

PROFORMA

Application for the post of _____ in JNPT

Recent Passport size Photo graph

- 1. Full name (in block letters) :
- 2. (a) Address for communication :

- (b) Telephone No./Mobile No. :
- (c) E-Mail address :

- 3. Name of present employer, post held with pay scale :
- 4. Date of Birth :
- 5. Age as on 1st April, 2019 : ____ Years ____ Months ____ Days
- 6. Whether belongs to SC/ST/OBC/ EX-SERVICEMAN/ GENERAL. :
- 7. Whether belongs to PWD : Yes/No. If yes type ____ & ____ %
- 8. Educational & other qualification :

Sr. No.	Degree/Diploma	Name of University/ Institution	Year of passing	Marks obtained/ Out of	% of Marks

9. Details of employment / experience in chronological order :

Name of the Organization	Post held	Scale of pay	From	To	Nature of duties
Total Experience : _____ Years _____ Months _____ Days.					

**10. State clearly whether in the light :
of the entries made by you above,
you meet the requirements of the post.**

**11. Nature of present employment & :
post held.**

12. Documents attached to the application :

13. Any other information :

The above information is correct and if at any time it is found that the information furnished above is incorrect/false, my candidature will stand cancelled. If any shortcoming/s is/are detected even after my selection, my services are liable to be terminated at any time.

Date : / /

(Signature of applicant)

FORM OF CERTIFICATE TO BE PRODUCED BY

**A CANDIDATE BELONGING TO SCHEDULED CASTE OR SCHEDULED TRIBE IN
SUPPORT OF HIS / HER CLAIM**

1. 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 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.

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 / 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 the
_____ [Name of the authority] vide their
order No.

_____ dated _____.

3. 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

[With
seal of
Office]

Place:
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/Deputy Collector/ First Class Stipendiary
Magistrate/ Sub-Divisional Magistrate/Taluka Magistrate/Executive
Magistrate/ Extra Assistant Commissioner (Not below the rank of
First Class Stipendiary Magistrate).
- (2) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/
Presidency Magistrate.
- (3) Revenue Officer not below the rank of Tehsildar(as per State Govt.
policy).
- (4) Sub-Divisional Officer of the area where the candidate and/or his
family normally resides.

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/daug
hter of of village/
town
In 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 Personal & Training O. M. No. 36012/22/93 – Estt.(SCT) dated
08.09.1993**.

District Magistrate
Deputy Commissioner etc.

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.

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

FORM -I

Disability Certificate

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

(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 _____

(A) 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.

FORM - II

Disability Certificate

(In case of multiple disabilities)

(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 Disability. 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 over all 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 :

(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

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

FORM - III

Disability Certificate

(In cases other than those mentioned in Forms I and II)

(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 are

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		

satisfied that he/she is a Case of _____ disability. 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 :

(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.

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 vide Notification
number S.O.908 (E), dated the 31st December, 1996.
