

ORDNANCE FACTORY, ITARSI
A Unit of Munitions India Limited
Govt. of India enterprise, Ministry of Defence
Itarsi, Distt-Narmadapuram, MP, 461122




ENGAGEMENT OF TENURE BASED CPW
Publication of list of Provisionally Selected Candidates
Date: 22-04-2024

References:

- (i) Full Advertisement published on 01/01/2024 in website of Munitions India Limited
- (ii) Abridge advertisement published in Employment News and Rozgar Samachar on 30 December 2023- 05 Jan 2024. (No.10201/12/0040/2324)
- (iii) Abridge advertisement published in local newspapers on 30/12/2023.

SL No	Roll No.	Name of Candidate	Category
1	1526	Mali Pramod Kautik	UR
2	1515	Shaikh Muhiyuddin	UR
3	1536	Pragya Mehra	UR
4	1516	Sudhanshu Shroti	UR
5	1537	Harshita	UR
6	1528	Sonal Dhurve	UR
7	1523	Patil Prashant Suresh	UR
8	1538	Kapse Devkinandan Ghanshyam	UR
9	1531	Kolhe Kundan Arun	UR
10	1518	Vivek Singh Thakur	UR
11	1513	Anurag Kushwaha	UR
12	1517	Sarwan Kumar	UR
13	1525	Chandan Kumar Yadav	UR
14	1519	Samual Franklin Deva	UR
15	1512	Rajeev Ranjan	UR
16	1530	Keshav Kumar Mandal	UR
17	1501	Niraj Kumar Singh	UR
18	1532	Mukesh Kumar	UR
19	1524	Raj Kumar	UR
20	1514	Sumit Kumar Sah	OBC (NCL)
21	1509	Shivanand Sinha	OBC (NCL)
22	1520	Uttarwar Rahul Suresh	OBC (NCL)
23	1506	Jeetendra Kumar	OBC (NCL)
24	1504	Aman Kumar	OBC (NCL)
25	1535	Upendra Giri	OBC (NCL)
26	1505	Ashok Kumar	OBC (NCL)
27	1503	Raj Kumar	OBC (NCL)
28	1502	Pramod Kumar	OBC (NCL)

The above candidates are requested to visit the MIL website regularly for further updates.


(Ashish Sharma)
Jt. General Manager
For Chief General Manager



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A Unit of Munitions India Limited
Govt. of India enterprise, Ministry of Defence
Itarsi, Distt-Narmadapuram, MP, 461122



ENGAGEMENT OF TENURE BASED CPW

**Document verification followed by Joining of
Provisionally Selected Candidates**

Date: 03 -06 -2024

References:

- (i) Full Advertisement published on 01/01/2024 in website of Munitions India Limited
- (ii) Abridge advertisement published in Employment News and Rozgar Samachar on 30 December 2023-05 Jan 2024 (No. 10201/12/0040/2324)
- (iii) Abridge advertisement published in local newspapers on 30/12/2023

All the provisionally selected candidates are directed to report at **09:00** hrs to **11:30** hrs on **Wednesday, 03/07/2024 to Friday, 05/07/2024** at Main Gate of Ordnance Factory Itarsi. Candidates must bring the following Certificates/Documents in ORIGINAL as well as a set of self-attested photocopies of the same:

1. Documentary evidence in proof of Date of Birth i.e. SSC Board Certificate or Secondary School Leaving Certificate only;
2. Documents/Certificates in proof of Educational and Technical Qualifications;
3. Documentary evidence in Identity proof i.e. Pan Card and Aadhar Card;
4. Character Certificate in original from two different Gazetted Officers (they should have known the candidate for at least six months at the time of signing the Certificate-Format attached) or the Principal / Head of the Department of College, where the candidate had studied last;
5. Caste Certificate/Community Certificate in the case of Scheduled Caste and Scheduled Tribe/OBC/EWS candidates in the **prescribed format** (Format is enclosed). In case of OBC Candidates, valid Non-Creamy Layer Certificate is essential in the **prescribed format** (format is enclosed) required for appointment to the posts under Government of India;
6. Police clearance certificate from the jurisdictional police station (i.e. Police station under whose jurisdiction the candidate is presently staying) stating that there is nothing adverse against you in the Police records;
7. Medical Report from the Civil Surgeon of any Govt. Hospital in the **prescribed format** (format is enclosed).
8. Attestation forms duly filled in 5 (Five) copies in **prescribed format** (format is enclosed) ;
9. 5 copies of your recent passport size photograph ;
10. Experience Certificates on the Company letter head, which has the details of the Company etc., If employed,
11. Vigilance Clearance from the concerned Authorities, if any;

02. Based on the satisfactory completion of document verification and above mentioned other formalities/requirement, the provisionally selected candidates will be immediately issued "**Offer of Engagement**". The candidate will be required to "**Accept**" **the Offer**. After the acceptance of "Offer of Engagement", the candidates will be allowed to join immediately.

03. The candidates are requested to visit the MIL website regularly for further updates.

संलग्नक/ Enclosures:

- (i) जनरल नोटिस / General Notice
- (ii) चरित्र प्रमाणपत्र का निर्धारित प्रोफार्मा / Prescribed Format of Character Certificate
- (iii) जाति प्रमाणपत्र का निर्धारित प्रोफार्मा / Prescribed Format of Caste Certificate
- (iv) नान क्रिमिलेअर प्रमाणपत्र का निर्धारित प्रोफार्मा/Prescribed Format of Non-creamy layer certificate
- (v) पोलिस क्लीअरंस फोर्माट का नमुना / Sample format of Police Clearance Certificate
- (vi) मेडिकल प्रमाणपत्र का निर्धारित प्रोफार्मा / Prescribed Format of Medical Certificate
- (vii) खालि सत्यापन प्रपत्र का निर्धारित प्रोफार्मा / Prescribed Format of Blank Attestation Forms
- (viii) प्रोविजनल चयनित उम्मीदवारों की यादी / List of provisionally selected candidates



(आशीष शर्मा)

संयुक्त महाप्रबंधक/ए एस
कृते मुख्य महाप्रबंधक

To whom so ever it may concern

It is certified that there is nothing adverse in the police record of

.....

(Name and address of jurisdictional police station) against Shri

..... (Name of the candidate)

S/D/o..... resident of

.....

His name does not figure in the police records of this station. Neither the criminal case nor any police enquiry is pending against him.

Note: if anything adverse is found against the candidate or criminal case is pending, full details with case number are to be mentioned separately.

Date:

Signature

Name

Seal of police station

(1)
PROFORMA FOR MEDICAL EXAMINATION

FOR ENGAGEMENT OF TENURE BASED CPW IN ORDNANCE FACTORY ITARSI

Candidate's personal declaration:

(To be filled in by the candidate with the assistance of hospital staff assigned for the purpose)

Please answer all questions honestly, accurately and completely. If you do not understand any question, please seek clarification from the examining medical officer or staff designated to assist you. The information provided regarding your medical history and health habits will be used to make a careful medical assessment of whether you can safely and efficiently perform the essential functions of the job for which you are a candidate and will not necessarily disqualify you from employment. Detailed medical information will be treated confidentially.

Please note that furnishing of false information or suppression of any factual information would be a disqualification for the job and will render the candidate unfit for any employment under the Government. If the fact that false information has been furnished or that there has been suppression of any factual information comes to notice at any time during the service of a person, the candidate's services would be liable to be terminated.

Candidate's personal information :

1. Post for which the candidate has been offered appointment : **Tenure Based CPW**
2. Name in full (In block letters) (last, first, middle) :

3. Date of birth : _____
4. Age : _____ yrs (In completed years)
5. Sex : Male/ Female
6. Marital Status : Married/ Unmarried.

Paste photo of the candidate here To be attested by the MO carrying out the medical examination.
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(2)

Health questionnaire :

Do you now have or have ever had any of the following conditions?

(Strike out whichever is not applicable)

1.	High blood pressure	Yes	No
2.	Heart/blood vessel disease	Yes	No
3.	Irregular heart rhythm.	Yes	No
4.	Abnormal ECG	Yes	No
5.	Varicose veins	Yes	No
6.	Chest pain	Yes	No
7.	Breathlessness	Yes	No
8.	Leg swelling	Yes	No
9.	Leg pain on walking	Yes	No
10.	Asthma	Yes	No
11.	Tuberculosis	Yes	No
12.	Cough > 1 month	Yes	No
13.	Coughing up of blood	Yes	No
14.	Blood disorder/ anaemia	Yes	No
15.	Abnormal blood clotting	Yes	No
16.	High or low blood cell counts	Yes	No
17.	Enlarged spleen	Yes	No
18.	Diabetes	Yes	No
19.	Thyroid or other endocrine problem	Yes	No
20.	Kidney problem	Yes	No
21.	Urine problems	Yes	No
22.	Skin problem	Yes	No
23.	Infectious/ contagious diseases	Yes	No
24.	Genital problems	Yes	No
25.	Pregnancy	Yes	No
26.	Frequent or persistent sleep problems	Yes	No
27.	Epilepsy/ fits	Yes	No

28.	Giddiness/ fainting	Yes	No
29.	Loss of consciousness	Yes	No
30.	Severe/ frequent headaches	Yes	No
31.	Speech disorder	Yes	No
32.	Balance problem	Yes	No
33.	Stroke, aneurysm or bleeding in head	Yes	No
34.	Paralysis or muscle abnormality	Yes	No
35.	Any other neurological abnormality	Yes	No
36.	Mental illness	Yes	No
37.	Depression	Yes	No
38.	Attempted suicide	Yes	No
39.	Eye/ vision problem	Yes	No
40.	Need for corrective lenses?	Yes	No
41.	Deficiency of colour vision	Yes	No
42.	Oral health problems	Yes	No
43.	Digestive problem	Yes	No
44.	Difficulty in swallowing	Yes	No
45.	Blood in motion	Yes	No
46.	Frequent or persistent stomach pain	Yes	No
47.	Frequent or persistent vomiting	Yes	No
48.	Vomiting of blood	Yes	No
49.	Jaundice	Yes	No
50.	Hernia	Yes	No
51.	Piles	Yes	No
52.	Motion problems	Yes	No
53.	Liver,pancreas or gall bladder disease	Yes	No

(3)

54.	Ear / nose/ throat/ sinus problems	Yes	No
55.	Hearing deficiency	Yes	No
56.	Hoarseness of voice	Yes	No
57.	Joint problems/ Restricted mobility	Yes	No
58.	Back problems/ pain	Yes	No
59.	Amputation	Yes	No
60.	Fractures/ dislocations	Yes	No
61.	Any pins, plates or screws in legs or feet?	Yes	No
62.	AIDS, HIV infection or hepatitis	Yes	No
63.	Significant injuries	Yes	No

64.	Loss of weight > 5kg in last 6 months	Yes	No
65.	Medical treatment in past 12 months	Yes	No
66.	CT scan, MRI or other special tests	Yes	No
67.	Loss/ excess of appetite > 1 month in last 6 month	Yes	No
68.	Fever last one month	Yes	No
69.	Frequent or persistent itching	Yes	No
70.	Organ transplant	Yes	No
71.	Cancer or tumour	Yes	No

72.	Have you ever had any operation?	Yes	No
73.	Have you ever been hospitalized?	Yes	No
74.	Are you aware that you have any medical problems, diseases or illnesses?	Yes	No
75.	Are you allergic to any drug, food or other substances?	Yes	No
76.	Any health problem, which requires visits to doctor, or for which you take regular drugs?	Yes	No

If any of the above questions were answered “yes”, please give details by referencing item number. Provide information regarding diagnosis and treatment, including dates of treatment. Please use additional sheet (s), if necessary.

Are you taking any drugs?	Yes	No
---------------------------	-----	----

If yes, please list the medications taken and the purpose(s) and dosage(s)

(4)

For Female candidates only :

(Strike out whichever is not applicable)

Menstrual History

Age at which first menses occurred : yrs

Duration of menstrual period : days.

Quantity : Normal/ clots/ profuse / scanty

Pain during menses : YES/NO

Menstrual cycles: Regular/ Irregular

Duration of menstrual cycle : days

Last menstrual period began on :

Obstetric History

Number of pregnancies :

Live births :

▪ Normal delivery :

▪ Caesarean :

▪ Forceps :

Still births :

Abortions :

Occupational history :

(Strike out whichever is not applicable)

77.	Have you ever been exposed to fumes, dust, chemicals, asbestos, loud noise or radiation at work or elsewhere?	Yes	No
78.	Have you ever received worker's disability/ compensation?	Yes	No
79.	Have you been absent from work for medical reasons in the past five years?	Yes	No
80.	Have you ever required light or restricted duty?	Yes	No
81.	Have you ever had any occupational injury	Yes	No.

<p>If any of the above questions were answered “ yes”, please give details by referencing item number. Please use additional sheet (s), if necessary.</p>

Do you use : *(Strike out whichever is not applicable)*

	NOW		In past		Details
	Yes	No	Yes	No	
Cigarettes					
Tobacco					
Alcohol					
Drug					

Family medical history :

Have your father, mother, any brother or sister had or has the following condition ?

(Mark Yes/ No)

Asthma	Yes	No	If any “ yes” answer, please give details by referencing item number
Allergic disease	Yes	No	
Epilepsy	Yes	No	
High Blood Pressure	Yes	No	
Diabetes	Yes	No	
Heart disease	Yes	No	
Cancer	Yes	No	If father, mother, any brother or sister is not alive, their age and cause of death
Stroke	Yes	No	
Tuberculosis	Yes	No	
Any other chronic or serious disease	Yes	No	

Immunisation status :

Tetanus prophylaxis status :

- Total \geq 3 injections & last < 10 yrs
- Total \geq 3 injections & last > 10 yrs
- Total < injections

Others : (e.g.hepatitis B for health workers)

Past medical examinations :

1. Have you been examined by a Medical Board before? Yes/ No
2. If answer to the above is **YES**, please state
 - a) What Service/ Services you were examined for?
 - b) Who was the examining authority?
 - c) When and where was the Medical Board held?
 - d) Results of the Medical Board’s Examination, if communicated to you or if known.

(6)

I hereby certify that all the above answers are, to the best of my knowledge and belief, true and correct.

**Candidate's
Signature**

Signed in my presence

(Signature of Medical Officer)

(Name & designation (seal)

Health advice given :

Additional history recorded by medical officer :

Physical Examination :

After reviewing the medical history provided by the candidate, conduct a comprehensive medical examination of All systems necessary to determine the candidate's fitness for the post. The examination should include, but not be limited to, the areas listed below. If the candidate has conditions relevant to fitness which are not listed below the Medical officer is responsible for documenting all such conditions.

Identification Marks:

1.

2.

Sight :

	Visual acuity			
	Unaided		Aided	
	Right eye	Left eye	Right eye	Left eye
Distant				
Near				

(Tick yes or no)

	Visual fields	
	Normal	Defective
Right eye	<input type="checkbox"/>	<input type="checkbox"/>
Left eye	<input type="checkbox"/>	<input type="checkbox"/>

Colour vision :
 Normal Doubtful Defective
Hearing :

Whisper test (in metres) :

Right ear: _____ Left ear : _____

General examination:

Height : _____ (cm)

Weight : _____ (kg)

BMI: _____ (KG/M²)

Pulse rate: _____ /minute, Regular/Irregular

Blood pressure (in mm Hg):

Systolic: _____ Diastolic: _____

Systemic examination :*(Tick yes or no)*

	Normal	Abnormal
1. General appearance	<input type="checkbox"/>	<input type="checkbox"/>
2. Pallor	<input type="checkbox"/>	<input type="checkbox"/>
3. Oedema	<input type="checkbox"/>	<input type="checkbox"/>
4. Jaundice	<input type="checkbox"/>	<input type="checkbox"/>
5. Clubbing	<input type="checkbox"/>	<input type="checkbox"/>
6. Cyanosis	<input type="checkbox"/>	<input type="checkbox"/>
7. JVP	<input type="checkbox"/>	<input type="checkbox"/>
8. Speech	<input type="checkbox"/>	<input type="checkbox"/>
9. Mannerisms	<input type="checkbox"/>	<input type="checkbox"/>
10. Attention	<input type="checkbox"/>	<input type="checkbox"/>
11. Mood	<input type="checkbox"/>	<input type="checkbox"/>
12. Head	<input type="checkbox"/>	<input type="checkbox"/>
13. Eyes(General)	<input type="checkbox"/>	<input type="checkbox"/>
14. Mouth/teeth	<input type="checkbox"/>	<input type="checkbox"/>
15. Ears(general)	<input type="checkbox"/>	<input type="checkbox"/>
16. Sinuses, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>
17. Thyroid	<input type="checkbox"/>	<input type="checkbox"/>
18. Lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>
19. Lungs and chest	<input type="checkbox"/>	<input type="checkbox"/>

- | | | |
|--------------------------|--------------------------|--------------------------|
| 20. Heart | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Abdomen and viscera | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. G-U system | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Hernia | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Hydrocele | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Anus (not PR), piles | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Varicose veins | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Upper & lower limbs | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Spine | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Neurologic | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Skin | <input type="checkbox"/> | <input type="checkbox"/> |

(Breast, PR, PV examinations will be carried out only if specifically indicated).

Details of abnormality:

Investigations:

Copies of all investigation reports, X-ray plates etc should be attached to this form as part of the record.

Blood Group :

(Tick the appropriate box)

Investigations	Result	Normal	Abnormal
Hb		<input type="checkbox"/>	<input type="checkbox"/>
Blood sugar		<input type="checkbox"/>	<input type="checkbox"/>
Urine Albumin		<input type="checkbox"/>	<input type="checkbox"/>
Urine Sugar		<input type="checkbox"/>	<input type="checkbox"/>
CXR -PA		<input type="checkbox"/>	<input type="checkbox"/>
ECG		<input type="checkbox"/>	<input type="checkbox"/>
PEFR	Candidate	<input type="checkbox"/>	<input type="checkbox"/>
L/min	Predicted		

Other investigation (s) and result(s) :

Investigations	Result	Normal	Abnormal
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Describe abnormality if any :

Specialist Opinion (s) :

(Enclose the opinions)

Summary of significant findings:

Summarise abnormal medical history, physical examination findings, abnormal laboratory test results and any other relevant information obtained during your evaluation. Please document sufficient information so that your decision-making process is clear to any reviewer in the event that the candidate appeals an adverse fitness determination. Additional pages may be attached to this form.

Opinion:

Fit

Description of disability/ required aids if any:

Unfit

Temporarily unfit for _____ days/
weeks/ months.

Advice (if temporarily unfit):
(Specialist opinion/
Investigation/
Treatment, if any).

Signature of the **M.O.** :

Name of **MO** :

Designation :

Date :

Remedical Examination:

Date :

Opinion :

Fit

Description of disability/ required aids if any :

Unfit

Signature of the **M.O.** :

Name of **MO** :

Designation :

Date :

Ref:- The requisition for medical examination No..... dated

Name of the post _____

Name of the candidate : _____

Personal identification marks of the candidate :

1. _____

2. _____

The photo of the candidate to be pasted and attested by the MO carrying out the medical examination

Initial examination

Re-examination (refer out previous report dated _____)

Report :

I hereby certify that I have evaluated the above candidate for medical fitness for engagement in Ordnance Factory, Itarsi on the above post on the basis of the information provided regarding working conditions and the requirements of physical abilities for the post , candidate's personal declaration, my clinical examination and investigation results and in accordance with standing instructions of the then Ordnance Factory Board. On the basis of above evaluation, my opinion regarding the medical fitness of the candidate for the above post is:

Fit

Description of restrictions/required aids, if any:

Unfit

Temporarily unfit for a period of _____

Date :

Signature of MO:

Name of MO:

Designation of MO:

I acknowledge that I have been advised of the content of the medical examination form.

I consent to the release of medical information under description of restrictions /aids required about me given above.

Signature of the Candidate: _____

(To be signed in presence of examination medical officer)

चरित्र प्रमाण पत्र

जिस किसी से भी संबंधित हो

यह प्रमाणित किया जाता है कि मैं श्री

आत्मज/आत्मजा निवासी

.....

को लगभग वर्षों से जानता हूँ। इनका चरित्र उत्तम है एवं

मैं इनके उज्ज्वल भविष्य की कामना करता हूँ।

दिनांक:

हस्ताक्षर

नाम-

कार्यालय मुहर -

Performa-III

Form of declaration to be submitted by the candidate (in addition to the community certificate)

I.....son/daughter of Shri.....resident of village/town/city.....districtState.....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 8.09.1993. It is also declared that I have read and understood the instructions contained in the said DoP&T OM dated 8.09.1993, and OM No. 36033/1/2013-Estt.(Res.) dated 13.09.2017 and I have reasons to declare that I do not fall under OBC (Creamy Layer) category on the basis of income for the immediate preceding three financial years.

Signature.....

Full Name.....

Address.....

PRESCRIBED PROFORMAE

Performa-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, 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.

**सत्यापन प्रपत्र / ATTESTATION FORM
चेतावनी / WARNING**

OFI-2358

कृपया चेतावनी को ध्यान पूर्वक पढ़ें / Please read the warning carefully.

1. सत्यापन प्रपत्र में कोई गलत जानकारी देना या किसी वास्तविक जानकारी को छुपाना एक अयोग्यता होगी जो उम्मीदवार को सरकार के अधीन किसी भी नौकरी के लिये अनुपयुक्त बना सकती है।

The Furnishing of false information or suppression of any factual information in the Attestation Form would be a disqualification and is likely to render the candidate unfit for employment under the Government.

2. इस प्रपत्र को भरकर जमा करने के बाद में यदि आप कभी हवालात में रहे हों, गिरफ्तार हुए हों, मुकदमें में फंसे हों, प्रतिबंधित हुए हों, अर्थदण्ड भुगते हों, अपराधी सिद्ध किए गए हों, विवर्जित किए गए हों, निरपराध ठहराये गये हों, आदि, तो इनका ब्यौरा उन अधिकारियों को तत्काल दीजिए जिन्हें आपने प्रारम्भ में अपना सत्यापन प्रपत्र भेजा है। ऐसा न करने पर समझा जाएगा कि आप अपनी वास्तविकताओं को छिपा रहे हैं।

If detained, arrested, prosecuted, bond down, fined, convicted, debarred, acquitted etc, subsequent to the completion & submission of this form, the details should be communicated immediately to the authorities to whom the Attestation Form has been sent earlier, failing which it will be deemed to be suppression of factual information.

3. नियुक्त व्यक्ति की सेवाओं के दौरान किसी भी समय यदि इस सत्यता कि सत्यापन प्रपत्र में कोई गलत जानकारी दी गई है या किसी वास्तविक जानकारी को छुपाया गया है की जानकारी होती है तो उसे अविलम्ब नौकरी से निष्कासित किया जा सकता है।

If the fact that false information has been furnished or that there has been suppression of any factual information in the attestation form comes to notice at any time during the service of a person, his service would be liable to be terminated.

5 से.मी. X 7 से.मी. के आकार का स्वहस्ताक्षरित नवीन छाया चित्र लगायें।

Affix Self-signed recent Photograph of 5cm X 7cm.

1.	पूरा नाम (सुवाच्य अक्षरों में) उर्फ सहित, यदि कोई हो, या उपनाम (नाम के किसी भाग में यदि कभी कुछ जोड़ा गया है या उसमें से कुछ निकाला गया है तो उसका उल्लेख करें।) Name in full (in block capitals) with aliases, if any (please indicate if you have added or dropped in any stage any part of your name or surname)	उपनाम/ Surname	नाम/Name
2.	वर्तमान पूरा पता अर्थात् ग्राम, थाना और जिला या मकान नं./कूचा/गली/सड़क एवं कस्बा, पिनकोड तथा जिला मुख्यालय का नाम। Present address in full (i.e. Village, Thana and District or House no./Lane/Street/Road & Town, Pincode and name of District Headquarters.)		
3.(अ)	स्थाई घर का पूरा पता अर्थात् ग्राम, थाना और जिला या मकान नं./कूचा/गली/सड़क एवं कस्बा, पिनकोड तथा जिला मुख्यालय का नाम। Home address in full (i.e. Village, Thana & District or House no./Lane/Street/Road and Town, Pincode and name of District Headquarters.)		
3.(ब)	यदि आप जन्म से पाकिस्तान/बांग्लादेश, पहले कभी पूर्वी पाकिस्तान के निवासी हैं तो उस देश में पहले निवास का पता और भारत संघ में आकर बसने की तारीख। If originally a resident of Pakistan/Bangladesh (erstwhile East Pakistan) the address in that country and the date of migration to Indian Union.		
4.	आधार कार्ड नं./Aadhar Card No.(if available)		
5.	पैन नं./PAN No.(if available)		
6.	राष्ट्रीयता/Nationality		
7(अ)	जन्म तिथि/Date of Birth		
(ब)	वर्तमान आयु/Present Age		
(स)	मैट्रिकुलेशन के समय आयु/Age at Matriculation		

क्रमशः /Contd...2...

8(अ)	जन्म स्थान, जिला एवं राज्य / Place of birth, District and state in which situated	
(ब)	आपका जिला एवं राज्य / District and State to which you belong	
(स)	आपके पिता का मूल जिला एवं राज्य / District and State to which your father originally belong	
9(अ)	आपका धर्म / Your Religion	
(ब)	क्या आप अनुसूचित जाति / अनुसूचित जनजाति / अन्य पिछड़ा वर्ग के सदस्य हैं? उत्तर: हाँ / नहीं Are you a member of a scheduled Caste/Scheduled Tribe/Other Backward Classes? (Answer: Yes/No)	

10. पिछले पाँच वर्षों के दौरान एक बार एक वर्ष से अधिक समय तक निवास किए उन स्थानों का विशेष विवरण (जहाँ जहाँ निवास किया गया हो उनकी अवधि सहित)। यदि आप विदेश, पाकिस्तान सहित, में रहे हों तो उन स्थानों का विवरण दें जहाँ आपने 21 वर्ष की उम्र में आने के बाद एक वर्ष से अधिक समय तक निवास किया हो। / Particulars of places (with periods of residence) where you have resided for more than one year at a time during the preceding five years. In case of stay abroad (including Pakistan), particulars of all places where you have resided for more than one year after attaining the age of 21 years, should be given

तारीख / Date		निवास सम्बन्धी पूरा पता / Residential address in full मकान नं., कूचा, गली, सड़क एवं कस्बा या ग्राम, थाना, तहसील, जिला, राज्य एवं पिन कोड / House No., Lane, Street, Road & Town or Village, Thana, Tehsil, District, State & Pin code)	पिछले कालम में उल्लिखित स्थान का जिला मुख्यालय का नाम पिन कोड सहित Name of the District Headquarters of the place mentioned in the preceding column with Pin code
से / From	तक / To		
		Pin code-	Pin code-
		Pin code-	Pin code-
		Pin code-	Pin code-
		Pin code-	Pin code-
		Pin code-	Pin code-

11.

पूरा नाम / Name in full & aliases, if any	राष्ट्रीयता (जन्म से या निवास से) Nationality (by birth or by domicile)	जन्म स्थान Place of birth	व्यवसाय (यदि नौकरी में है तो पदनाम और कार्यालय का पता) Occupation (if employed give designation & official address)	पत्र व्यवहार का वर्तमान पता, यदि मृत हों तो पिछला पता Present postal address (if dead give last address)	घर का स्थाई पता Permanent Home address
पिता / Father					
माता / Mother					
पति / पत्नी Husband/Wife					

12. यदि लड़के और/या लड़कियाँ किसी दूसरे देश में पढ़/निवास कर रहे हों तो इसके सम्बन्ध में जानकारी दी जाये। Information to be furnished with regard to son(s) and/or daughter(s) in case they are studying/living in a foreign country.

नाम/ Name	राष्ट्रीयता (जन्म या निवास से) Nationality (by birth or by domicile)	जन्म स्थान Place of birth	जिस देश में पढ़/निवास कर रहे हैं, पूरे पते सहित उसका उल्लेख करें Country in which studying/ living with full address	जिस तारीख से पिछले कॉलम में उल्लिखित देश में पढ़/निवास कर रहे हैं उसका उल्लेख करें Date from which studying/living in the country mentioned in previous column.

13. 15 (पंद्रह) वर्ष की उम्र से जिन विद्यालयों/महाविद्यालयों/संस्थानों में आपने शिक्षा प्राप्त किया है, वर्ष और स्थानों का उल्लेख करते हुए शैक्षणिक योग्यताएँ दर्शाइए। Educational qualification showing place of education with years in Schools/Colleges/Institutions since 15 (Fifteen) years of age:

विद्यालय/महाविद्यालय/संस्थान का नाम और पूरा पता Name of the School/College/Institution with full/complete postal address	भर्ती होने की तारीख Date of entering	छोड़ने की तारीख Date of leaving	उत्तीर्ण परीक्षाएँ Examination Passed

14(अ). क्या आप इसके पहले केन्द्र या राज्य सरकार या अर्द्ध सरकार जैसी संस्था या किसी स्वायत्त संस्था या राज्य सरकार/स्वायत्त संस्था/विश्वविद्यालय/स्थानीय संस्था में कार्यरत रहे हैं यदि हाँ तो आज तक की नियुक्तियों का तारीख सहित विवरण दें। Are you holding or have any time held an appointment under the Central or State Government or a semi Govt. or a quasi-Govt. body or an autonomous body or a public undertaking or a private firm or institution? If so, give full particulars with date of employment up-to-date:

अवधि/Period		पदनाम पारिश्रमिक और नौकरी का प्रकार Designation, emoluments and nature of employment	नियोक्ता का पूरा नाम और पता Full name and address of employer	पिछली नौकरी छोड़ने का कारण Reason for leaving previous service
ता. से/from	ता. तक/to			

14(ब). यदि पहली नौकरी भारत सरकार /राज्य सरकार के अंतर्गत या कोई उद्योग भारत सरकार या किसी राज्य सरकार/स्वायत्त संस्था/ विश्वविद्यालय/ स्थानीय संस्था के स्वामित्व या नियंत्रण में थी। तो क्या आप केन्द्रीय सरकारी सेवा (अस्थायी सेवा) नियमावली, 1965 के नियम 5 के अंतर्गत या उसके स्थान पर निर्मित ऐसी ही किसी नियमावली के अंतर्गत आप के लिए चलाई गई, अनुशासनात्मक कार्यवाही के फलस्वरूप एक महीने का नोटिस देने पर नौकरी छोड़ दिये थे या जिस समय आपने नौकरी से निष्कासित करने के लिए नोटिस दिया या उसके बाद में आपकी नौकरी वास्तव में समाप्त होने के पहले क्या किसी मामले में आपको अपने आचरण की सफाई देने के लिये बुलाया गया था। If the previous employment was under the Government of India, a State Government/an undertaking owned or controlled by the Govt. of India or a State Govt./an autonomous body/University/Local body. If you had left service on giving a month's notice under rule 5 of the Central Civil Services (Temporary Service) Rules, 1965, or any similar corresponding rules, were any disciplinary proceedings framed against you, or had you been called upon to explain your conduct in any matter at the time you gave notice of termination of service, or at a subsequent date, before your services actually terminated?

15.(i)	(क)	क्या आप कभी नजरबंद रहे हैं ? / Have you ever been kept under detention?	हाँ / Yes नहीं / No
	(ख)	क्या आपको कभी जेल की सजा हुई है ? / Have you ever been arrested?	हाँ / Yes नहीं / No
	(ग)	क्या आपके ऊपर कभी मुकदमा चला है ? / Have you ever been prosecuted? (अर्थात क्या आपके खिलाफ किसी न्यायालय में आरोप पत्र दाखिल हुआ है?) (i.e. has a charge sheet in a criminal case been filed against you in any court of law)	हाँ / Yes नहीं / No
	(घ)	क्या आपके खिलाफ यह सत्यापन प्रपत्र भरते समय किसी न्यायालय में आपराधिक प्रकरण विचाराधीन है? / Is any criminal case pending against you in any Court of law at the time of filling up this Attestation form?	हाँ / Yes नहीं / No
	(ङ)	क्या आपको किसी न्यायालय द्वारा अपराधी पाया गया है? / Have you ever been convicted by a court of Law for any offence?	हाँ / Yes नहीं / No
	(च)	क्या आपको कभी किसी प्रशिक्षण/शासकीय संस्था द्वारा हटाया/निष्कासित/वापिस लिया गया है? / Whether discharged/expelled/withdrawn from any training/institution under the Government or otherwise?	हाँ / Yes नहीं / No
	(छ)	क्या आपको कभी किसी विश्वविद्यालय या शैक्षणिक प्राधिकारी/संस्था द्वारा निकाला गया है? Have you ever been rusticated by any university or any other educational authority/institution?	हाँ / Yes नहीं / No
	(ज)	क्या आपको कभी परीक्षा देने से निरूद्ध किया गया या किसी विश्वविद्यालय या अन्य शैक्षणिक प्राधिकार/संस्था द्वारा निष्कासित किया गया? Have you ever been debarred/disqualified by any Public Service Commission/Staff Selection Commission for any of its examination/selection ?	हाँ / Yes नहीं / No
(ii)		यदि उपर्युक्त किन्हीं भी प्रश्नों का विशिष्ट उत्तर हाँ में है तो उस केस/जेल/अवरोधन/अर्थदण्ड/अपराधसिद्धि/सजा/दण्ड आदि और/या न्यायालय/विश्वविद्यालय/शैक्षणिक प्राधिकार में विचाराधीन प्रकरण का सत्यापन प्रपत्र भरते समय स्पष्ट उल्लेख किया जाये। If the answer to any of the above mentioned question is 'Yes' give full particulars of the case/arrest/detention/fine/conviction/sentence/punishment etc and/or the nature of the case pending in the Court/University/Educational authority etc at the time of filling up this attestation form:	
Notes: नोट:	(i)	कृपया इस सत्यापन प्रपत्र के प्रथम पृष्ठ पर चेतावनी को भी पढ़ें / Please also see the 'WARNING' at the top of this Attestation Form	
	(ii)	प्रत्येक प्रश्न के विशिष्ट उत्तरों को 'हाँ' या 'नहीं' होने के मामले में दिया जाना चाहिये/ Specific answers to each of the questions should be given by striking out 'Yes' or 'No' as the case may be	
16.		आप अपने क्षेत्र के दो जिम्मेदार व्यक्तियों के नाम या दो ऐसे सम्बन्धियों का उल्लेख करें जो आपको जानते हों। Mention the names of the two responsible persons of your locality or two references to whom you are known:	1) 2)

घोषणापत्र/Declaration

मैं प्रमाणित करता हूँ कि पूर्वोल्लिखित समस्त विवरण मेरी जानकारी और विश्वास के अनुसार सत्य और पूर्ण है। मैं यह भलीभाँति जानता हूँ कि यह प्रपत्र भरते समय दी गयी किसी भी असत्य जानकारी या महत्वपूर्ण जानकारी को छुपाने से प्राधिकारियों को मेरी नियुक्ति समाप्त करने का पूर्ण अधिकार होगा एवं जिसके फलस्वरूप मैं उचित आपराधिक/सिविल/कानूनी कार्यवाही हेतु भी बाध्य रहूँगा। मुझे उन परिस्थितियों की जानकारी नहीं है जो किन्हीं सरकारी नौकरियों के लिये मेरी योग्यता को क्षीण कर सकें। I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am fully aware that by providing false information or suppressing material information while filling this form, the authorities have full right to terminate my appointment letter and I am also liable for appropriate criminal/civil/legal action as a consequence. I am not aware of any circumstances which might impair my fitness for employment under Govt.

दिनांक/Date.....

स्थान/Place.....

उम्मीदवार के हस्ताक्षर/Sign. of candidate.....

(कार्यालय द्वारा भरा जाये/ To be filled by the Office)

i) नियोक्ता का नाम, पदनाम और पूरा पता/
Name, designation and full address
of the appointing authority

महाप्रबंधक, आयुध निर्माणी, इटारसी, मध्यप्रदेश, 461122
General Manager, Ordnance Factory, Itarsi, MP, 461122

ii) उम्मीदवार के लिए विचाराधीन पद/Post for which the candidate is being considered