



**ADVERTISEMENT NO. IITR/1/2025**

**Start Date & Time of Submission of Online Application :** 17/02/2025 at 10.00 AM

**Last Date & Time of Submission of Online Applications :** 19/03/2025 at 5.00 PM

**OPPORTUNITIES FOR BRIGHT & RESULT ORIENTED INDIAN NATIONALS**

CSIR-Indian Institute of Toxicology Research, Lucknow, a constituent laboratory of Council of Scientific & Industrial Research, which is an autonomous organization under the Department of Scientific & Industrial Research (DSIR), Ministry of Science & Technology, Government of India. CSIR-IITR is multidisciplinary research institute with the motto – Safety to Environment & Health and Service to Industry addresses problems critical to human health and environment.

Applications are invited online from talented and result-oriented Indian Nationals for the total number of 10 Posts of Junior Secretariat Assistant as per the following details: -

| Sl. No. | Post Code and Name of the Post                                   | Total Number of Posts and Reservation                  | Essential Qualifications  | Upper Age Limit  | Scale of Pay & Total Emoluments   |
|---------|--|--|---|--|---|
| 01      | Post Code A<br>Junior Secretariat Assistant (General)            | 06 (Six)<br>UR – 02<br>OBC – 02<br>SC – 01<br>EWS – 01 | Minimum Educational Qualification of 10+2/XII or its equivalent and proficiency in computer type speed @ 35 w.p.m. in English or @ 30 w.p.m. in Hindi and in using computer as per the prescribed norms fixed by DOPT/CSIR from time to time. | 28 (as on the last date of submission of online application)<br><br>(Age relaxation as per Extant Rules) | Pay Level – 2 Cell-1 of Pay Matrix as per 7th CPC<br><br>(Approx. Rs 35600/- Total emoluments on minimum of scale including HRA, TA as applicable in Class ‘Y’ Cities and DA as applicable to Central Government Staff. |
| 02      | Post Code B<br>Junior Secretariat Assistant (Finance & Accounts) | 02 (Two)<br>UR – 01<br>OBC – 01                        |   |  |   |
| 03      | Post Code C<br>Junior Secretariat Assistant (Store & Purchase)   | 02 (Two)<br>UR – 02                                    |   |  |   |

\* 35 w.p.m./30 w.p.m. correspond to 10500 KDPH / 9000 KDPH, as the case may be, on an average of 5 key depressions for each word.

Total emoluments for the Pay Level 2 post are approx. ₹35600/- per month, which includes HRA, TA as applicable in Class ‘Y’ Cities and DA as applicable to Central Government Staff.

**Abbreviations used:** SC – Scheduled Caste, OBC – Other Backward Classes, EWS – Economically Weaker Section, w.p.m. – Words Per Minute, KDPH – Key Depression per Hour.

## **I. BENEFITS :**

1. The posts carry usual Pay and Allowances, such as House Rent Allowance, Transport Allowance, Dearness Allowance etc., at Central Government rates as admissible to the Central Government Employees and as made applicable to the employees of Council stationed at Lucknow (Class 'Y' City). Other benefits, such as Leave Travel Concession and Reimbursement of Medical Expenses (as per CGHS/CSMA Rules), are also available. The employees are provided with residential accommodation, subject to availability, as per CSIR rules.
2. CSIR provides excellent opportunities to deserving candidates for career advancement under CSIR Administrative Services Recruitment & Promotion (ASRP) Rules, 2020.
3. All new entrants will be governed by the "New Pension Scheme" applicable w.e.f. 01.01.2004 as notified by the Government of India and adopted by CSIR vide their letter number 17/68/2001-E.II dated 23.12.2003 and other instructions issued on the subject from time to time. However, persons selected from other Government Departments / Autonomous Bodies / Public Sector Undertakings / Central Universities having Pension Scheme on GOI pattern and who are presently being governed by the Old Pension Scheme will continue to be governed by the existing Pension Scheme i.e. CCS (Pension) Rules, 2021, if applied through the proper channel.

## **AGE LIMIT AND RELAXATIONS:**

1. The minimum age for applying is 18 years as on the last date of submission of online application.
2. The cut-off date for determining the age limit/experience/qualifications/claim of SC/ST/OBC/EWS/PwBD status or any other benefit viz. fee concession, reservation, age relaxation, etc., where not specified otherwise shall be the last date of submission of online application i.e. **19.03.2025**
3. Upper age relaxation of 5 years to the members of Scheduled Castes and 3 years to the members of Other Backward Classes in the upper age limit shall be allowed only in cases where such posts are reserved for that particular category.
4. As per GOI provisions, upper age relaxation for Widows, Divorced Women and Women Judicially separated from Husbands, who are not re-married, the upper age limit for such woman is up to the age of 35 years [up to 40 years for members of Scheduled Castes], as the case may be. The persons claiming age relaxation under this sub-para would be required to produce the following documentary evidence:
  - i. In case of Widow, the Death Certificate of her husband together with the Affidavit that she has not remarried since.
  - ii. In case of divorced Women and Women judicially separated from their husbands, a certified copy of the judgment/deed of the appropriate Court to prove the fact of divorce or the judicial separation, as the case may be, with an Affidavit in respect of divorced Women and they have not remarried since.
5. Age relaxation of 10 years (15 years for SC and 13 years for OBC candidates) in the upper age limit shall be allowed to persons suffering from (a) blindness or low vision (b) deaf and hard of hearing (c) loco motor disability or cerebral palsy, leprosy cured, dwarfism, acid attack victims and muscular dystrophy (d) autism, intellectual disability, specific learning disability and mental illness and (e) multiple disabilities from amongst persons under clauses (a) to (d) including deaf blindness subject to the condition that maximum age of the applicant on the crucial date shall not exceed 56 years. The age concession to the persons with benchmark disabilities shall be admissible irrespective of the fact whether the post is reserved for persons with disabilities or not, provided the post is identified as suitable for the relevant category of disability. Relaxation of the age limit would be permissible to such persons who have a minimum 40% disability.
6. Age relaxation to the Ex-Servicemen will be applicable as per the Government of India/CSIR Instructions, as amended from time to time.
7. All statutory categories (SC / ST / OBC(NCL) / PwBD / Ex-Servicemen etc) candidates seeking any kind of relaxation are required to upload a copy of the applicable certificate in the prescribed format as the case may be (**Annexure-II to XIII**) signed by the specified authority valid for appointment of posts under the Central Government.
8. There is no age limit for departmental candidates (CSIR Employees) provided they possess the prescribed qualifications.
9. **No such age relaxation is allowed to applicants under employment of Central Government / State Govt. / Autonomous Bodies.**

## II. SELECTION METHODOLOGY:

### 1. For the posts of Junior Secretariat Assistant (General / Finance & Accounts / Store & Purchase):

#### a) Scheme of Competitive Written Examination for Junior Secretariat Assistant (General / Finance & Accounts / Store & Purchase):

- There will be two papers (Paper-I and Paper-II) in the written competitive examination. Paper I is qualifying in nature.
- Paper II will be evaluated only for those candidates who secure the minimum threshold marks (to be determined by the Selection Committee) in the Paper I.

|                                |  |
|--------------------------------|--|
| <b>Mode of Examination</b>     | OMR Based or Computer Based Objective Type Multiple Choice Examination                       |
| <b>Medium of Questions</b>     | The questions will be set both in English and Hindi except the Questions on English Language |
| <b>Standard of Examination</b> | 10+2/XII   |
| <b>Total No. of Question</b>   | 200  |
| <b>Total Time Allotted</b>     | 2 hours 30 minutes   |

#### Paper – I (Time allotted – 90 Minutes)

| <b>Subject</b>       | <b>No. of questions</b> | <b>Maximum Marks</b>                     | <b>Negative Marks</b>                          |
|----------------------|-------------------------|--|--|
| Mental Ability Test* | 100                     | 200 (two marks for every correct answer) | There will be no negative marks in this paper. |

\* Mental Ability Test will be so devised so as to include General Intelligence, Quantitative Aptitude, Reasoning, Problem Solving, Situational Judgement, etc.

#### Paper-II (Time Allotted-1 Hour)

| <b>Subject</b>    | <b>No. of questions</b> | <b>Maximum Marks</b>                       | <b>Negative Marks</b>                    |
|-------------------|-------------------------|--|--|
| General Awareness | 50                      | 150 (three marks for every correct answer) | One negative mark for every wrong answer |
| English Language  | 50                      | 150 (three marks for every correct answer) | One negative mark for every wrong answer |

#### **Preparation of Merit List:**

- Merit list will be prepared based on marks obtained in Paper II.
- The proficiency in computer typing speed and in using computer will only be qualifying in nature.
- The merit list will only comprise of those candidates who have qualified the proficiency test in computer typing.
- In case of a tie of marks obtained by candidates in written examination, the methodology will be followed as per the following CSIR guideline as on date.
  - Candidate with lesser negative marks, if applicable in the papers (which have been considered for preparation of merit) of Written Test placed higher.
  - Date of Birth, with older candidate placed higher.
  - Candidates acquiring Essential Degree earlier place higher.
  - Alphabetical order in which first names of the candidates appear.

## GENERAL CONDITIONS / INSTRUCTIONS:-

1. The applicant must be a citizen of India.
2. The number of vacancies is provisional and may vary. The advertisement does not necessarily tantamount to the selection being actually made. The CSIR-IITR, Lucknow reserves the right to cancel all or part of the advertised vacancies at any stage of the recruitment process.
3. The prescribed educational qualifications should have been obtained from a University / Institution / Board recognized by Govt. of India / approved by the Govt. Regulatory Bodies and the final result should have been declared on or before the last date of receipt of the online application.
4. All testimonials/certificates will be verified later. Therefore, the candidates must produce the original document(s) for verification as and when desired by this Institute. Any wrong or incomplete information furnished by the candidate shall render her / him ineligible for consideration without any further notice. The candidature is provisional at all stages of the recruitment process and hence will be considered only if meeting the minimum eligibility criteria as per this advertisement and the Recruitment Rules of CSIR.
5. If any document/certificate furnished is in a language other than Hindi or English, a transcript copy in Hindi/English of the same duly attested by a Gazetted Officer or Notary is required to be submitted by the candidate.
6. In case of Universities/Institutes awarding CGPA/SGPA/OGPA grades, etc., candidates are requested to convert the same into percentages based on the formula as per their University/Institute.
7. SC/ST/OBCs, PwBD, ESM, EWS, etc, certificates, as applicable, should be issued by the Competent Authority in the prescribed format/proforma.
8. These posts are local and the normal place of posting is in CSIR-IITR, Lucknow. However, the appointees are liable to be posted at any of the Laboratories/Institutes of CSIR in exigencies of work.
9. Those employed in Govt. Deptt / PSUs /Autonomous Bodies should upload a certificate indicating that her/his department has No Objection in her/his applying to this post and the applicant will be relieved within one month of receipt of appointment offer, if she/he is selected, obtained from his/her present employer, along with other documents in order to be considered as a case of 'application through proper channel' OR such candidates should get the printout of the duly filled online application forwarded through his/her employer to this office along with the certificate as indicated above.
10. The candidate should ensure to submit her/his application complete in all respect along with the required certificates/documents before its submission. Any discrepancy found between the information given in the application and as evident in the original documents will make the candidate ineligible for the post(s).
11. In case candidates could not submit their online application due to failure of server/any technical defect at the last moment, last date will not be extended. **Therefore, candidates are advised to submit online application well in advance without waiting for the last date of submission of application.** Institute's decision shall be final and binding and no enquiry will be entertained in this regard.
12. All the applicants are advised to satisfy themselves before applying that they possess the essential qualifications and other conditions stipulated in the advertisement laid down for the posts as on the last date of receipt of the online application. No interim enquiry asking for advice on eligibility will be entertained. The prescribed essential qualifications/experiences are the minimum, and selection is done through open competition. Therefore, mere possession of the minimum education qualification/experience does not entitle candidates for selection to the post.
13. Merely fulfilling the minimum prescribed qualifications will not vest a right in the candidate for being called for a Written Test or Proficiency/Typing Test or appointment. If on verification either before or after at any of the stage of selection process, it is found that the candidate does not fulfill any of the eligibility conditions, his/her candidature will be summarily cancelled forthwith.
14. The selected candidates will be on probation for a specified period from the date of taking over charge of the post as per the terms and conditions of the appointment letter. The probationary period may be extended or curtailed at the discretion of the Competent Authority. After successful completion of the probationary period, they will be considered for confirmation in accordance with the extant rules.
15. This is for information that, if any declaration given or information furnished by any candidate proves to be false or if he/she is found to have willfully suppressed any material information, his/her candidature may be



- cancelled at any stage and/or he/she will be liable to be removed from service after joining, and such other action as may be deemed necessary may also be taken by the Competent Authority.
16. In respect of the equivalent clause in Essential Qualifications, if a candidate is claiming a particular qualification as equivalent qualification as per the requirement of advertisement, the candidate is required to produce an order/letter in this regard, indicating the Authority (with number and date) under which it has been so treated otherwise the application is liable to be rejected. However, the final decision in this regards will be taken as per the guidelines of CSIR on the subject.
  17. Where in any recruitment year any vacancy earmarked for EWS cannot be filled up due to non availability of a suitable candidate belonging to EWS, such vacancies for that particular recruitment year shall not be carried forward to the next recruitment year as backlog. The Post shall be filled by the candidate of UR Category
  18. Persons with Benchmarks Disabilities (PwBD) fulfilling the eligibility conditions prescribed under GOI instructions are encouraged to apply.
  19. Canvassing in any form and/or bringing any influence, political or otherwise, will be treated as a disqualification for the post.
  20. Provisions available for typing/proficiency test and written examination to the PwD candidates will be applicable as per the Government of India /CSIR guidelines.
  21. No travelling allowance shall be paid to the candidates for appearing in the Typing Test / Proficiency Test/ written examinations.
  22. The decision of the Director, CSIR-IITR, Lucknow 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 candidates.
  23. Medium once selected for Proficiency in Computer Typing Test shall not be allowed to change.
  24. The Centres for Written Examination and Proficiency in Computer Typing Test will be in Lucknow.
  25. For any further information regarding this examination, the Candidates are required to visit the CSIR-IITR, Lucknow website (<https://www.iitr.res.in>) from time to time.

### III. HOW TO APPLY:

1. Eligible candidates are required to apply ONLINE through the link available on the website (<https://www.iitr.res.in>) No other mode of application will be considered.
2. The candidates must go through the instructions page on the (<https://www.iitr.res.in>) before applying online for the above-mentioned posts.
3. Candidates are required to pay an amount of ₹ 500/- **Non-refundable** (Rupees Five Hundred only) towards application fee through the link available in the online application. **SC / ST / PwBD / Women / CSIR Employees / Ex-Servicemen are exempted from payment of application fee.** No other mode of payment is allowed like DD, Challan, Postal Orders etc.
4. The payment details (Receipt Number / Challan Number) are required to be mentioned at the designated place of online application before submission.
5. The candidate is also required to upload his / her photo (not exceeding 50kb) and signature (not exceeding 20 kb) at the respective specified places.
6. In case of Universities / Institutes awarding CGPA / SGPA / OGPA grades etc., candidates are requested to convert the same into percentages based on the formula as per their university / institute.
7. Applications from employees of Government Departments/ Autonomous Bodies / Public Sector Undertakings will be considered only if the application is forwarded through the proper channel or NOC issued by the department in this regard is uploaded.

**IV. Documents to be uploaded (as a single pdf) in the order (Whichever is applicable)**

- a) Birth Certificate issued by the Registrar of Births and Deaths or the Municipal Corporation or any other prescribed authority, whosoever has been empowered under the Registration of Birth and Deaths Act, 1969 to register the birth of a child born in India (only if not mentioned in Secondary or Senior Secondary School Certificate)
- b) 10<sup>th</sup>/SSC Mark-sheet.
- c) 12<sup>th</sup>/HSC Mark-sheet.
- d) Other Essential Education / Qualification Certificate / Diploma Marksheet & Degree certificate, as the case may be.
- e) NOC from the present Employer (If applicable)
- f) Others (If any)

**Other Documents to be uploaded separately (Wherever Required)**

- g) Fee Receipt (If applicable)
- h) Caste Category Certificate (If applicable)
- i) Discharge Book / PPO for Ex Servicemen (If applicable)
- j) PwBD Certificate (If applicable)
- k) NOC for Departmental Candidates

**Any further information regarding this Advertisement like Date, Time and Written Examination / Typing Test or otherwise, any addendum / corrigendum or any variation in a number of posts / cancellations of post(s) etc. will be made available through CSIR-IITR, Lucknow website (<https://www.iitr.res.in>) only. Therefore, the candidates are advised to keep a regular watch accordingly.**

**Canvassing in any form and / or bringing any influence, political or otherwise, will be treated as a disqualification for the post(s).**

**NO INTERIM ENQUIRY OR CORRESPONDENCE WILL BE ENTERTAINED.**

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for better health and safe environment

Sd/-  
ADMINISTRATIVE OFFICER

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**The form of certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under the Government of India**

This is to certify that Shri / Shrimati / Kumari\* ..... 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 Order, 1951
- @ The Constitution (Scheduled Tribes) Union Territories Order, 1951

[as amended by the Scheduled Castes and Scheduled Tribes List (Modification) Order, 1956; the Bombay Reorganisation Act, 1960, the Punjab Re-organisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the 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 (Reorganisation) 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 Order (Amendment) Act, 1976
- @ The Constitution (Dadar and Nagar Haveli) Schedule Castes Order, 1962 @ The Constitution (Dadar and Nagar Haveli) Scheduled Tribes Order, 1962 @ The Constitution (Pondicherry) Scheduled Castes Order, 1964
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- @ 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 & Kashmir) Scheduled Tribes Order, 1989 @ The Constitution (SC) Order (Amendment) Act, 1990
- @ The Constitution (ST) Order (Amendment) Act, 1991
- @ The Constitution (ST) Order (Second Amendment) Act, 1991
- @ The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act 2002 @ The Constitution (Scheduled Castes) Order (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes and Scheduled Tribes) Orders (Amendment) Act, 2002 @ The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002
- @ The Constitution (Scheduled Caste) Order (Amendment) Act 2007

%2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration to another,

This certificate is issued on the basis of the Scheduled Castes / Scheduled Tribe certificate issued to Shri / Shrimati\* ..... Father / Mother of Shri / Shrimati / Kumari\* ..... of village/town\*/Territory\*\* ..... 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 ..... dated.....

%3. Shri/ Shrimati/ Kumari\*.....and/ or\* his/ her\* family ordinarily resides in village/town\*..... of ..... District/Division\* of the State/ Union Territory\* of.....

Signature.....

\*\*Designation.....

(With Seal of Office)  
State/Union Territory\*

Place: .....

Date: .....

\* Please delete the words which are not applicable.

@ Please quote specific Presidential Order.

% Delete the paragraph which is not applicable

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 Scheduled Caste/Scheduled Tribe Certificate

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

**Note:**

ST candidates belonging to Tamil Nadu State should submit caste certificate ONLY FROM THE REVENUE DIVISIONAL OFFICER

**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 / daughter ..... of ..... village/town ..... In District/Division 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 .....\* and/or his 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 O.M. No. 36012/22/93- Estt. (SCT) dated 8.9.1993, OM No. 36033/3/2004- Estt. (Res) dated 9th March, 2004, O.M. No. 36033/3/2004-Estt. (Res) dated 14th October, 2008 and O.M. No. 36033/1/2013-Estt. (Res) dated 27th May, 2013\*\*

Signature.....  
Designation.....\$

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.

\$ - List of Authorities empowered to issue Other Backward Classes certificate

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

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

**Form of declaration to be submitted by the OBC – NCL candidate (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. 36102/22/93-Estt.(SCT) dated 8-9-1993. It is also declared that I do not belong to persons/sections (Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum dated 8-9-1993, O.M. No. 36033/3/2004-Estt.(Res.) dated 9th March, 2004 and O.M. No. 36033/3/2004-Estt.(Res.) dated 14th October, 2008 and as amended time to time.

I also declare that the condition of status / annual income for creamy layer of my Parents / guardian is within prescribed limits as on last date of application.

Signature .....

Full Name .....

Address .....

Place:.....

Date:.....

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**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 resident of, ..... Village / Street, Post Office, 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 lakhs (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.

2. 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

बेहतर स्वास्थ्य एवं सुरक्षित पर्यावरण के लिए  
for better health and safe environment

\*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.

\*\*\*\*\*



**Form-V  
Certificate of Disability**

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in cases 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.....

This is to certify that I have carefully examined Shri / Smt / Kumari  
..... 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
- Dwarfism
- Blindness

(Please tick as applicable)

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

(A) He / she has.....% (in figure) ..... percent (in words)  
permanent Locomotor Disability / dwarfism / blindness in relation to his / her ..... (part  
of body) as per guidelines (..... number and date of issue of the guidelines to be  
specified).

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

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

Certificate No. .... Date:.....

This is to certify that we have carefully examined Shri /Smt. / Kumari. ....  
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 Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guideline (..... number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:

| Sl. No. | Disability                     | Affected Part of Body | Diagnosis | Permanent Physical Impairment/Mental Disability (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 |                       |           |   |
| 12.     | Intellectual Disability        |                       |           |   |
| 13.     | Specific learning Disability   |                       |           |   |
| 14.     | Autism Spectrum Disorder       |                       |           |   |
| 15.     | Mental illness                 |                       |           |   |

| Sl. No. | Disability                     | Affected Part of Body | Diagnosis | Permanent Physical Impairment/Mental Disability (in%) |
|---------|--------------------------------|-----------------------|-----------|---|
| 16.     | ChronicNeurological Conditions |                       |           |   |
| 17.     | Multiple sclerosis             |                       |           |   |
| 18.     | Parkinson's disease            |                       |           |   |
| 19.     | Haemophilia                    |                       |           |   |
| 20.     | Thalassemia                    |                       |           |   |
| 21.     | Sickle Cell disease            |                       |           |   |

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (..... number and date of issue of the guidelines to be specified), is as follows:

In figures ..... percent

In Words ..... percentage

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)

@ - 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 |

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)

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

[See rule 18(1)]

Recent passport 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 (DDD/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 (.....  
number and date of issue of the guidelines to be specified) and is shown against the relevant disability in the  
table below:

| 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)/(YY)

@ - 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 |
|--------------------|---------------|--|
|                    |               |  |

(Authorised Signatory of Notified Medical Authority)

(Name and 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.

**Certificate for 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.**

This is to certify that, we have examined Mr/Ms/Mrs ..... (name of the candidate), S/o /D/o ....., a resident of ..... (Vill/PO/PS/District/State), aged ..... years, a person with ..... (nature of disability/condition), and to state that he/she has limitation which hampers his/her writing capability owing to his/her above condition. He/she requires support of scribe for writing the examination.

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.

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 & Name)          | (Signature & Name)   | (Signature & Name)        | (Signature & Name)                    | (Signature & Name)                                 |
|-----------------------------|--|---------------------------|---------------------------------------|--|
| Orthopedic / PMR specialist | Clinical Psychologist / Rehabilitation Psychologist/Psychiatrist/ Special Educator | Neurologist(if available) | Occupational therapist (if available) | Other Expert, as nominated by Chairperson (if any) |

(Signature & Name)

Chief Medical Officer/Civil Surgeon/Chief District Medical Officer.....Chairperson

Name of Government Hospital/Health Care Centre with Seal

Place: .....

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.**

I ....., candidate with ..... (nature of disability / condition) appearing for the ..... (name of the examination) bearing Roll No. .... at ..... (name of the centre) in the District ....., ..... (name of the state). My educational qualification is ..... -

1. I do hereby state that ..... (name of the scribe) will provide the service of scribe for the undersigned for taking the aforementioned examination.

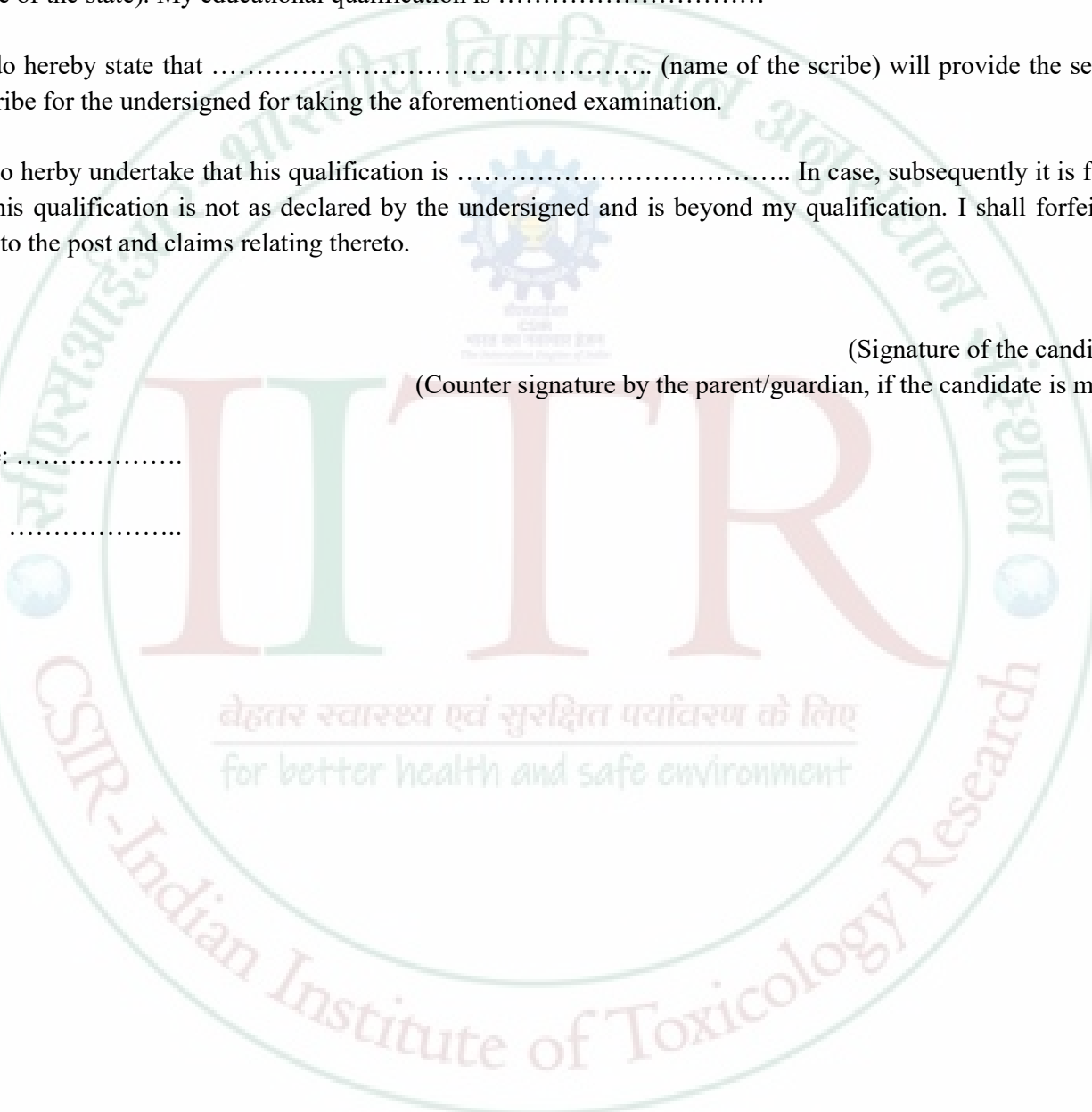
2. I do hereby undertake that his qualification is ..... In case, subsequently it is found that his qualification is not as declared by the undersigned and is beyond my qualification. I shall forfeit my right to the post and claims relating thereto.

(Signature of the candidate)

(Counter signature by the parent/guardian, if the candidate is minor)

Place: .....

Date: .....



**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. .... at .....(name of the centre) in the District ....., ..... (name of the State/UT). My qualification is .....

I do hereby state that ..... (name of the scribe) will provide the service of scribe/reader/lab assistant for the undersigned for taking the aforesaid examination.

I do hereby undertake that his/her qualification is ..... In case, subsequently it is found that his / her qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims relating thereto.

(Signature of the candidate with Disability)

Place: .....

Date: .....





**Certificate Regarding Physical Limitation of 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/o, D/o .....a resident of ..... (Village/District/Sate) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Signature  
Chief Medical Officer / Civil Surgeon / Medical  
Superintendent of a Government  
Health care Institution  
Name & Designation  
Name of Government Hospital / Health Care Centre with Seal

Place: .....

Date: .....

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



**Certificate to be Produced by Serving/Retired/Released Armed Forces Personnel for availing the Age Concession for Posts Filled by Direct Recruitment**

**A. Form of Certificate applicable for Released/Retired Personnel**

It is certified that 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

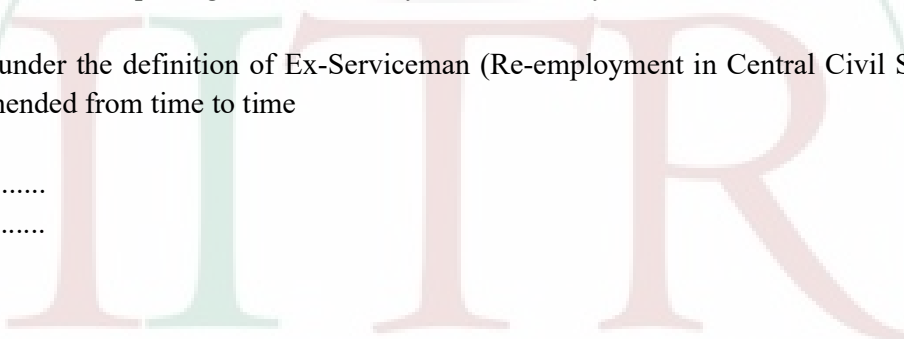
% b) on account of physical disability attributable to Military Service.

% 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: .....

Date: .....



बेहतर स्वास्थ्य एवं सुरक्षित पर्यावरण के लिए  
for better health and safe environment

Signature, Name and Designation of the  
Competent Authority\*\*

SEAL

%. Delete the paragraph which is not applicable.

**B. Form of Certificate for Serving Personnel**

(Applicable for serving personnel who are due to be released within one year)

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 .....

3. No disciplinary case is pending against him.

Place: .....

Date: .....

Signature, Name and Designation of the Competent Authority\*\*\*  
SEAL



भारतीय विषविज्ञान अकादमी  
IITR  
भारतीय विषविज्ञान संस्थान  
The Indian Institute of Toxicology Research

**Candidate (Serving Personnel) furnishing certificate B as above will have to give the following undertaking:**

**Undertaking to be given by serving Armed Force personnel who are due to be released within one year**

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.

Place: .....

Date: .....

Signature and Name of Candidate

**C. Form of Certificate applicable for Serving ECOs/SSCOs who have already completed their initial assignment and are on extended assignment**

It is certified that No. .... Rank ..... Name ..... whose date of birth 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: .....

Date: .....

Signature, Name and Designation of the  
Competent Authority\*\*\*

SEAL

