

**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.

Shri/Smt/Kumari \_\_\_\_\_ belongs to the \_\_\_\_\_ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

of Office \_\_\_\_\_

Signature with Seal

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- II**

**FORMAT OF APPLICATION**

Appointment to the post of \_\_\_\_\_ **Resident** on 1 year contract basis in  
ESIC-PGIMSR, ESIC Medical College and ESIC Hospital & ODC (EZ), Joka, Kolkata - 700104

PHOTO

1. Specialty/Department :
2. Name in Block Letter :
3. Father's /Husband's Name :
4. Date of Birth :
5. Postal address, Mobile No  
& Email. ID :
6. Permanent Address, Mobile No.  
& E-mail Id :
7. Whether SC/ST/OBC/EWS/General :
8. Educational Qualification :
9. Experience :

**Undertaking:** I solemnly declare that the above statement is correct to the best of my knowledge and belief. In the event of any information being found incorrect, my application/candidature shall be liable to rejection summarily.

\_\_\_\_\_  
(Signature of the Applicant with date)

**Note :** Neatly typed application in the prescribed format in double spacing in A4 size along with attested copies of educational qualification, date of birth (Matriculation certificate), Caste certificate (in the case of SC/ST/OBC/PH), any other documents required must reach in the office of the Medical Superintendent within the stipulated period of time. Any application not complete in all respect and not received within the specified period will not be accepted.

**VERIFICATION - SLIP**

01.	Date of Verification						
02.	Name of the Candidate						
03.	Father's/Husband's Name						
04.	Post & Department						
05.	Verification						
	Sl. No.	Particulars					
	a)	Date of birth					
	b)	Educational & Technical Qualifications					
	c)	Experience					
	d)	Bond Release Certificate (if Applicable)	Yes / No				
	e)	Research/Publication Work					
	f)	Category (For SC, ST & OBC)					
	g)	Present Employment	NOC/Employer's Certificate	Years	Pvt.	PSU	Govt.
06.	Signature of the Candidate:						

**For Office Use Only**

Result of verification
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**Verified by:**

Signature:

**Checked by:**

Name:

Designation/Date:

(Signature with seal)