Appropriate choice in this regard will have to be given by the candidate in the online application form.
- vi. No attendant other than the scribe for eligible candidates will be allowed inside the examination Hall. No change in the scribe will be permitted after submission of the details of the scribe to ICMR.
- vii. One eyed candidates and partially blind candidates who are able to read the normal Question Paper set with or without magnifying glass and who wish to write/ indicate the answer with the help of Magnifying Glass will be allowed to use the same in the Examination Hall and will not be entitled to a Scribe. Such candidates will have to bring their own Magnifying Glass to the Examination Hall.
- viii. The candidates applying under the category Persons with Bench mark

Disabilities (PwBD) for the above said posts are exempted for payment of any application fee.

12. Other conditions:

- (i) Candidates should go through the Recruitment Notice carefully before applying for the post and ensure that they fulfill all the eligibility conditions like Age -Limit/Essential Qualifications (EQs)/Category etc. as indicated in this Notice. Candidature of applicants not meeting the eligibility conditions will be cancelled at any stage of the recruitment process without any notice. Candidature of Applicants shall be purely **PROVISIONAL** at all stages of the recruitment process.
- (ii) Application should be submitted along with online application fees, through online mode on **<https://recruit.icmr.org.in>**.
- (iii) Application received after the closing date, for whatever reason, is liable to be rejected.
- (iv) Incomplete or Application without supporting documents/without signature/photograph/uploaded documents not legible, is liable to be rejected.
- (v) **Relevant documents of educational qualification/ specialization/ experience/NOC as claimed must be invariably uploaded.**
- (vi) At the time of personal discussion, the applicants working in Centre/State Government Department/ Public Sector Undertakings & Govt. funded research agencies, must submit a **"No Objection Certificate with vigilance clearance and Integrity Certificate "** from the employer with an undertaking that **"the applicant will be relieved within one month of his/her receipt of appointment order"**.
- (vii) Any outside influence (political or otherwise), brought in by a candidate or on behalf of the candidate shall disqualify him/her candidature.
- (viii) Any further detail/communication shall be displayed on ICMR website only. Candidates are requested to regularly visit ICMR Website **www.icmr.nic.in**, for any updates. No other mode of correspondence shall be entertained.
- (ix) Any dispute with regard to the recruitment against the advertisement will be under the jurisdiction of Courts in New Delhi.
- (x) Experience shall be considered on completion of essential education qualification.
- (xi) ICMR retains the liberty to either modify or cancel or publish afresh, this vacancy circular at any time during recruitment process.
- (xii) DG, ICMR reserves the right to engage an agency for conduct of written

examination.

(xiii) DG, ICMR reserves the right to increase/decrease the number of posts as per requirement anytime during the recruitment process.

(xiv) The number of vacancies are provisional and may vary.

13. INSTRUCTIONS FOR FILLING OF ONLINE APPLICATION FORM:

Candidates should fill in the online Application Form taking utmost care. Incorrectly filled form may result in rejection.

A. General Instructions:

- i A candidate willing to apply is required to visit www.icmr.nic.in or <https://recruit.icmr.org.in> to submit his/ her ONLINE Application in the prescribed format after registering himself/ herself.
- ii Apply online well in advance without waiting for last date of submission of online application form.
- iii **Candidates applying for the post must ensure that they *fulfill the eligibility conditions on the last date of submission of application.* Candidates who do not fulfill the qualifications/eligibility conditions on cut-off date, their application shall not be accepted by the online application system.**
- iv Please read the instructions and procedures carefully before you start filling the Online Application Form and check all the particulars filled up in application form after getting the printout to ensure the correctness of information and upload all documents before finally submitting the application.
- v After successful submission of application, candidates can again take final print out of application.
- vi No offline application form or copy of downloaded application form will be accepted by the ICMR. However, a hard copy of application form (final printout) along with all uploaded documents may be submitted at the time of Interview for documents verification.
- vii The decision of the ICMR in all matters relating to acceptance or rejection of an application, eligibility/ suitability of the candidates, mode and criteria for selection etc. will be final and binding on the candidates. No enquiry or correspondence will be entertained in this regard.
- viii If on verification at any stage starting from submitting application form till appointment and any time even after appointment, it is found that any candidate does not fulfil any of the eligibility condition or it is found that the information furnished is

false/suppressed or incorrect, his/ her candidature will be cancelled and he/ she will also be liable to be criminally prosecuted. This is irrespective of whether the candidate was benefitted by furnishing the false or incorrect information in his/ her application.

- ix. Candidates are advised to fill their application form carefully such as Name, Father's/ Mother's name, Date of Birth and Category, Qualification, marks obtained, passing year, photo, Signature, details, etc. No request for change of any particulars on the online application form shall be entertained by the ICMR after submission of application form.

B. Online Registration:

- (i) After selecting the online registration, fill the mandatory details asked for, step by step, carefully **as the details filled in the REGISTRATION FORM will NOT be allowed to be changed once registered.**
- (ii) It will be the responsibility of the candidate to ensure that correct details are filled in the Registration Form. ICMR will not be responsible for any incorrect information/cancellation of candidature/loss or lack of communication etc. due to wrong entries in the REGISTRATION FORM.
- (iii) Acknowledgement of successful Online Registration will be forwarded to applicant's registered email ID/Mobile No.
- (iv) Duplicate applications from any applicant will result in cancellation of all such applications. No intimation regarding such rejections will be provided.

C. Filling the Online Application:

- (i) Registered Users Click on 'Applicant login' to access the Application form with User ID and password received on your email and mobile number.
- (ii) Click on the 'Go to Application Form' button and please read the important instructions carefully. The Application Form is categorized into the several sections. You need to fill section-wise application form. Once the mandatory details in a section are filled, you can move to the next section by clicking on Save and Next. However, you will not be allowed to navigate to next section, if mandatory information is not filled or the required documents are not uploaded. To navigate back to the previous section, you can click on the name of the previous section tab. Once you have completed the last section and then, click on Submit button, you will be re-directed to make the payment. Once payment is done, your application is considered complete. Fee will only be accepted through Net Banking/Credit Card/Debit Card.
- (iii) All applicants are required to ensure that Photo/Signature and

other documents are uploaded according to the instructions provided in these guidelines. Failure to do so and illegible documents/photo/signature may result in rejection of applications.

D. Documents to be uploaded with Application Form:

The candidates must upload scanned copy of their self-attested/attested copies of certificates/documents in support of their educational qualifications (from Matric onwards), certificates of detailed marks obtained in these course(s), date of birth, category certificate i.e. SC/ST/EXM/EWS PwBD, experience(s). If a candidate fails to upload self-attested copies of the requisite documents as above, his/her candidature will be cancelled and he/she will not be allowed to participate in subsequent stages of selection process.

- (i) The photograph on the Application form should be self attested.
- (ii) Candidate should not wear cap, goggles etc. Spectacles are allowed.
- (iii) Application not complying with these instructions, or with unclear photograph, signature, will be rejected.
- (iv) Keep a few identical photographs in reserve for use at the time of written Test/ document verification.
- (v) **Any deviation or discrepancy between actual appearance at the time of examination and facial appearance in the photograph pasted on the application will make candidate liable for rejection.**

16. REASONS FOR REJECTION/CANCELLATION OF APPLICATION/CANDIDATURE:-


Applications/candidature of applicants are liable to be cancelled/rejected at any stage of the recruitment process in the event of all or any of the following:

- Applications being incomplete.
- Any variation in the Signatures (signatures done on the Printout of the Application Form and also on other Documents must be the same).
- Application without clear photograph and legible signature.
- Non-payment of Fees by non-exempted candidates.
- Fee not paid as per instructions.
- Under-aged/over aged candidates.
- Not having the requisite educational qualification, experience in the relevant field, age as on the closing date of the application.
- Incorrect information or misrepresentation or suppression of material facts.
- For carrying prohibitive items to the Examination premises/Hall.
- Non-production of original certificates at the time of

Document Verification.

- Indulging in any of the malpractices listed in this Notice.
- Candidates who are found in an inebriated condition in the Examination Hall.
- Any other irregularity found during recruitment process and even after joining the post.
- More than one application form for a particular category.
- Application is incomplete and not submitted online.
- Full fee has not been deposited in the manner prescribed.
- Applicant does not possess the requisite academic qualification on cutoff date.
- Requisite documents in support of age, essential qualification from matric onwards, category certificate (SC/ST/OBC/EWS/PwBD/Ex-Servicemen/Departmental Candidate) in support of the respective category has not been uploaded with the Application Form.
- Candidate is overage/under age on the cut-off date/closing date.
- Lack of essential criteria, as prescribed in advertisement.

For any technical support call on working days between **9:30 AM to 5:30 PM (IST)** on **011-26589167** or email at helpdesk.egov@icmr.gov.in . For any payment related queries please email at e-payment@icmr.gov.in.


30/03/24

Assistant Director General (Admin.)

Annexure-1

(Format of certificate to be submitted by Government Employees seeking age-relaxation)

(To be filled by the Head of the Office or Department in which the candidate is working)

1. It is certified that Shri/Smt/Kumis a Central / State Government Civilian employee holding the post of _____ in the pay scale of Rs.....with 03 years regular/continuous service in the grade as_____.

2. There is no objection to his/her applying for the post of.....
and Document verification for the said recruitment.

Signature.....

Name

Tele No.

Office Seal.

Place:

Date:

Email ID:

(*Please delete the words which are not applicable)

Annexure-2

Form-V

Certificate of Disability

(In cases of amputation or complete permanent
paralysis of limbs and in cases of blindness)

[See rule18(1)]

(Name and Address of the Medical Authority Issuing the Certificate)

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.....

(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 Authorized Signatory of
notified Medical Authority)

Form-VI**Certificate of Disability**

(In case of multiple disabilities) [See rule18(1)]

(Name and Address of the Medical Authority Issuing the Certificate)

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 OfficeDistrict.....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
 (number and date of Issue of the 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.	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 overall 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

Form-VII**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)]

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:-

	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

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 by Ministry of Social Justice and Empowerment vide notification number 489, dated 15.06.2017.

FORM OF CASTE CERTIFICATE FOR SC/ST

This is to certify that Shri*/Shrimati/Kumari _____ Son/Daughter
 _____ of Village/Town _____

_____/District/Division*

_____ of the _____ State/Union Territory belongs to the
 _____ Caste*/Tribe which is recognised as a Scheduled Caste/Tribe under:

*The Constitution Scheduled Castes Order, 1950.

*The Constitution Scheduled Tribes Order, 1950.

*The Constitution (Scheduled Castes) (Union Territories) (Part C States) Order, 1951;

*The Constitution (Scheduled Tribes) (Union Territories) (Part C States) 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 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976.]

The Constitution (Jammu and Kashmir) Scheduled Castes Orders, 1956.

The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959, as amended by the Scheduled Castes and Scheduled Tribes Orders (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 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) Orders (Amendment) Act, 1990.

*The Constitution (ST) Orders (Amendment) Ordinance Act, 1991.

*The Constitution (ST) Orders (Amendment) Ordinance Act, 1996.

*The Constitution (Scheduled Castes) Orders (Amendment) Act, 2002.

*The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002.

*The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002.

2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration. This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes Certificate issued to Shri/Shrimati* _____ f
 ather/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* issued by the
 _____ dated _____.

3. Shri/Shrimati/Kumari* and /or* his/her* family ordinarily reside(s) in Village/Town*
 _____ District/Division* of the State/Union Territory* of

Place _____ Signature _____ Designation _____
 (with seal of Office) State/Union Territory _____ Date _____

*Please delete the words, which are not applicable. @ Please quote specific Presidential Order % Delete the Paragraph, which is not applicable.

Note: (a) The term 'ordinarily reside'(s) used here will have the same meaning as in Section 20 of the Representation of People Act, 1950 The Caste Certificate must be issued by the Competent Authorities in the above prescribed format.

The Competent Authorities are enumerated here under :

1. District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendary Magistrate/Sub Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.
2. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
3. Revenue Officer not below the rank of Tehsildar; and
4. Sub- Divisional Officer of the area where the candidate and/or his family normally resides. Ref no:- (O.M.NO.36012/6/88- Estt. (SCT) dated 24.4.1990 and OM No.36012/22/93- Estt(Res) dated 15.11.1993 & OM No. 36011/3/2009- Estt(Res) dated 02.09.2009).

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES (OBC) APPLYING FOR
APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri/Smt./Km* _____ son/ daughter
of

_____ of village _____
District/Division _____ in the _____
State _____

_____ belongs to the _____ Community which
is recognized as a backward class under:

- i) Resolution No. 12011/68/93-BCC dated the 10th September, 1993, published in the Gazette of India Extraordinary – Part I, Section I, No. 186 dated 13th September, 1993.
- ii) Resolution No. 12011/9/94-BCC, dated 19.10.1994 published in Gazette of India extraordinary Part I Section I No. 163, dated 20th October, 1994.
- iii) Resolution No. 12011/7/95-BCC dated the 24th May 1995 Published in the Gazette of India extraordinary Part-I Section I No. 88 dated 25th May, 1995.
- iv) Resolution No.12011/96/94-BCC dated 9th March, 1996.
- v) Resolution No. 12011/44/96-BCC, dated the 6th December, 1996, published in the Gazette of India – Extraordinary-part I, Section-I, No. 210, dated the 11th December, 1996.
- vi) Resolution No.12011/13/97-BCC dated 3rd December, 1997.
- vii) Resolution No.12011/99/94-BCC dated 11th December, 1997.
- viii) Resolution No.12011/68/98-BCC dated 27th October, 1999.
- ix) Resolution No.12011/88/98-BCC dated 6th December, 1999, published in the Gazette of India, Extra Ordinary Part-I, Section-I No.270, 6th December, 1999.
- x) Resolution No.12011/36/99-BCC dated 4th April, 2000, published in the Gazette of India, Extra Ordinary Part-I, Section-I, No.71 dated 4th April, 2000.
- xi) Resolution No.12011/44/99-BCC dated 21.9.2000, published in the Gazette of India, Extra Ordinary Part-I, Section-I, No.210 dated 21.9.2000.

Shri /Smt./Km. _____ and/or his family ordinarily reside(s) in
the _____
_____ District/Division of the _____ State.

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 and Training O.M. No. 36012/22/93 - Estt.(SCT) dated 8.9.1993 and modified vide Govt. of India, DOP&T O.M.No.36033/3/2004 dated 09.03.2004 and 14.10.2008.

Dated:
District Magistrate or
Deputy Commissioner etc.
Seal:

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 Stipendary 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 assuring that the candidate does not fall in the creamy layer. The OBC candidates should furnish the relevant OBC Certificate in the prescribed format prescribed for Central Government jobs issued by the competent authority on or before the Closing Date as stipulated in the Notice.

DECLARATION TO BE SIGNED BY OBC CANDIDATES ONLY

I son/daughter of Shri resident of
village/town/city district..... state

.....certificate enclosed) hereby declare that I belong to
the..... community which is recognized as a backward class
by the Govt. of India for the purpose of reservation in services as per orders contained in
Department of Personnel and Training Office Memorandum No. 36012/22/93- Esstt(SCT)dated 8-
9-1993. It is also declared that I do not belong to the Persons/Sections (Creamy Layer)
mentioned in Column 3 of the Schedule of the Government of India, Department of Personnel
and Training O.M.No.36012/22/93-Esstt. (SCT) dated 08.09.93 & its subsequent revision through
O.M.No.36033/3/2004-Esstt. (Res) dated 09.03.2004, 27.05.2013, 13.09.2017.

Place.....

(Signature of applicant in running handwriting)

Date.....

Note: The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also for as summing that the candidate does not fall in the creamy layer.

Certificate regarding physical limitation in an examination to write

This is to certify that I have carefully examined Shri/Smt./Kum
.....(name of the candidate with disability) a person
with.....(nature and percentage of disability as mentioned in the
certificate of disability, son/wife/daughter of Shria Resident
of.....Village/District/State and to ensure 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 and Designation

Name of Govt. Hospital/Health Care Centre with Seal

Place:

Date:

Note:

Certificate should be given by a specialist of the relevant stream/disability (e.g. Visual Impairment-Ophthalmologist, Locomotor disability-Prthopaedic specialist/PMR)

ANNEXURE-VII(A)

Letter of Undertaking for Using Own Scribe

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

I do hereby state that (name of scribe) will provide the service
of scribe/reader for the under signed for taking the aforesaid examination.

I do here by undertake that his qualification is In case, subsequently,
if it is found that his 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)

Name:

Place :

Date :

LETTER OF UNDERTAKING FOR USING SCRIBE

NOTE: Candidates who are Visually Impaired (VI) / candidates whose writing speed is affected by Cerebral Palsy / muscular dystrophy / candidates with locomotor disability (one arm)/ Intellectual disability (Autism, specific learning disability and mental illness) are eligible for Scribe.

PARTICULARS OF SCRIBE PROPOSED TO BE ENGAGED BY THE CANDIDATE

1. Name of the Candidate.....
2. Roll No
3. Name of Examination Centre.....
4. Qualification of Candidate.....
5. Disability Type.....
6. Name of the Scribe.....
7. Date of Birth of the Scribe.....
8. Father's Name of the Scribe.....
9. Address of the Scribe:
(a) Permanent Address.....
.....
- (b) Present Address.....
.....
10. Educational Qualification of the Scribe.....
11. Relationship, if any, of the Scribe to the Candidate.....

12. DECLARATION:

- i) We hereby declare that the particulars furnished above are true and correct to the best of our knowledge and belief. We have read/ been read out the instructions of the PGIMER regarding conduct of the candidates assisted by Scribe/Scribes at this examination and hereby undertake to abide by them.
- ii) We do hereby undertake that the qualification of scribe is mentioned correctly and the qualification of the scribe is one step below qualification of candidate. In case, subsequently it is found qualification of scribe is not as declared by the candidate, I(the candidate) shall forfeit my right to the post and claims relating thereto.
- iii) We declare that the Scribe himself/herself is not a candidate in this examination. We understand that in case it is found otherwise the candidature of both of us will be rejected.
- iv) We declare that the scribe has not acted/will not act as Scribe to any other candidate of this examination.

(Signature of the Candidate)	(Signature of the Scribe)
Left thumb impression of the Candidate In the box given above	Left thumb impression of the Scribe in The box given above

Signature of the Observer/Office Supdt. of the Examination Centre