UCO Bank invites Offline application from Indian citizen for appointment of Manager- Risk Management in Officer Cadre. Candidates are requested to apply Offline as per the application format given on Bank’s website www.ucobank.com -> career ->Recruitment Opportunities

1. Before applying, candidates are requested to ensure that they fulfil the eligibility criteria for the post as on the date of eligibility.
2. The application is complete only when fee is deposited with the Bank through internet banking/NEFT on or before the last date for payment of fee.
3. Candidates are required to attach all required documents (age proof, educational qualification, experience etc.) failing which their candidature will not be considered for written test/interview.
4. Written test / Short-listing and interview / selection method will be purely provisional without verification of documents. Candidature will be subject to verification of details/documents as and when called by the Bank.
5. In case a candidate is called for interview and is found not satisfying the eligibility criteria (Age, Educational Qualification and Experience etc.) he/ she will not be allowed to appear for the interview.
6. Candidates are advised to check Bank’s website www.ucobank.com -> career regularly for details and updates (including the list of shortlisted/ selected candidates). The Call letter/ advise, where required, will be sent by e-mail only (No hard copy will be sent). ALL REVISIONS/ CORRIGENDUM (IF ANY) WILL BE HOSTED ON THE BANK’S WEBSITE ONLY.
7. In case more than one candidate scores same marks as cut-off marks in the final merit list (common marks at cut-off point), such candidates will be ranked in the merit according to their age in descending order.
8. Hard copy of application & other documents to be sent to this office.

The eligibility and terms of service is furnished hereunder:

<table>
<thead>
<tr>
<th>Name of Post</th>
<th>Number of vacancies</th>
<th>Age (as on 01.11.2023)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager- Risk Management in MMGS-II</td>
<td>UR 8</td>
<td>Minimum 21 Years</td>
</tr>
<tr>
<td></td>
<td>OBC 3</td>
<td>Maximum 30 Years</td>
</tr>
<tr>
<td></td>
<td>SC 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ST 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EWS 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOTAL 15</td>
<td></td>
</tr>
</tbody>
</table>

Abbreviations stand for: SC - Scheduled Caste, ST - Scheduled Tribe, OBC - Other Backward Classes, EWS – Economically Weaker Sections, UR-Unreserved

Please note that change of category submitted by the applicant will not be permitted at any stage.

- Candidates belonging to OBC category but coming in the ‘creamy layer’ and/or if their caste does not find place in the Central List are not entitled to OBC reservation and age relaxation. They should indicate their category as ‘GENERAL’ or GENERAL (OC/VI/ID) as applicable.
- Benefit of reservation under EWS category is permissible only upon production of an ‘Income and Asset Certificate’ issued by a Competent Authority in the format prescribed.
- Caste/EWS/PWD certificate issued by Competent Authority on format prescribed by the Government of India will have to be submitted by the candidates applying under SC/ST/OBC/EWS/PWD category, while submitting their application/s.
- The number of vacancies including reserved vacancies mentioned above are provisional and may vary according to the actual requirement of the Bank.
- Maximum age indicated is for General category candidates.
Relaxation in upper age limit will be available as detailed below:

<table>
<thead>
<tr>
<th>Category</th>
<th>Age relaxation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Caste/Scheduled Tribe</td>
<td>5 years</td>
</tr>
<tr>
<td>Other Backward Classes (Non-creamy layer)</td>
<td>3 years</td>
</tr>
<tr>
<td>Persons With Benchmark Disability as defined under “The Rights of Persons with Disabilities Act, 2016”</td>
<td>10 years</td>
</tr>
<tr>
<td>Ex-Servicemen, Commissioned Officers including Emergency Commissioned Officers (ECOs) / Short Service Commissioned Officers (SSCOs) who have rendered at least 5 years military service and have been released on completion of assignment (including those whose assignment is due to be completed within one year from the last date of receipt of application) otherwise than by way of dismissal or discharge on account of misconduct or inefficiency or physical disability attributable to military service or invalidment, subject to ceiling as per Government guidelines</td>
<td>5 years</td>
</tr>
</tbody>
</table>

A. Educational Qualifications
1. Mandatory education qualification: CA/CFA/MBA(FINANCE)/PGDM or its equivalent as full-time course from recognized institute/university
2. Preferred Certification:
   Professional Certification in Financial Risk Management from Global Association of Risk Professionals/Professionals Risk Management Certification from PRMIA Institute

B. Experience
Mandatory Experience:
Minimum two years’ post qualification experience out of that one year in Banking sector

C. Probation Period
The selected candidate will be on probation for a period of 12 months of active service from the date of his/her joining the Bank.

D. Remuneration
As per existing pay Scale: Rs 48170-1740/1-49910-1990/10-69810
(The official will be eligible for DA, Special Allowance, HRA, CCA, Contributory Pension Fund i.e. NPS, Leave Fare Concession (LFC), Medical Facility, Conveyance and all perks and benefits like quarters facility, in lieu of HRA, admissible from time to time).

E. Service Bond
Selected candidates will be required to execute a Service Bond as under, “Serve for a minimum period of 2 years in the Bank after joining the services or in lieu thereof an amount of 2 lacs”.

F. Location of Office
Bank reserves the right to post the selected candidate as per Bank’s requirement. Only Candidates willing to serve anywhere in India, should apply.

G. Roles and Responsibilities
- Data analytics of existing risk data and building of new risk models.
- Credit/Operation/Market/Liquidity Risk analysis.
- Stress testing.
- Active core team supportive Risk Management with regard to development and implementation of various risk management system and tools.
- Interface with Risk solution providers for functional improvement in risk management system.
- Core team for regulatory compliance in Risk Management.
- Any other work in the area of expertise and in the interest of the Bank as advised by the Bank from time-to-time.

H. Job Skills Required
- Banking knowledge –Operations, Loans/Credit.
- Working knowledge of IT processes and principles.
- Knowledge of risk management principles and practices familiarity with RBI guidelines.
- Strong analytic, logical reasoning and problem solving skills.
- Must have a strong understanding of quantitative analysis-math/statistical analysis.
- Must be able to work independently and set goals/prioritize, focus and have time management skills.
- Strong knowledge of Excel (Intermediate to advanced), Word, Power-point.

I. Mode of Selection
1. Selection will be based on written test/short listing and subsequent round of Personal Interview
II. Bank reserves the right to change (cancel/ modify/ add) any of the criteria, method of selection and provisional allotment etc.

III. The Bank reserves its right to call candidates in a particular ratio, as its sole discretion, as per Bank’s requirement.

IV. Adequate candidates as decided by the Bank will be shortlisted based on their eligibility, experience. Most suitable candidates will be called for selection process hence, mere satisfying the eligibility norms do not entitle a candidate to be called for selection process.

V. The qualifying marks in Interview/written exam will be decided by the Bank.

VI. In case more than one candidate scores the same cut off marks, such candidates will be ranked according to their age in descending order.

VII. The Bank reserves the right to reject any application not suiting the Bank’s requirements without assigning any reason whatsoever and call only the requisite number of candidates out of those who fulfil the eligibility criteria as may be required for the post.

Note: Based on the number of applications received, the Bank will decide whether the selection will be made through only interview or written exam and interview both.

J. Nationality/Citizenship

A candidate must be either (i) a Citizen of India or (ii) a subject of Nepal or (iii) subject of Bhutan or (iv) a Tibetan Refugee who came over to India before Jan.1962 with the intention of permanently settling in India or (v) a person of Indian origin who has migrated from Pakistan, Burma, Sri Lanka, East African countries of Kenya, Uganda, the United Republic of Tanzania (Formerly Tanganyika and Zanzibar), Zambia, Malawi, Zaire, Ethiopia and Vietnam with the intention of permanently settling in India, provided that of a candidates belong to categories (ii), (iii), (iv) & (v) above shall be a person in whose favour certificate of eligibility has been issued by the Govt. of India. A candidate in whose case a certificate of eligibility is necessary may be admitted to examination /interview/ selection method conducted by the Bank, but on final selection, the offer of appointment will be given only after the necessary eligibility certificate issued to him by Government of India is submitted to the Bank.

K. Application Fees (Non-Refundable)

For General, EWS and OBC candidates: Rs. 800/-
For SC, ST & PWD candidates: Exemption from payment of fee

Candidates shall pay the fees/charges in the below mentioned account through Internet Banking /NEFT (Non-Refundable). The Reference number/UTR Number shall be specified in the Application form.

No other mode of payment is acceptable.

Account Name: “UCO BANK RISK OFFICERS RECRUITMENT PROJECT”
Account No: 01900210020043
Bank & Branch: UCO Bank, Kolkata Main
Type: Current Account
IFSC Code: UCBA0000190

- Bank is not responsible if any of the candidates makes more than one payment/s and no request for refund of fees shall be entertained
- Fee payment will have to be made through INTERNET BANKING/ NEFT only.

Procedure for Application: OFFLINE

1. Candidates are required to have a valid Personal E-Mail ID and Contact Number. It should be kept active till completion of this recruitment project. Bank may send call letters for personal interview and/or Selection Process on the registered E-Mail ID. In case, a candidate does not have a valid personal E-Mail ID, he/she should create his/her personal E-Mail ID before applying.

2. Application complete in all respect as per prescribed format (Annexure –A) along with copies of self-attested certificates.

3. Last date for receipt of offline application (hard copies through post) is 27.12.2023. No application shall be entitled online and beyond the stipulated date.
4. Incomplete applications or non-supported documents shall be rejected.
5. **Mode of Application:** Application (Annexure-A) shall be submitted by Offline Mode with enclosed certificates and fees payment details in an appropriate envelope super scribing “Application For The Manager Risk Management” & addressed to:

General Manager, UCO Bank, Head Office, 4th Floor, H. R. M Department, 10, BTM Sarani, Kolkata, West Bengal – 700 001

Documents to be enclosed with application forms:

- A recent recognizable passport size colour photograph should be firmly pasted on the application, signed across by the candidate and be forwarded.
- Self-attested Certificate of age, category, educational qualification, experience etc
- **Candidates are advised to carefully fill in the application form themselves as no change in any of the data filled in the application form will be possible/entertained. Visually impaired candidates are responsible for carefully verifying/getting the details filled in the application form and ensuring that the same are correct prior to submission as no change is possible after submission.**

**GUIDELINES FOR FILLING OFFLINE APPLICATION:**

1. Candidates should visit Bank’s website [www.ucobank.com ->career ->Recruitment Opportunities](http://www.ucobank.com) and download application format and pay the application fee using online payment/NEFT.
2. The name of the candidate should be spelt correctly in the application as it appears in OVD/certificates/Mark sheets. Any change/alteration may disqualify the candidature. An application which is incomplete in any respect and unsuccessful fee payment will not be considered as valid.
3. Candidates shall also be required to attach supporting documents such as date of birth proof, qualifications certificates, experience certificates along with application form.

**GENERAL INFORMATION:**

1. Before applying for the post, candidates should ensure that he/she fulfils the eligibility and other norms mentioned in this advertisement and ready to comply with the requirements and terms & conditions contained in this advertisement. The candidates are, therefore, advised to carefully read the advertisement and thereafter complete filling up of application form and submit the same as per the instructions given in this regard. Bank would be free to reject any application at any stage of the recruitment process, if the candidate is found ineligible. The decision of the Bank shall be final and binding in deciding about qualification, experience and other eligibility.
2. Candidate should indicate the percentage obtained to the nearest two decimals in the application. Where CGPA/OGPA is awarded, the same should be converted into percentage and indicated in the application. If called for interview, the candidate will have to produce a certificate issued by the appropriate authority inter-alia stating the norms of the University regarding conversion of grade into percentage and the percentage of marks scored by the candidate in terms of these norms.
3. The Bank reserves the right to alter, modify or change the eligibility criteria and/or any of the other terms and conditions spelt out in this notice, including criteria for qualifying/method and procedure for selection.
4. Only those candidates who fulfil the eligibility criteria will be called for interview and shall be intimated regarding the details via e-mail. Candidates are advised to keep their e-mail ID alive for receiving advices.
5. Candidates will have to produce original certificates for educational qualifications, experience, age, category etc. at the time of interview, in support of his/her eligibility, as per the details furnished in the application, failing which the candidate will not be allowed for interview and their candidature will be cancelled.
6. Decision of the Bank in all matters regarding eligibility of the candidate, the stages at which such scrutiny of eligibility is to be undertaken, the documents to be produced for the purpose of interview, selection and any other matter relating to recruitment will be final and binding on the candidates. No correspondence or personal enquiries shall be entertained by the Bank in this regard.
7. No Travelling Allowance is payable to candidates who are called for interview.
8. Request for change of contact no./address/ email ID/interview centre will not be entertained.
9. In case any dispute arises on account of interpretation of version other than English, English version will prevail.
10. Canvassing in any form will be a disqualification.
11. Appointment of selected candidates is subject to his/her being declared medically fit as per the requirement of the Bank. Such appointment will also be subject to the Rules & Policies of the Bank.
12. Candidates serving in Govt./Quasi Govt. offices, Public Sector undertakings including Nationalised Banks and Financial Institutions are advised to submit ‘No Objection Certificate’ from their employer at the time of interview, failing which their candidature may not be considered. In case of selection, candidates will be required to produce relieving letter from the employer at the time of taking up the engagement and clearance from the respective authorities, wherever applicable.
13. Decisions of bank in all matters regarding eligibility, conduct of interviews, other tests and selection would be final and binding on all candidates. No representation or correspondence will be entertained by the bank in this regard.
14. Intimations, wherever required will be sent by email and/ sms only to the email ID and mobile number mentioned in the application form. Bank shall not be responsible if the information/ intimations do not reach candidates in case of change in the mobile number, email address, technical fault or otherwise, beyond the control of Bank. Candidates are advised to keep a close watch on the authorized Bank’s website www.ucobank.com for latest updates.
15. Any dispute arising out of and/or pertaining to the process of recruitment under this advertisement shall be subject to the sole jurisdiction of the Courts situated at Kolkata.

16. ANNOUNCEMENTS:
    All further announcements/ details pertaining to this process will only be published/ provided on Banks website www.ucobank.com from time to time.

17. In case it is detected at any stage of recruitment that a candidate does not fulfil the eligibility norms and/or that he/she has furnished any incorrect / false information or has suppressed any material fact(s), his/her candidature will stand cancelled. If any of these shortcomings is/ are detected even after appointment, his/her services are liable to be terminated without notice. Decision of bank in all matters regarding eligibility, selection would be final and binding on all candidates. No representation or correspondence will be entertained by the Bank in this regard. Bank reserves all rights pertaining to this recruitment and would be final.

Place: Kolkata                     General Manager
Date: 05.12.2023                   HRM Department
With reference to your advertisement for selection of Manager Risk Management dated 05.12.2023 on regular basis; I submit my application in prescribed format along with requisite documents.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>01</td>
<td>Application for the post of</td>
<td>Manager - Risk Management</td>
</tr>
<tr>
<td>02</td>
<td>Applicant’s Full Name</td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>Father’s/Husband’s name</td>
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<tr>
<td>04</td>
<td>Date of Birth</td>
<td>DD/MM/YYYY</td>
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<tr>
<td>05</td>
<td>Marital Status</td>
<td>Gender</td>
</tr>
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<td>06</td>
<td>Age as on 01.11.2023</td>
<td>........Days</td>
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<td>07</td>
<td>Mobile No.</td>
<td>Email Address</td>
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<tr>
<td>08</td>
<td>PAN</td>
<td>AADHAAR</td>
</tr>
<tr>
<td>09</td>
<td>Category</td>
<td>SC/ST/OBC/GEN/EWS</td>
</tr>
<tr>
<td>10</td>
<td>Minority</td>
<td>Yes/No</td>
</tr>
<tr>
<td>11</td>
<td>Person with disability</td>
<td>Yes/No</td>
</tr>
<tr>
<td>12</td>
<td>Father Name</td>
<td>Mother Name</td>
</tr>
<tr>
<td>13</td>
<td>Address for Communication</td>
<td></td>
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</table>
14 Permanent Address

15 Language Known

<table>
<thead>
<tr>
<th>Language</th>
<th>Read</th>
<th>Write</th>
<th>Speak</th>
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</table>

16 Education Qualification (please enclose self-attested copies of certificate)

<table>
<thead>
<tr>
<th>Srl.</th>
<th>Qualification/ Exam Passed</th>
<th>Name of Board / University</th>
<th>Month &amp; Year of passing</th>
<th>Stream / Subject</th>
<th>% Scored</th>
</tr>
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<tbody>
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</table>

17 Work Experience Details [please enclose copies of experience certificate(s)]

<table>
<thead>
<tr>
<th>Srl.</th>
<th>Name of the Organization</th>
<th>Post Held</th>
<th>Service Period</th>
<th>Nature of duties performed</th>
<th>Scale of Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>From</td>
<td>TO</td>
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</tbody>
</table>

18 Exposure of Banking Sector (Please attach separate sheet if required)

19 Whether in Service | Yes/ No | Name of present organization |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Full Address</td>
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<td></td>
<td></td>
<td>Position</td>
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</table>

20 Total years of services | Salary / Compensation presently drawn |
<table>
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<tr>
<td>21</td>
<td>If not in service</td>
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<td></td>
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<tr>
<td>22</td>
<td>Number of years worked in Banking</td>
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<tr>
<td>23</td>
<td>Do you have Operating and working knowledge in computer systems</td>
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<tr>
<td>24</td>
<td>Details of Computer Knowledge</td>
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<tr>
<td>25</td>
<td>Specific experience of working in Risk Management, if any</td>
</tr>
<tr>
<td>26</td>
<td>Non-Refundable Fee</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Payment</th>
<th>Fees Amount</th>
<th>Payment Status</th>
<th>Mode of transaction</th>
<th>Reference ID</th>
<th>Transaction Date</th>
<th>Time of Transaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONLINE</td>
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(Attach proof of the online payment made)

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<tbody>
<tr>
<td>27</td>
<td>List of Enclosures -Self Attested (Refer to the guidelines in the Advertisement)</td>
<td></td>
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<tr>
<td></td>
<td>a. Proof of Birth</td>
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<td></td>
<td>b. Educational Qualification</td>
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<td></td>
<td>c. Experience Certificate</td>
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<td></td>
<td>d. Payment receipt</td>
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<td></td>
<td>e. Any other document</td>
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**DECLARATION**

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, my candidature is liable to be cancelled/terminated. I have fully read and thoroughly understood the contents of the advertisement as published by the Bank and I undertake to abide by all the terms & condition set out by the Bank.

I hereby agree that any legal proceedings in respect of any matter or claims or disputes arising out of application or out of said advertisement can be instituted by me at Kolkata only and the courts situated in Kolkata only shall have sole and exclusive jurisdiction to try any clause/dispute.

Date:  
Place:  
(Name & Signature of Applicant)
FORM SC/ST

FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE BELONGING TO SCHEDULED CASTE OR SCHEDULED TRIBE IN SUPPORT OF HIS / HER CLAIM.

1. This is to certify that Sri / Smt / Kum* ___________________________ son / daughter* of ___________________________ of village / town* ___________________________ in District / Division* ___________________________ of the State / Union Territory* ___________________________ belongs to the ___________________________ Caste/Tribe* which is recognized as a Scheduled Caste/ Scheduled Tribe* under:

* The Constitution (Scheduled Castes) Order, 1950;
* The Constitution (Scheduled Tribes) Order, 1950;
* The Constitution (Scheduled Castes)(Union Territories) Orders, 1951;
* The Constitution (Scheduled Tribes)(Union Territories) Order, 1951;


* The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976;
* The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962;
* The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order, 1962;
* The Constitution (Pondicherry) Scheduled Castes Order 1964;
* The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967;
* The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968;
* The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968;
* The Constitution (Nagaland) Scheduled Tribes Order, 1970;
* The Constitution (Sikkim) Scheduled Castes Order, 1978;
* The Constitution (Sikkim) Scheduled Tribes Order, 1978;
* The Constitution (Scheduled Castes) Orders (Amendment) Act, 1990;
* The Constitution (ST) Orders (Amendment) Ordinance, 1991;
* The Constitution (ST) Orders (Second Amendment) Act, 1991;
* The Constitution (ST) Orders (Amendment) Ordinance, 1996;
* The Scheduled Caste and Scheduled Tribes Orders (Amendment) Act 2002;
* The Constitution (Scheduled Castes) Order (Amendment) Act, 2002;
* The Constitution (Scheduled Caste and Scheduled Tribes) Order (Amendment) Act, 2002;
* The Constitution (Scheduled Caste) Order (Second Amendment) Act, 2002.

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

This certificate is issued on the basis of the Scheduled Castes / Scheduled Tribes* Certificate issued to Shri / Smt / Kumari* ____________________________ of village / town________________________ in District/Division________________________ of the State/Union Territory* __________________________ who belong to the________________________ Caste / Tribe* which is recognized as a Scheduled Caste/Scheduled Tribe* in the State/Union Territory* issued by the____________________________________ [Name of the authority] vide their order No. ____________________________ dated ____________.

3. Shri/Smt/Kumari* ____________________________ and/or* his/her* family ordinarily reside(s) in village/town* __________________________ of __________________________ District / Division* of the State / Union Territory* of __________________________

Signature ____________________________

Designation ____________________________

Place: ____________________________

[With seal of Office]

Date : ____________________________

State/Union Territory

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

---

* Please delete the words which are not applicable.

# Delete the paragraph which is not applicable.

List of authorities empowered to issue Caste / Tribe Certificates:


3. Revenue Officer not below the rank of Tehsildar.

4. Sub-Divisional Officers of the area where the candidate and / or his family normally resides.

Note: The Certificate is subject to amendment/modification of Scheduled Castes and Scheduled Tribes lists from time to time as per Government of India Guidelines.

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FORM OBC
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 Sri / Smt. / Kumari______________________________ son/daughter of
_________________________________________________________ District/Division
_________________________ of village/Town________________________ belongs to the
_________________________ community which is recognized as a backward class under the
Government of India, Ministry of Social Justice and Empowerment’s Resolution No.____________ dated__________ *.
Shri/Smt./Kumari__________________________ and/or his/her family ordinarily reside(s) in the
_________________________ District/Division of the________________________ State/Union Territory. This is
also to certify that he/she does not belong to the persons /sections (Creamy Layer) mentioned in column 3 of the
Schedule to the Government of India, Department of Personnel & Training OM 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.
The Prescribed proforma shall be subject to amendment from time to time as per Government of India
Guidelines.
FORM EWS

Government of ………………………..

(Name & Address of the authority issuing the certificate)

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

(Prescribed proforma subject to amendment from time to time)

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………. 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 recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Name …………

Signature with seal of Office …………

Designation …………

* 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.

NOTE :- The Income and Asset Certificate issued 'by anyone 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 : -

(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-I
Certificate of Disability
(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in cases of blindness) (Prescribed proforma subject to amendment from time to time)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Certificate No. : Date :

This is to certify that I have carefully examined
Shri/Smt./Kum. ____________________ son/wife/daughter of Shri ______________
_____________ Date of Birth (DD / MM / YY) __ Age __________ years, male/female __
_____________ registration No. ______________ permanent resident of House No. __________ Ward/Village/Street __________________________ Post Office __________________________ District __________ State __________, whose photograph is affixed above, and am satisfied that :

(A) he/she is a case of :
- locomotor disability
- 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 documents as proof of residence :-

<table>
<thead>
<tr>
<th>Nature of Document</th>
<th>Date of Issue</th>
<th>Details of authority issuing certificate</th>
</tr>
</thead>
</table>

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Signature/Thumb impression of the person in whose favour disability certificate is issued.
FORM - II
Certificate of Disability
(In case of multiple disabilities)
(Prescribed proforma subject to amendment from time to time)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Certificate No. : Date :

This is to certify that we have carefully examined

Shri/Smt./Kum. son/wife/daughter of Shri ________________________________

Date of Birth (DD   /   MM   /   YY) _________
Age _______ years, male/female _______________ registration No. _______________ permanent
resident of House No._______ Ward/Village/Street ____________________________ Post Office

_________________________________________________________ District __________ State ____________, whose photograph is affixed
above, and 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 guidelines ((............................ 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 :

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Disability</th>
<th>Affected Part of Body</th>
<th>Diagnosis</th>
<th>Permanent physical impairment/mental disability (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Locomotor disability</td>
<td>@</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Muscular Dystrophy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Leprosy cured</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Dwarfism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Cerebral Palsy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Acid Attack Victim</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Low vision</td>
<td>#</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Blindness</td>
<td>#</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Deaf</td>
<td>£</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Hard of Hearing</td>
<td>£</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Speech and Language Disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Intellectual Disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Specific Learning Disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Autism Spectrum disorder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Mental-illness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Chronic Neurological Conditions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Multiple sclerosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Parkinson’s disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Haemophilia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Thalassemia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Sickle Cell disease</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Recent PP size
Attested Photograph (Showing face only) of the person with disability
(B) In the light of the above, his/her overall 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 :- _________________________________________________________________ percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is :

(i) not necessary,

Or

(ii) is recommended / after ________ years ________ months, and therefore this certificate shall be valid till
(DD / MM / YY) ______________________

@ - e.g. Left/Right/both arms/legs

# - e.g. Single eye

£ - e.g. Left / Right / both ears

4. The applicant has submitted the following documents as proof of residence :-

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5. Signature and Seal of the Medical Authority

<table>
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<tr>
<th>Name and seal of Member</th>
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<th>Name and seal of Chairperson</th>
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</table>
FORM - III
Certificate of Disability
(In cases other than those mentioned in Form I and II)
(Prescribed proforma subject to amendment from time to time)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Certificate No. : Date :

This is to certify that I have carefully examined

Shri/Smt./Kum. _________________________________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 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:

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Recent passport size
Attested Photograph
(Showing face only) of the person with disability
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:
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   Or
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(Authorised Signatory of notified Medical Authority)
(Name and Seal)
Countersigned
{Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)}

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