

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).

Signature with Seal of 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.

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

- 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/General :
- 8 Educational Qualification :
- 9 Experience :

PHOTO

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

Verified by:

Signature:

Name:

Designation/Date:

Checked by:

(Signature with seal)