

National Institute of Solar Energy

(An Autonomous Institute of Ministry of New and Renewable Energy, Govt. of India) Gwal-Pahari, Gurugram

Advt. No: A-12034/2/2021-Admin Date: 06.12.2025

Recruitment of Scientific Support staff in National Institute of Solar Energy

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National Institute of Solar Energy (NISE) is an Autonomous Institute of Ministry of New and Renewable Energy, Government of India. NISE is functioning as an apex national centre for Research and Technology Development in the areas of Solar Energy. NISE is located on a 200 Acre campus on the Gurugram- Faridabad Road, Gwal-Pahari, Gurugram (Haryana). The R&D activities of NISE are carried out in coordination with other research organizations and industries.

2. NISE invites online applications for recruitment of the following category of posts on Direct Recruitment basis:

	Scientific Support Staff						
SI. Name of the Post							n
No.		as per 7 th CPC	OBC (NCL)	EWS	UR	PwBD	Total Posts
(i)	Executive Assistant –I	7	1	1	3	1*	5

^{*}Horizontal Reservation

- 3. Reservation of the post for PwBD: *One vacancy out of the five vacancies is reserved for candidates belonging to category of Persons with Benchmark Disability (PwBD) viz. Deaf and Hard of Hearing with disability i.e. Deaf (D) and Hard of Hearing (HH).
- 4. <u>Suitability of the post for PwBD:</u> All five vacancies are suitable for candidates belonging to category of Persons with Benchmark Disability (PwBD):
 - a) Deaf and Hard of Hearing i.e. D=Deaf, HH= Hard of Hearing,
 - b) Locomotor Disability i.e. OA=One Arm, OL=One Leg, CP=Cerebral Palsy, LC=Leprosy Cured, Dw=Dwarfism, AAV=Acid Attack Victims,
 - c) ASD(M)= Autism Spectrum Disorder (Mild), SLD= Specific Learning Disability, MI= Mental Illness, and
 - d) MD=Multiple Disabilities from amongst persons under clauses (a) to (c).

5. Functional/Physical Requirement Along with Category Abbreviations Used:

S=Sitting, ST=Standing, W=Walking, BN=Bending, MF=Manipulation with Fingers, RW=Reading & Writing, SE=Seeing, H=Hearing.

Note: Category Abbreviations Used: D=Deaf, HH= Hard of Hearing, OA=One Arm, OL=One Leg, CP=Cerebral Palsy, LC=Leprosy Cured, Dw=Dwarfism, AAV=Acid Attack Victims, ASD(M)= Autism Spectrum Disorder (Mild), SLD= Specific Learning Disability, MI= Mental Illness, MD=Multiple Disabilities

6. <u>Educational qualifications</u>, <u>Age Limit</u>, <u>Syllabus</u>, <u>Exam pattern and other</u> qualifications required for direct recruits of Executive Assistant-I:

a) Essential Qualifications:

- (i) Diploma in Engineering or Bachelor's Degree in Science or Engineering from a recognized University/ Board / Institution.
- (ii) Basic Operational computer knowledge.
- b) Age limit: The upper age limit for direct recruitment to this position will be 35 Years.

Note: The crucial date for determining the age limit shall be the closing date for receipt of applications from candidates in India (and not the closing date for those in Assam, Meghalaya, Arunachal Pradesh, Mizoram, Manipur, Nagaland, Tripura, Sikkim, Ladakh Division of Jammu and Kashmir State, Lahaul and Spiti District and Pangi Sub-Division of Chamba District of Himachal Pradesh, the Union Territory of the Andaman and Nicobar Islands and the Union Territory of Lakshadweep).

c) Syllabus & Exam pattern for Executive Assistant-I:

Duration: 180 min

Part–I: General: 50 questions (MCQ), 50 marks (0.25 negative marking for wrong answers)

- (i) General Awareness -10
- (ii) Reasoning -10
- (iii) Quantitative Aptitude -10
- (iv) English language proficiency-10
- (v) Basics of computers 10

General Awareness: Science and Scientific research, National /International organizations, Institutions national and international events, various schemes of MNRE, New Delhi.

Reasoning: Problem solving, decision making, arithmetical reasoning, arithmetical number series.

Quantitative Aptitude: Ratio and proportions, Time & work, Time & Distance, table and graphs.

English language proficiency: Vocabulary, Grammar, Sentence structure, comprehension of passages.

Basics of computers: MS office, Internet, emails and various online tools.

Part–II Technical: 150 questions (MCQ), 150 marks (0.25 negative marking for wrong answers)

(i) Renewable Energy Basics – 50 marks

National and global energy scenario, Sector wise energy consumption, net zero emissions, national action plan on climate changes, global environment issues.

Concepts of New Renewable energy: Fundamentals of wind, Biomass, hydrogen production pathways like, Grey, blue and green hydrogen and Fuel cell.

Fundamentals of Solar Energy: Resource and potential, solar constant, radiation spectrum.

(ii) Solar PV – 50 marks

Solar PV Technologies, recent trends, PV manufacturing scenario in the country, Si wafer and thin-film based solar cells, material properties, different parameters of solar cell and module, characterization methods, relevant national/international standards for testing, degradation of PV modules, etc.

Grid/Off Grid Solar PV Power plants like rooftop, floating, agro PV. Solar PV applications for lighting, water pumping etc.

Integration of solar power plants with grid including Power Electronics, Power Systems, Transformer, Distribution, micro grid connectivity, etc.

(iii) Solar Thermal – 50 marks

Concepts of heat, work, energy and governing rules for conversion. Basic of solar collector ETC, Flat plate, parabolic trough or linear collectors, central receiver with heliostats, and parabolic dish concentrator. Solar thermal electricity using Sterling engine, Ranking engine, Brayton engine.

Solar thermal applications for heating, cooling, drying and process heat.

Storage of solar energy- Rechargeable batteries - Thermal energy storage: sensible and latent heat through PCM.

Note: Persons with Benchmark Disability (PwBD), if so desires, will have to bring their own scribe as per govt. of India rules to assist them in the examination. The facility of Scribe will be allowed to any person with benchmark disability as defined under section 2 (r) of the RPwD Act, 2016 and has limitation in answering in the exam including that of speed if so desired by him / her. In case of persons with benchmark disabilities in the category of blindness, locomotor disability (both arm affected-BA) and cerebral palsy, the facility of scribe will be allowed, if so desired by the person. In case of other category of persons with benchmark disabilities, the provision of scribe will be allowed on production of a certificate to the effect that the person concerned has physical limitation to answer in the examination and scribe is essential to answer in the examination on his behalf,

from the Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Government Hearth Care Institution as per format. The qualification of the scribe should be at least one step below the qualification of the candidate taking the examination. The candidates with benchmark disabilities opting for own scribe shall be required to submit details of the own scribe at the time of examination as per format. In addition, the scribe has to produce a valid ID proof (PAN, Aadhar Card, Driving Licence etc.) in original at the time of examination. A photocopy of the ID proof of the scribe signed by the candidate as well as the scribe has to submit along with format. If subsequently it is found that the qualification of the scribe is not as declared by the candidate, then the candidate shall forfeit his/ her right to the post and claims relating thereto. Compensatory time to be allowed in PwBDs case is 20 minutes per hour of examination. All candidates with disability not availing the facility of scribe may be allowed additional time of one hour for examination of three hours' duration. The requisite format is enclosed at **Annexure I to IV**.

7. SELECTION PROCESS

- a) The screening and selection process shall be as prescribed by RRs of NISE.
- b) The selection to the said posts will be through Written Examination in order of merit secured during examination. No TA/DA will be paid to candidates for attending the Written Examination. Date, time and venue for the written test shall be intimated separately.
- c) Mere fulfilment of essential qualifications shall not entitle a candidate to be called for Written Test. Depending upon the number of applications received, the Screening Committee may adopt suitable criteria to decide the number of candidates to be called for Written Test for each post.

8. General terms and conditions:

- a) The applicant must be a Citizen of India.
- b) The number of posts advertised may change, as decided by the competent authority of NISE.
- c) Candidates should read carefully the requisite minimum essential qualifications, age and eligibility, experience criteria etc. laid down in the advertisement before applying for these posts.
- d) Minimum Essential Qualifications: All applicants must fulfil the minimum essential requirements of the post and the other conditions stipulated in the advertisement as on closing date for receipt of applications given in the advertisement. The candidates are advised to ensure their eligibility for making an application to the post. No enquiry asking for advise as to eligibility will be entertained.
- e) Age relaxation will be given to SC/ST/NC-OBC/PwBD/Ex-Servicemen / Government Servants candidates as per existing Central Govt. Rules. Government Servants seeking such age relaxation will be required to produce relevant proof of eligibility to avail relaxation at the time of submission of application. The requisite format is enclosed at **Annexure V**.
- f) Candidates seeking reservation benefits available for the respective categories must ensure that they are entitled to such reservation as per eligibility prescribed in Government of India (GoI) orders and possess the valid certificates in the format prescribed by GoI in support of their claim. The requisite format is enclosed at Annexure VI to XI.

- g) Any subsequent amendments/modifications etc., on this matter will be notified in the Institute website (www.nise.res.in) only which may be referred to by the interested candidates' regularly. Any addendum/Corrigendum/ notices in respect of this advertisement shall be published only on the Institute website.
- h) The selected candidate will be kept on probation of two years in case of Regular appointment & shall be governed by the New Pension Scheme(NPS) of the Govt. of India, as the case may be. The appointing authority may at its discretion extend the period of probation by one year in case of unsatisfactory performance, misconduct or on ground of misbehaviour. In case there is no perceptible improvement despite all this, his/her services shall be terminated by giving one month's notice or on payment of one month's salary in lieu of notice.
- i) Applicants working in Govt. /Semi Govt./Public Sector undertaking will be required to submit "No Objection Certificate" from their employer at the time of test, as applicable. Candidates on selection are required to submit relieving letter from their employer (Govt./Public/Private) at the time of joining the Institute, without which they will not be allowed to join.
- j) Appointment orders issued by the Institute shall be provisional. The Institute may verify the antecedents or documents submitted by a candidate. In case it is found at any time that any of the facts/documents submitted by the candidate are falsified or tampered, or the candidate has doubtful antecedents/background and has suppressed the said information, then his/her candidature shall stand cancelled and services may be terminated without any notice period.
- k) Institute strives to have a workforce which reflects gender balance. Women candidates are encouraged to apply.
- Canvassing in any form on behalf of any candidate shall be treated as a disqualification which shall lead to the cancellation of candidature.
- m) Court of Jurisdiction for any dispute will be Punjab & Haryana High Court, Chandigarh.
- n) The decision of the Competent Authority, NISE in all matters relating to eligibility, acceptance or rejection of applications, mode of selection and conduct of examination will be final and binding on the applicants.
- o) The entire selection process is subject to the outcome of the court cases in Hon'ble High Court of Punjab & Haryana, Chandigarh.
- p) Headquarters: Gurugram. However, the incumbents appointed to the posts shall be liable to serve anywhere in India.
- q) The appointment of a candidate shall be subject to verification of character and antecedents by the competent authority. Until the verification of character and antecedents reports are received, the appointment shall be treated as provisional. In case the report/s with regard to his/her conduct, character, and antecedents is found to be unsatisfactory, the appointment shall be cancelled / withdrawn forthwith.
- r) NISE reserves the right to not to fill up all or any of the vacancies or to cancel the recruitment process for any post at any stage or withdraw the circular at any time without assigning any reasons.

9. Instructions to the Applicants:

- a) The interested eligible candidates to apply ONLINE through the career portal of the Institute available at https://nise.res.in/.
- b) One recent (within three months from the date of application) colour passport size photograph with clear front view of the applicant without cap, scarf and sun glasses should be uploaded while filling the Online application form.

- c) After submission of online application, no request for change in any data will be entertained.
- d) Online Application without payment of application fee as categorised below will be considered as incomplete and will be summarily rejected.

Category	Application Fee
Applicants belonging to SC, ST, PwBD and Female candidates	Nil
Applicants belonging to other category	Rs.1000 (Rupees One Thousand only).

Note: The last date for submission of online applications is 30 days from the date of publication of advertisement in Employment News.

Sd/-Director(Admin) National Institute of Solar Energy Gwal-Pahari, Gurugram-Faridabad Road, Gurugram – 122003 (Haryana)

Certificate regarding physical limitation in an examinee to write

This is to certify that, I have ex	xamined Mr./M	ls./Mrs		
(name of the candidate with disab	ility), a person v	with		<u></u>
(nature and percentage of disabili	ty as mentioned	in the certif	icate of disability), S/o, D)/o
2	<u></u>	a	resident	of
			(Village/Di	istrict/State)
and to state that he/she has physic	cal limitation wl	hich hamper	s his/her writing capabilit	ties owning
to his/her disability.				
				Signature
	Chief Medic	al Officer/C	ivil Surgeon/Medical Sup	erintendent
		of	a Government health care	Institution
			Name & I	Designation
Name of Government Hospital / I	Health Care Cen	tre with Sea	1.0	
Place:	-			
Date:				
Note: Certificate should be given	by a specialist of	of the releva	nt stream/disability (eg. \	Visual .

Note: Certificate should be given by a specialist of the relevant stream/disability (eg. Visual impairment – Ophthalmologist, Locomotor disability – Prthopaedic specialist / PMR).

Annexure - II

Letter of Undertaking for Using Own Scribe

I	-						,	a	candidate	3	with
				_ (n	ame	of	the	disability)	appearing	g for	the
					(nan	ne o	of the	examinatio	n) bearin	g Roll	No.
9					a	t					
(name	of	the	Centre)	in	the	Dis	strict	() 			
					(nam	e o	f the	State/UT).	My qua	alificatio	n is
I do her	eby sta							 (name	of the scri	be) will	provide
the serv	ice of s	scribe/re	eader/lab as	sistant	for the	unde	ersigned	for taking th	e aforesaid	examina	ation.
I do hei	eby u	ndertak	e that his/h	er qua	lificati	on is	i i			In	case,
subsequ	ently i	t is fou	nd that his	/ her q	ualific	ation	is not a	as declared b	y the unde	rsigned	and is
beyond	my qua	alificati	on, I shall fo	orfeit n	ny righ	it to t	he post	and claims re	lating there	eto.	
							(Sign	ature of the o	andidate w	ith Disal	bility)
Place:											
Date:					-8						

Certificate for	person	with speci	fied disability covered	l under	the definition	n of
Section 2 (s)	of the RI	PwD Act, 2	2016 but not covered	under	the definition	n of
Section 2(r) o	f the said	d Act, i.e.	persons having less t	han 40	0% disability	and
having difficu	lty in wr	iting				
This is to cer	tify that,	we have	examined Mr/Ms/Mr	s	(name of	the
candidate),	S/o	/D/o	,	а	resident	of
	Vill/PO/I	PS/Distric	t/State), aged	у	rs, a person	with
	(nat	ure of dis	ability/condition), an	d to s	tate that he	/she
has limitation	n which	hampers	his/her writing capa	bility	owing to his	/her

2. The above candidate uses aids and assistive device such as prosthetics & orthotics, hearing aid (name to be specified) which is /are essential for the candidate to appear at the examination with the assistance of scribe.

above condition. He/she requires support of scribe for writing the

3. This certificate is issued only for the purpose of appearing in written examinations conducted by recruitment agencies as well as academic institutions and is valid upto ______ (it is valid for maximum period of six months or less as may be certified by the medical authority)

Signature of medical authority

(Signature	(Signature & Name)		(Signature &	
& Name)		& Name)	Name)	& Name)
Orthopedic	Clinical Psychologist/	Neurologis	Occupationa	Other
/	Rehabilitation	t	l therapist	Expert, as
PMR	Psychologist/Psychiatrist		(if available)	nominated
specialist	/ Special Educator	available)		by the
	*	16		Chairperso
				n
				(if any)
	(Signature	& Name)		
Chief Me	edical Officer/Civil S	Surgeon/Ch	ief Distric	t Medical
Officer	.Chairperson			

Name of Government Hospital/Health Care Centre with Seal

TY	Pa		
P	9	CP.	

examination.

Date:

Letter of Undertaking by the person with specified disability covered under the definition of Section 2 (s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing

		(nature of
		(name of the
examination) bearing	Roll No	at
(r	name of the	centre) in the District
		(name of the State). My
educational qualification is $_{ ext{-}}$		
2 I do hereby state that		(name of the scribe)
		undersigned for taking the
A STATE OF THE STA		undersigned for taking the
aforementioned examination	1.	
3. I do hereby undertake th	nat his qualificatio	on is In
case, subsequently it is four	nd that his qualific	cation is not as declared by the
undersigned and is beyond	my qualification.	I shall forfeit my right to the
post or certificate/diploma/o		
	8	8
		(Signature of the candidate)
(counter signature b	y the parent/guar	dian, if the candidate is minor)
Place:		

The form of certificate to be produced by Government servants for claiming Age concession

(Letter Head of the Institution/Issuing Authority)

This is to certify that Shri/MsS/o,D/o,W/o Shriis a regularly appointed n employee of this Organization/Department/Ministry and duties performed by him/her during the period(s) are as under
Certified that:
*(a) Shri/Shrimati/Kum. holds substantively a permanent post of in the Office/Department of with effect from
*(b) Shri/Smt./Kum. has been continuously in temporary service on a regular basis under the Central Government in the post of
Signature
Name
Designation
Ministry/Office
Address
Office SEAL
Place:
Date:

FORMAT FOR SC/ST CERTIFICATE

A candidate who claims to belong to one of the Scheduled Caste or the Scheduled Tribes should submit in support of his claim an attested/certified copy of a certificate in the form given below, from the District Officer or the sub-Divisional Officer or any other officer as indicated below of the District in which his parents (or surviving parent) ordinarily reside who has been designated by the State Government concerned as competent to issue such a certificate. If both his parents are dead, the officer signing the certificate should be of the district in which the candidate himself ordinarily resides otherwise than for the purpose of his own education. Wherever photograph is an integral part of the certificate, the Corporation would accept only attested photocopies of such certificates and not any other attested or true copy.

(The format of the certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under Government of India.)

applying for appointment to posts under C	sovernment of India.)
This is to certify that Shri/Shrimati/Kum	ari* son / daughter
of	of Village/Town/* of the State/Union Territory*
in District/Division *	of the State/Union Territory*
belongs to the Caste/Tribes	which is recognized as a Scheduled Castes/Scheduled
Tribes* under:	
@The Constitution (Scheduled Castes) or @The Constitution (Scheduled Tribes) or @The Constitution (Scheduled Castes) Us @The Constitution (Scheduled Tribes) Us	der, 1950 nion Territories order, 1951 *
Bombay Reorganization Act, 1960 & th	and Scheduled Tribes Lists (Modification) order, 1956, the Punjab Reorganization Act, 1966, the State of Himachal (Reorganization) Act, 1971 and the Scheduled Castes and t, 1976.]
 @The Constitution (Jammu & Kashmir) Second Castes and Scheduled Tribes @The Constitution (Dadra and Nagar Have) @The Constitution (Dadra and Nagar Have) @The Constitution (Pondicherry) Schedu @The Constitution (Scheduled Tribes) (Ue) @The Constitution (Goa, Daman & Diu) @The Constitution (Goa, Daman & Diu) @The Constitution (Nagaland) Scheduled @The Constitution (Sikkim) Scheduled @The Constitution (Sikkim) Scheduled @The Constitution (Jammu & Kashmir) Second Castes @The Constitution (SC) orders (Amendment) @The Constitution (ST) orders (Second Acted Constitution (ST) orders (Amendment) @The Constitution (ST) orders (Amendment) 	ar Islands) Scheduled Tribes Order, 1959 as amended by the S Order (Amendment Act), 1976 veli) Scheduled Castes Order 1962 veli) Scheduled Tribes Order 1962 led Castes Order 1964 (Ittar Pradesh) Order, 1967 Scheduled Castes Order, 1968 Scheduled Tribes Order, 1968 I Tribes Order, 1970 castes Order, 1970 castes Order 1978 ribes Order 1978 Scheduled Tribes Order1989 vent) Act, 1990 vent) Ordinance 1991 Amendment) Act, 1991 vent) Ordinance 1996
@The Constitution (Scheduled Caste) Or@The Constitution (Scheduled Caste and	ders (Amendment) Act, 2002 Scheduled Tribes) Orders (Amendment) Act, 2002

% 2. Applicable in the case of Scheduled Castes, Scheduled Tribes persons who have migrated from

one State/Union Territory Administration to other.

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
	_ Caste/Tribe* which is recognized as a Scheduled
	erritory* issued by the
dated	
%3. Shri/Shrimati/Kumari and/or* his/her fa	mily ordinarily reside(s) in village/town*
ofDis	trict/Division* of the
State/Union Territory of	<u> </u>
	Signature
	**Designation
	With a Seal of Office State/Union Territory
Place:	
Date:	

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 Caste/Tribe Certificates:

- (i) District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Dy. Collector/Ist Class Stipendiary Magistrate/Sub-Divisional Magistrate / Extra-Assistant Commissioner / Taluka Magistrate / Executive Magistrate.
- (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
- (iii) Revenue Officers not below the rank of Tehsildar.
- (iv) Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

NOTE: ST candidates belonging to Tamil Nadu state should submit caste certificate ONLY FROM THE REVENUE DIVISIONAL OFFICER.

^{*} Please delete the words which are not applicable @ Please quote specific presidential order % Delete the paragraph which is not applicable.

FORMAT OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA

This	is to certify that	son/daughter of					
of vi	illage	District/Division	In the				
	000 mil. 2000	State	belongs to the				
	Cc	State ommunity which is recognized as a backward class	s under:				
i)		68/93-BCC dated the 10th September, 1993, pub Part I, Section I, No. 186 dated 13th September, 19					
ii)		9/94-BCC, dated 19.10.1994 published in Gazett 3, dated 20th October, 1994.	e of India extraordinary				
iii)	extraordinary Part-I Sec	7/95-BCC dated the 24th May 1995 Published ction I No. 88 dated 25th May, 1995. 16/94-BCC dated 9th March, 1996.	in the Gazette of India				
iv) v)	Resolution No. 12011/	44/96-BCC, dated the 6th December, 1996, pub part I, Section-I, No. 210, dated the 11th December					
vi)	Resolution No.12011/1	13/97-BCC dated 3rd December, 1997. vii) Resolution No.12011/68/98-BC	olution No.12011/99/94-				
vii)		88/98-BCC dated 6th December, 1999, published Section-I No.270, 6th December, 1999.	in the Gazette of India,				
viii)	Resolution No.12011/3	66/99-BCC dated 4th April, 2000, published in the n-I, No.71 dated 4thApril, 2000.	e Gazette of India, Extra				
ix)		44/99-BCC dated 21.9.2000, published in the on-I, No.210 dated 21.9.2000.	Gazette of India, Extra				
x)		/2000-BCC dated 6th September, 2001, published Section-1, No.246 dated 6th September, 2001.	l in the Gazette of India,				
xi)		/2001-BCC dated 19th June,2003, published in the n-1, No.151 dated 20th June, 2003.	e Gazette of India, Extra				
xii)		12002-BCC dated 13th January, 2004, published Section-1, No.9 dated 13th January, 2004.	in the Gazette of India,				
xiii)		42004-BCC dated 12th March, 2007, published Section-1, No.67 dated 12th March, 2007.	in the Gazette of India,				
Shri		and/or his fami	ly ordinarily reside(s) in				
the _		District/Division of the	State.				
This	is also to certify that he	she does not belong to the persons/sections (Crea	my Layer) mentioned in				
colui	nn 3 of the Schedule to	the Government of India, Department of Person	nel & Training OM No.				
3601	36012/22/93-Estt. (SCT) dated 08.09.1993 and modified vide Govt. of India Dept. of Personnel and						
Trair	ning OM No. 36033/3/20	004-Estt(Res) dated 09.03.2004 & 14.10.2008.					
Date	d:						
Seal	:	District Magistrate or Dep	outy Commissioner etc.				

Note - I:

- a) The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- b) The authorities competent to issue Caste Certificate are indicated below:
 - i) District Magistrate / Additional Magistrate / Collector / Dy. Commissioner / Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendary Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate).
 - ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
 - iii) Revenue Officer not below the rank of Tehsildar
 - iv) Sub -Divisional Officer of the area where the candidate and/or his family resides.

Note - II:

The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also, for assuming that the candidate does not fall in the creamy layer.

Government of ______ (Name & Address of the authority issuing the certificate)

INCOME & ASSET 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		
Post Office	District	in the
State/Union Territory	Pin Code	whose
photograph is attested below belongs to E income* of his/her family** is below `. 8 His/her family does	lakh (Rupees Eight Lakh only)) for the financial year
 i) 5 acres of agricultural land and above; ii) Residential flat of 1000 sq. ft. and aboviii) Residential plot of 100 sq. yards and aliv) Residential plot of 200 sq. yards and aliv 	ve; bove in notified municipalities;	fied municipalities.
Shri/Smt./Kumari	belongs to the	
caste which is not recognized as a Schedule (Central List).		
Sig	nature with seal of Office	
	Designation	
Recent Passport size Attested		

*Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

***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.

NOTE:-

photograph of the applicant

The Income and Asset Certificate issued 'by any one of the following authorities in the prescribed format as given above shall only be accepted as proof of candidate's claim as 'belonging to EWS:-

^{**}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.

- (i) District Magistrate/Additional District Magistrate/ Collector/ Deputy Commissioner/Additional Deputy Commissioner/ 1st Class Stipendiary Magistrate/ Sub-Divisional Magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner,
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/ Presidency Magistrate,
- (iii) Revenue Officer not below the rank of Tehsildar and
- (iv) Sub-Divisional Officer or the area where the candidate and/or his family normally resides.

Form-V CERTIFICATE OF DISABILITY

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness) [See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport

				size attested photograph (Showing face only) of the person
				with disability.
Certificate No	Date:		_ '	
This is to certify that I have careful				
son/wife/daughter of Shri		Dat	e of Bi	th _(DD/MM/YYYY)_
Age years, male/female				
resident of House No V	Vard/Village/Street		<u> </u>	Post Office
District		_ State		, whose photograph
is affixed above, and am satisfied that	at:			
(A) he/she is a case of:				
 Locomotor disability 				
 Dwarfism 				
 Blindness 				
(Please tick as applicable)				
(B) the diagnosis in his/her case is _				:
(A) he/she has % (in the				
locomotor disability/dwarfism/blind				
per guidelines (number and date o	f issue of the g	uidelines	to be specified).
2. The applicant has submitted the fo	ollowing document	as proof of resi	idence:-	
Nature of Document	Date of	Issue	Deta	ils of authority issuing certificate

(Signature and Seal of Authorized Signatory of Notified Medical Authority)

Signature/thumb impression of the person in whose favour certificate of disability is

Form-VI CERTIFICATE OF DISABILITY (In cases of multiple disabilities) [See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport size attested photograph (Showing face only) of the person with disability.

				only) of the person with disability.
Certifica	ate No	Date:	u u uz u 	
This is	to certify that we have carefully ex	amined Shri/S	Smt./Kum	
son/wif	e/daughter of Shri	<u> </u>	Dat	e of Birth (DD/MM/YYYY)
Age	years, male/female	1	registration N	Vo permanent
residen	t of House No Ward/Vi	illage/Street _		Post Office
v 			State	, whose photograph
is affixe	ed above, and am satisfied that:			
	she is a case of Multiple Disability.		-	
	s been evaluated as per guidelines (.			The state of the s
	ecified) for the disabilities ticked bel	ow, and is sho	own against t	he relevant disability in the table
bel	ow:	1.00 1.1	1	
Sl.	Disability	Affected part of	Diagnosis	Permanent physical impairment/mental disability
No.	Disability	body	Diagnosis	(in %)
1	Locomotor disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Dwarfism			
5	Cerebral Palsy			
6	Acid attack Victim			
7	Low vision	#		
8	Blindness	#		
9	Deaf	£		
10	Hard of Hearing	£		
11	Speech and Language disability			

Intellectual Disability

Mental illness

Specific Learning Disability

Autism Spectrum Disorder

Chronic Neurological Conditions

12

13

14 15

16

17	Multiple sclerosis			
18	Parkinson's disease			
19	Haemophilia			
20	Thalassemia			
21	Sickle Cell disease			
	the light of the above, his			l impairment as per guidelines fied), is as follows: -
In figur	es: percent			
In word	ls:		perc	ent.
2. This	condition is progressive/non-	progressive/likely to i	improve/not	likely to improve.
3. Reassessment of disability is:				
ii)	not necessary, or is recommended/after valid till _DD/MM/YYYY		nonths, and t	therefore this certificate shall be
#	e.g. Left/right/both arms/legs e.g. Single eye e.g. Left/Right/both ears			
4. The a	applicant has submitted the fo	ollowing document as	proof of resi	idence:-
	Natura of Dogument	Data of Iga	10	Details of authority issuing

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 the Chairperson

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

Form-VII CERTIFICATE OF DISABILITY

(In cases other than those mentioned in Forms V and VI) [See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport size attested photograph (Showing face only) of the person with disability.

					only) of the person with disability.
Certifica	te No	Date:	- 10 to 100 to 10	_	
This is	to certify that I have carefully ex	camined Shri/S	Smt./Kum		
son/wife	e/daughter of Shri	<u> </u>	Date	e of Bir	th _(DD/MM/YYYY)_
Age	years, male/female		registration N	lo	permanen
resident	of House No Ward/V	/illage/Street _			Post Office
	District		State		, whose photograph
is affixe	ed above, and am satisfied that	he/she is a	case of		
guidelin	y. His/her extent of percentage les (number and date of issu disability in the table below:-				CONTROL OF THE SECTION OF THE SECTIO
Sl. No.	Disability	Affected part of body	Diagnosis	20.000	rmanent physical ment/mental disability (in %)
1	Locomotor disability	@			

Sl. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Cerebral Palsy			
5	Acid attack Victim			
6	Low vision	#		
7	Deaf	€		
8	Hard of Hearing	€		
9	Speech and Language disability			
10	Intellectual Disability			
11	Specific Learning Disability			
12	Autism Spectrum Disorder			
13	Mental illness			
14	Chronic Neurological Conditions			
15	Multiple sclerosis			
16	Parkinson's disease			

17	Haemophilia		
18	Thalassemia		
19	Sickle Cell disease		

(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/YYYY .
 - @ eg. Left/Right/both arms/legs
 - # eg. Single eye/both eyes
 - € eg. Left/Right/both ears
- 4. The applicant has submitted the following document 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 the Chairperson

(Authorized Signatory of Notified Medical Authority)

(Name & Seal)

Countersigned

{Countersignature and seal of the Chief Medical Officer/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 certificate of disability 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.