

13 Application Fee Details

| Name of Bank | Online payment reference | Transaction date | Amount |
|--------------|--------------------------|------------------|--------|
| | | | |

Note: No other mode of payment will be accepted other than SBI collect.
(Proof of Online transaction to be attached with the application form)

- 14 If a candidate belongs to more than one category mentioned in Para 4 above, he may indicate his dual/triple category separately in the following boxes using their abbreviations.

| | | | |
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|--|--|--|--|

- 15 (a) Whether Son of Ex-serviceman (Y/N) :

| | |
|-----|----|
| YES | NO |
|-----|----|
- (b) Whether Son of serving/retired GREF pers (Y/N) :

| | |
|-----|----|
| YES | NO |
|-----|----|
- (c) Whether any brother serving in GREF/Army (Y/N):

| | |
|-----|----|
| YES | NO |
|-----|----|
- (d) Do you hold NCC "B" certificate (Y/N) :

| | |
|-----|----|
| YES | NO |
|-----|----|
- (e) Do you hold NCC "C" certificate (Y/N) :

| | |
|-----|----|
| YES | NO |
|-----|----|
- (f) Whether CPL (Y/N)

| | |
|-----|----|
| YES | NO |
|-----|----|
- (g) Whether J&K Migrant (Y/N)

| | |
|-----|----|
| YES | NO |
|-----|----|
- (h) Are you a sportsmen (Y/N) :

| | |
|-----|----|
| YES | NO |
|-----|----|

Note:- if yes, for above col 15(h) write 1 for state level and above, 2 for District level and 3 for University level

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Supporting document issued by competent authority should be attached in support of above claim.

- 16 (a) **Essential qualifications** (with Matriculation exam onwards)

| Name of Exam | Year of Passing | Board/University | Subject & Marks Obtained | | | % of marks |
|--------------|-----------------|------------------|--------------------------|-------|--------------|------------|
| | | | Subject | Marks | Out of Marks | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

(Attach photostat copy of marks sheets. Wherever grades are awarded, they should be converted into equivalent percentage and proof to be attached)

- (b) **Technical Education** (particulars of highest exam passed)

| Name of Exam | Year of Passing | Board/University | Marks | | % of marks |
|--------------|-----------------|------------------|----------------|--------------|------------|
| | | | Marks obtained | Out of Marks | |
| | | | | | |
| | | | | | |

(Attach photostat copy of mark sheets. Wherever grades are awarded they should be converted into equivalent percentage and proof to be attached.)

- 17 Particulars of Driving Licence (for Drivers MT, Road Roller and OEM's only)

| Licence Number | Date of issue | Issuing Authority | Initial validity Period of Licence | Renewals up to if any |
|----------------|---------------|-------------------|------------------------------------|-----------------------|
| LMV | | | | |
| HMV | | | | |
| OTHERS | | | | |

(Attach photostat copy of Driving Licence in support)

18 **Total experience** (in months).(Attach photocopy of experience certificate. Use separate sheet if needed)

| Name & Address of employee | Period of Employment | | Nature of work done | Monthly Salary drawn | Whether Permanent/ Temporary |
|----------------------------|----------------------|----|---------------------|----------------------|------------------------------|
| | From | To | | | |
| | | | | | |

19 **Only for BRO labour/CPL experience** (Attach photocopy of experience certificate duly signed by OC unit, countersigned by TF Cdr and verified by AO concerned. Use separate sheet if needed.)

| Unit/Formation | Period of Employment | | Total | | Trade | Present Status |
|----------------|----------------------|----|--------|-------|-------|----------------|
| | From | To | Months | Years | | |
| | | | | | | |

20 Contact Mobile Number (Aadhaar linked): _____

21 Contact e-Mail id : _____@_____

22

DECLARATION

(Declaration signed by candidate is compulsory)

- i) I have not submitted any other application for the same post. I am aware that if I contravene this rule, my application will be rejected summarily by GREF Centre and candidature will be cancelled at any stage.
- ii) I have read the provisions of the General instructions of the advertisement carefully and I hereby undertake to abide by them.
- iii) I further declare that I fulfill all the eligibility conditions regarding age limit, essential qualification, physical standards etc, as prescribed for recruitment. I have enclosed self attested photocopies of certificates in support of my claim for essential qualifications, age, category (EWS/SC/ST/OBC/ESM/CPL/PH) and age relaxation.
- iv) I also declare that I do not stand debarred by GREF as on date on any disciplinary grounds and have never been convicted by any court of law.
- v) I also declare that I do not stand terminated/removed/dismissed from GREF service.
- vi) I hereby further declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found suppressed/false or incorrect or ineligibility being detected before or after the examination, or after the appointment my candidature/appointment is liable to be cancelled.

**Place : _____

**Date : _____

_____ ****Left hand thumb impression**

_____ ****Signature of candidate**

****Application not signed and Incomplete by the candidate will be REJECTED.**

NOTE : (1) CANDIDATES ARE ADVISED TO POST THE APPLICATION WELL BEFORE THE CLOSING DATE SO AS TO REACH GREF CENTRE, DIGHI CAMP PUNE 411015 BEFORE THE CLOSING DATE. APPLICATIONS RECEIVED AFTER THE CLOSING DATE WILL **NOT** BE ACCEPTED UNDER ANY CIRCUMSTANCES. DEPARTMENT WILL NOT BE RESPONSIBLE FOR POSTAL DELAYS.

(2) DEPARTMENTAL CANDIDATES MAY SEND THEIR APPLICATIONS IN FORMAT AS PRESCRIBED IN ROI 1/98 THROUGH PROPER CHANNEL. HOWEVER THEY MUST ENSURE THAT THE APPLICATION COMPLETED IN ALL RESPECTS SHOULD REACH GREF CENTRE, PUNE BEFORE THE CLOSING DATE. APPLICATION SHALL BE REJECTED IF RECEIVED LATE AND IS NOT COMPLETE IN ALL RESPECTS AS APPROVED IN RULES.

ADVT NO. 04/2022

Paste (do not pin or staple) your recent colour passport size photograph of size 4 cm x 5cm. The colour photograph should not be more than 3 months old.

(For Office use only)

(To be filled by candidate)
Communication address

Name _____

S/o _____

House Name/No _____

Village _____

Tehsil _____

State _____

Post Office _____

District _____

Pin Code

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

At the time of submission of application form

Signature

Left hand thumb impression

At the time of written test

Signature

Left hand thumb impression

At the time of physical test

Signature

Left hand thumb impression

At the time of practical test

Signature

Left hand thumb impression

At the time of joining of service

Signature

Left hand thumb impression

*** Please read instructions enclosed**

संस्कृत-संज्ञा-सूची

संस्कृत-संज्ञा-सूची

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
recognised 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 Reorganisation 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) Scheduled Castes Order, 1962
- @ The Constitution (Dadar 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 & 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

% 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 Tribes certificate issued to Shri/Shrimati*..... Father/Mother of Shri/Shrimati/Kumari of village/town* in District/Division*..... of the State/Union Territory*..... who belongs to the caste/tribe* which is recognised as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* of 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)

**FROM 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 _____ of village/town_____
in District/Division_____ in the State/Union
Territory _____ belongs to the _____
community which is recognised as a backward class under the Government of India,
Ministry of Social Justice and Empowerment's Resolution No. _____
dated_____. Shri/Smt/Kumari _____ and/or his/her
family ordinarily reside(s) in the _____ District/Division of the
_____ State/Union Territory. This is also to certify that he/she
does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the
Schedule to the Government of India, Department of Personnel & Training O.M. No
36012/22/93-Estt (SCT) dated 8.9.1993 **.

Dated :

District Magistrate

Deputy Commissioner etc

Seal

* The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

** -. As amended from time to time.

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

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

INCOME & ASSETS CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Dated: _____

VALID FOR THE YEAR _____

1. This is to certify that Shri/Smt.Kumari_____ son/daughter/wife of _____ permanent resident of _____ Village/Street _____ Post Office _____ District _____ in the State/Union 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 lakh (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 recognised 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

* 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.

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL

Certificate No. _____

Date _____

DISABILITY CERTIFICATE

Recent Photograph
of the candidate
showing the
disability duly
attested by the
Chairperson of the
Medical Board.

This is certified that Shri / Smt / Kum _____
son/wife/daughter of Shri _____ age _____
sex _____ identification mark(s) _____ is suffering from
permanent disability of following category:

A. Locomotor or cerebral palsy:

- (i) BL-Both legs affected but not arms.
- (ii) BA-Both arms affected (a) Impaired reach
(b) Weakness of grip
- (iii) BLA-Both legs and both arms affected
- (iv) OL-One leg affected (right or left) (a) Impaired reach
(b) Weakness of grip
(c) Ataxic
- (v) OA-One arm affected (a) Impaired reach
(b) Weakness of grip
(c) Ataxic
- (vi) BH-Stiff back and hips (Cannot sit or stoop)
- (vii) MW-Muscular weakness and limited physical endurance.

B. Blindness or Low Vision:

- (i) B-Blind
- (ii) PB-Partially Blind

C. Hearing impairment:

- (i) D-Deaf
- (ii) PD-Partially Deaf

(Delete the category whichever is not applicable)

2. This condition is progressive / non-progressive / likely to improve / not likely to improve. Re-assessment of this case is not recommended / is recommended after a period of _____ years _____ months.*

3. Percentage of disability in his/her case is percent.

4. Sh./Smt./Kum.....meets the following physical requirements for discharge of his/her duties:-

- | | |
|--|--------|
| (i) F-can perform work by manipulating with fingers. | Yes/No |
| (ii) PP-can perform work by pulling and pushing. | Yes/No |
| (iii) L-can perform work by lifting. | Yes/No |
| (iv) KC-can perform work by kneeling and crouching. | Yes/No |
| (v) B-can perform work by bending. | Yes/No |
| (vi) S-can perform work by sitting. | Yes/No |
| (vii) ST-can perform work by standing. | Yes/No |
| (viii) W-can perform work by walking. | Yes/No |
| (ix) SE-can perform work by seeing. | Yes/No |
| (x) H-can perform work by hearing/speaking. | Yes/No |
| (xi) RW-can perform work by reading and writing. | Yes/No |

(Dr. _____)
Member
Medical Board

(Dr. _____)
Member
Medical Board

(Dr. _____)
Chairperson
Medical Board

Countersigned by the
Medical Superintendent / CMO/Head of
Hospital (with seal)

*Strike out which is not applicable.