

Guidelines for scanning and Upload of Photograph (4.5cm × 3.5cm) & Signature

Before applying online, a candidate will be required to have a scanned (digital) image of their photograph and signature as per the specifications given below.

Photograph Image:

- Photograph must be a recent passport style colour picture.
- Make sure that the picture is in colour, taken against a light-coloured, preferably white, background.
- Look straight at the camera with a relaxed face
- If the picture is taken on a sunny day, have the sun behind you, or place yourself in the shade, so that you are not squinting and there are no harsh shadows
- If you have to use flash, ensure there's no "red-eye"
- If you wear glasses make sure that there are no reflections and your eyes can be clearly seen.
- Caps, hats and dark glasses are not acceptable. Religious headwear is allowed but it must not cover your face.
- Dimensions 200 x 230 pixels (preferred)
- Size of file should be between 20kb–50 kb
- Ensure that the size of the scanned image is not more than 50kb. If the size of the file is more than 50 kb, then adjust the settings of the scanner such as the DPI resolution, no. of colours etc., during the process of scanning.

Signature Image:

- The applicant has to sign on white paper with Black Ink pen.
- The signature must be signed only by the applicant and not by any other person.
- The signature will be used to put on the Call Letter and wherever necessary.
- If the Applicant's signature on the answer script, at the time of the examination, does not match the signature on the Call Letter, the applicant will be disqualified.
- Dimensions 140 x 60 pixels (preferred)
- Size of file should be between 10kb – 20kb
- Ensure that the size of the scanned image is not more than 20kb
- Signature in CAPITAL LETTERS shall NOT be accepted.

Scanning the photograph & signature:

- Set the scanner resolution to a minimum of 200 dpi (dots per inch)
- Set Colour to True Colour
- File Size as specified above
- Crop the image in the scanner to the edge of the photograph/signature, then use the upload editor to crop the image to the final size (as specified above).
- The image file should be JPG or JPEG format. An example file name is: image01.jpg or image01.jpeg Image dimensions can be checked by listing the folder files or moving the mouse over the file image icon.
- Candidates using MS Windows/Microsoft Office can easily obtain photo and signature in .jpeg format not exceeding 50kb & 20kb respectively by using MS Paint or Microsoft Office Picture Manager. Scanned photograph and signature in any format can be saved in .jpg format by using 'Save As' option in the File menu and size can be reduced below 50 kb (photograph) & 20 kb(signature) by using crop and then resize option (Please see point (i) & (ii) above for the pixel size) in the 'Image' menu. Similar options are available in other photo editors also.
- If the file size and format are not as prescribed, an error message will be displayed.
- While filling in the Online Application Form the candidate will be provided with a link to upload their photograph and signature.

Procedure for Uploading the Photograph and Signature

- There will be two separate links for uploading Photograph and Signature
- Click on the respective link "Upload Photograph / Signature"
- Browse and Select the location where the Scanned Photograph / Signature file has been saved.
- Select the file by clicking on it
- Click the 'Open/Upload' button

Your Online Application will not be registered unless you upload your photograph and signature as specified:

- In case the face in the photograph or signature is unclear the candidate's application may be rejected. After uploading the photograph/ signature in the online application form candidates should check that the images are clear and have been uploaded correctly. In case the photograph or signature is not prominently visible, the candidate may edit his/ her application and re-upload his/ her photograph or signature, prior to submitting the form.
- After registering online candidates are advised to take a printout of their system generated online application forms.

LIST OF FORMS

FORM – I	FORMAT OF SC / ST CASTE CERTIFICATE
FORM – II	FORMAT OF OBC CASTE CERTIFICATE
FORM – III	FORMAT OF DECLARATION TO BE PRODUCED BY OBC CANDIDATES
FORM – IV	DISABILITY CERTIFICATE (IN CASES OF AMPUTATION OR COMPLETE PERMANENT PARALYSIS OF LIMBS AND IN CASES OF BLINDNESS)
FORM – V	DISABILITY CERTIFICATE (IN CASE OF MULTIPLE DISABILITIES)
FORM – VI	DISABILITY CERTIFICATE (IN CASES OTHER THAN THOSE MENTIONED IN FORM IV AND V)
FORM - VII	FORM OF CERTIFICATE APPLICABLE FOR RELEASED/RETIRED PERSONNEL FROM ARMY / NAVY / AIR FORCE
FORM – VIII	FORM OF CERTIFICATE FOR SERVING PERSONNEL WHO ARE DUE TO BE RELEASED WITHIN ONE YEAR
FORM – IX	UNDERTAKING TO BE GIVEN BY SERVING ARMED FORCE PERSONNEL WHO ARE DUE TO BE RELEASED WITHIN ONE YEAR
FORM - X	FORM OF CERTIFICATE APPLICABLE FOR SERVING ARMED FORCE PERSONNEL WHO HAVE ALREADY COMPLETED THEIR INITIAL ASSIGNMENT AND ARE ON EXTENDED ASSIGNMENT
FORM – XI	FORM OF UNDERTAKING TO BE GIVEN BY THE EX-SERVICEMAN
FORM – XII	CERTIFICATE REGARDING PHYSICAL LIMITATION IN AN EXAMINEE TO WRITE
FORM – XIII	LETTER OF UNDERTAKING FOR USING OWN SCRIBE
FORM – XIV	Experience Certificate

FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE BELONGING TO SCHEDULED
CASTE OR SCHEDULED TRIBE IN SUPPORT OF HIS/HER CLAIM.

This is to certify that Sri / Smt / Kum* _____ son / daughter*
of _____ of village/town* _____ in District /
Division* _____ of the State/Union Territory* _____ belongs to the

_____ Caste/Tribe* which is recognized 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) Orders, 1951;
- * The Constitution (Scheduled Tribes) (Union Territories) Order, 1951;

[as amended by the Scheduled Castes and Scheduled Tribes lists 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 Constitution (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 (Reorganization) 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 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 and Kashmir) Scheduled Tribes Order, 1989;
- * The Constitution (Scheduled Castes) Orders (Amendment) Act, 1990;
- * The Constitution (ST) Orders (Amendment) Ordinance, 1991;
- * The Constitution (ST) Orders (Second Amendment) Act, 1991;
- * The Constitution (ST) Orders (Amendment) Ordinance, 1996;
- * The Scheduled Caste and Scheduled Tribes Orders (Amendment) Act 2002;
- * The Constitution (Scheduled Castes) Order (Amendment) Act, 2002;
- * The Constitution (Scheduled Caste and Scheduled Tribes) Order (Amendment) Act, 2002;
- * The Constitution (Scheduled Caste) Order (Second Amendment) Act, 2002].

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 / Smt / Kumari*

_____ Father /Mother* of Sri / Smt / Kumari* _____
 _____ of village / town _____
 _____ in District/Division* _____ of the State/Union Territory* _____
 _____ who belong to
 the _____ Caste / Tribe* which is recognized as a Scheduled Caste/Scheduled Tribe* in the State/Union
 Territory* issued by _____ [Name of the authority] vide their order No.
 the _____ dated _____.

Shri/Smt/Kumari* _____ and/or* his/her* family ordinarily reside(s) in
 village/town* _____ of _____ District/Division* of the State/Union Territory* of

Signature _____

Designation _____

Place:

[With seal of Office]

Date :

State/Union Territory

Note: The term "Ordinarily resides" used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.

 * Please delete the words which are not applicable. #Delete the paragraph which is not applicable.

List of authorities empowered to issue Caste / Tribe Certificates:

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / I Class Stipendiary Magistrate / Sub-Divisional Magistrate / Extra-Asst. Commissioner / Taluka Magistrate / Executive Magistrate.
2. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / presidency Magistrate.
3. Revenue Officer not below the rank of Tehsildar.
4. Sub-Divisional Officers of the area where the candidate and / or his family normally resides.

Note: The Certificate is subject to amendment/modification of Scheduled Castes and Scheduled Tribes lists from time to time

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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 Sri / Smt. / Kumari _____ son/daughter of
_____ of village/Town _____ District/Division
_____ in the State/ Union Territory _____ belongs to
the _____ community which is recognized 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 OM
No.36012/22/93- Estt.[SCT], dated 8-9-1993 **.

Dated:

District Magistrate

Deputy Commissioner etc.

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.

Note: - The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

The Prescribed proforma shall be subject to amendment from time to time as per Government of India Guidelines.

Form of declaration to be submitted by the OBC candidates (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 services as per orders contained in Department of Personnel and Training Office Memorandum No. 3610222/93-Estt (SCT) dated 08/09/1993. It is also declared that I don't belong to persons / sections / (Creamy Layer) mentioned in column 3 of Schedule to the above referred Office Memorandum dated 08/09/1993, O.M. No. 36033/3/2004-Estt (Res) dated 09th March 2004 and O.M. No. 36033/3/2004-Estt (Res) dated 14th October, 2008.

Signature of the Candidate

Full Name.....

Address.....

Disability Certificate

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness) (Prescribed proforma subject to amendment from time to time)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent PP 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
- Blindness (Please tick as applicable)

(B) The diagnosis in his/her case is _____

(C) He/She has _____% (in figure) _____

percent (in words) permanent physical impairment/blindness in relation to his/her _____ (part of body) as per guidelines (to be specified)

2. The applicant has submitted the following documents 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 disability certificate is issued.

Disability Certificate
(In case of multiple disabilities)
(Prescribed proforma subject to amendment from time to time) (NAME AND ADDRESS OF THE
MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent PP 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 are satisfied that:

(A) He/she is a Case of Multiple Disabilities. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below :

Sr. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@ #		
2	Low vision			
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

(B) In the light of the above, his/her overall permanent physical impairment as per 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: not necessary,

Or

(i) 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 / both eyes

£ - e.g. Left / Right / both ears

4. The applicant has submitted the following documents 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 Chairperson

Signature/Thumb impression of the person in whose favour disability certificate is issued.

Disability Certificate

(In cases other than those mentioned in Form IV and V)

(Prescribed proforma subject to amendment from time to time)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent PP 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 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:

S r. N o.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

(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) _____

@ - e.g. Left/Right/both arms/legs

- e.g. Single eye / both eyes £ -

e.g. Left / Right / both ears

4. The applicant has submitted the following documents 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

{Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)}

Signature/Thumb impression of the person in whose favour disability certificate is issued.

Form of Certificate applicable for Released/Retired Personnel

(Prescribed proforma subject to amendment from time to time)
It is certified that No. _____ Rank _____ Name _____
whose date of birth is _____ has rendered service from _____ to _____
_____ in Army/Navy/Air Force.

2. He has been released from military services:

% a) on completion of assignment otherwise than

- (i) by way of dismissal, or
- (ii) by way of discharge on account of misconduct or inefficiency, or
- (iii) on his own request, but without earning his pension, or
- (iv) he has not been transferred to the reserve pending such release.

%b) on account of physical disability attributable to Military Service.

%c) on invalidment after putting in at least five years of Military service

3. He is covered under the definition of Ex-Serviceman (Re-employment in Central Civil Services and Posts) Rules, 1979 as amended from time to time.

Place: _____ Signature, Name and Designation of
the
Competent Authority **

Date: _____
SEAL

% Delete the paragraph which is not applicable.

**** Authorities who are competent to issue certificate to Armed Forces Personnel for availing Age concessions are as follows:**

(a) In case of Commissioned Officers including ECOs/SSCOs: Army: Military Secretary Branch, Army Hqrs., New Delhi; Navy: Directorate of Personnel, Naval Hqrs., New Delhi; Air Force: Directorate of Personnel Officers, Air Hqrs., New Delhi.

In case of JCOs/ORs and equivalent of the Navy and Air Force: Army: By various Regimental Record Offices; Navy: CABS, Mumbai; Air Force: Air Force Records, New Delhi.

Form of Certificate for Serving Personnel
(Applicable for serving personnel who are due to be released within one year) (Prescribed proforma
subject to amendment from time to time)

1. It is certified that No. _____ Rank _____ Name _____ is serving in the
Army/Navy/Air Force from _____.
2. He is due for release/retirement on completion of his specific period of assignment on or before _____.
3. No disciplinary case is pending against him

Place:

Signature, Name and Designation of the
Competent Authority**

Date:

SEAL

**** Authorities who are competent to issue certificate to Armed Forces Personnel for availing Age concessions are as follows:**

(a) In case of Commissioned Officers including ECOs/SSCOs: Army: Military Secretary Branch, Army Hqrs., New Delhi; Navy: Directorate of Personnel, Naval Hqrs., New Delhi; Air Force: Directorate of Personnel Officers, Air Hqrs., New Delhi.

(b) In case of JCOs/ORs and equivalent of the Navy and Air Force: Army: By various Regimental Record Offices; Navy: CABS, Mumbai; Air Force: Air Force Records, New Delhi.

Undertaking to be given by serving Armed Force personnel who are due
to be released within one year
(Prescribed proforma subject to amendment from time to time)

- (1) I understand that if selected on the basis of the recruitment/Examination to which this application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the Appointing Authority that I have been duly released/ retired/discharged from the Armed Forces and that I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen (Re-employment in Central Civil Service and Posts) Rules, 1979, as amended from time to time.
- (2) I also understand that I shall not be eligible to be appointed to a vacancy reserved for Ex-serviceman in regard to the recruitment covered by this examination, if I have at any time prior to such appointment, secured any employment on the civil side (including Public Sector Undertaking, Autonomous Bodies/Statutory Bodies, Nationalised Banks, etc.), by availing of the concession of reservation of vacancies admissible to Ex-serviceman.

Place:

Date:

Signature and Name of Candidate

Form of Certificate applicable for Serving Armed Force Personnel who have already completed their initial assignment and are on extended assignment (Prescribed proforma subject to amendment from time to time)

1. It is certified that No _____ Rank _____ Name _____ whose date of birth is _____ is serving in the Army/Navy/Air Force from _____
2. He has already completed his initial assignment of five years on _____ and is on extended assignment till _____
3. There is no objection to his applying for civil employment and he will be released on three months' notice on selection from the date of receipt of offer of appointment.

Place :

Signature, Name and Designation of the
Competent Authority **

Date :

SEAL

** Authorities who are competent to issue certificate to Armed Forces Personnel for availing Age concessions are as follows:

(a) In case of Commissioned Officers including ECOs/SSCOs: Army: Military Secretary Branch, Army Hqrs., New Delhi; Navy: Directorate of Personnel, Naval Hqrs., New Delhi; Air Force: Directorate of Personnel Officers, Air Hqrs., New Delhi.

(b) In case of JCOs/ORs and equivalent of the Navy and Air Force: Army: By various Regimental Record Offices; Navy: CABS, Mumbai; Air Force: Air Force Records, New Delhi.

UNDERTAKING TO BE GIVEN BY THE EX-SERVICEMAN

I understand that, if selected on the basis of recruitment/examination to which the application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the Appointing Authority that I have been duly released/retired/discharged from the Armed Forces and that I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen (Re-Employment in Central Civil Services and Posts rules, 1979, as amended from time to time).

I also understand that I shall not be eligible to be appointed to a vacancy reserved for Ex-S in regard to the recruitment covered by this examination, if I have at any time prior to such appointment, secured any employment on the civil side (including Public Sector Undertaking, Autonomous Bodies/Statutory Bodies, Nationalized Banks, etc.) by availing of the concession of reservation of vacancies admissible to Ex-S.

I further submit the following information:

- | | | |
|----|-------------------------------------|-------|
| a) | Date of appointment in Armed Forces | _____ |
| b) | Date of discharge | _____ |
| c) | Length of service in Armed Forces | _____ |
| d) | My last Unit/Corps | _____ |

Place:

Date:

(Signature of the Candidate)

**CERTIFICATE REGARDING PHYSICAL LIMITATION IN AN
EXAMINEE TO WRITE**

This is to certify that, I have examined Mr/Ms/Mrs_____ (name of the candidate with disability), a person with_____ (nature and percentage of disability as mentioned in the certificate of disability), S/oD/o_____, a resident of

(Village/District/State) and to state that he/she has physical limitation which happens his/her writing capabilities owing to his/her disability.

Place:

Date:

(Signature)

Chief Medical Officer/ Civil Surgeon/ Medical Superintendent of
a Government health care institution

Name and Designation Name of Government Hospital/
Health care centre with seal

Note:

Certificate should be given by a specialist of the relevant stream/disability (Eg. Visual Impairment- Ophthalmologist, Locomotor Disability-Orthopedic specialist/PMR)

LETTER OF UNDERTAKING FOR USING OWN SCRIBE

I, _____ a candidate with _____
name of the disability), appearing for the _____ (name of the examination),
bearing Roll No. _____ and Registration No. _____ at
_____ (name of the centre) in the District & State
_____ (name of the district and state). My qualification is
_____. I do, hereby, state that
_____ (name of the scribe) will provide the services of Scribe
for the undersigned for taking the aforesaid examination. I do, hereby, undertake that the qualification of
scribe is _____. In case, subsequently it is found that qualification of
scribe is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the
post and claims relating thereto. Place: Date: (Signature of the candidate with Disability)

Place:

Date:

(Signature of the candidate with Disability)

(Letter Head of the Employer)

Dated

WHOMSOEVER IT MAY CONCERN

This is to certify that Mr/Ms _____, S/o/D/o _____ is an employee of this organization/Department/Ministry and duties performed by him during the period(s) are as under:-

Sl. No.	Name of the post held	From dd/mm/yy	To dd/mm/yy	Total period dd/mm/yy	Nature of Appointment- Permanent, Regular, Temporary, Part-time, Contract, Guest, Ad hoc, Honorary, etc	Department/Specialty/ Field of Experience
	(1)	(2)	(3)	(4)	(5)	(6)

Sl. No.	Monthly remuneration (Total) As per CPC with grade pay/Level (as per 7/6 CPC)/IDA Pay Scale/ Annual CTC	Duties performed/ experience gained in brief in each post (please give details, if need be, in attached sheet)	Place of posting	Nature of Work a) Managerial (Lower/Middle /Senior*) b) Supervisory c) Operative d) If none of the above, please indicate nature of work	Remarks, if any
	(7)	(8)	(9)	(10)	(11)

2. It is certified that above facts and figures are true and based on service records available in our Organization/Department/Ministry.

Signature & Seal of Authorised Signatory

Of Organisation/Dept./Ministry