

CERTIFICATE REGARDING PHYSICAL LIMITATION IN AN EXAMINEE TO WRITE

This is to certify that, I have examined Mr/Ms/Mrs _____ (name of the candidate with disability), a person with _____ (nature and percentage of disability as mentioned in the certificate of disability), S/O / D/O _____, a resident of __ (Village / District/ State) 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-Orthopaedic specialist/PMR).

**DECLARATION TO BE SUBMITTED BY EX-SERVICEMEN CANDIDATES
REGARDING CIVIL EMPLOYMENT BY AVAILING
EX-SERVICEMEN QUOTA**

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

I also hereby declare the following facts:

- a) I have not secured any civil employment by availing Ex-Servicemen quota, before attending for document verification for the posts of CEN _____.
- b) I have availed Ex-Servicemen quota for securing civil employment and I have given self-declaration/undertaking to my employer about the details of applications(s) for various vacancies notified in CEN _____ for which I have applied for, before joining the civil employment. Certificate for submission of self-declaration / undertaking from the present Employer is enclosed.

(Strikeout whichever is not applicable).

Place:

Signature:

Date:

Name:

Roll No:

PROFORMA OF CERTIFICATE FOR EMPLOYED OFFICIALS

1. It is informed that Shri/Kum./Smt. _____ Working as _____ (Rank) in _____ (Unit/office) has applied for the post of _____ as advertised by _____ (name of recruiting agency) vide Advt.No. _____ dated _____.

2. I hereby, with the information available, certify in respect of Shri/ Kum./ Smt. _____ (Name) No. _____ (Rank), as follows:-

i. He/She will be completing the prescribed period of engagement of _____ years (in words) for acquiring Ex-serviceman status, subject to fulfillment of other condition, on _____ (date). Shri/Kum/Smt. _____ shall complete _____ years of service (in words) on the date of No Objection Certificate and _____ years of service (in words) at the time of leaving of military service.

ii. He/She will be released on selection to the post.

Place:

Date:

Commanding Officer:

(Signature)

Office Seal