

INDIAN OIL CORPORATION LIMITED (MARKETING DIVISION) NORTHERN REGION

Advertisement No. IOCL/MKTG/NR/APPR/2020-21/1

Date of Examination: 03.01.2021

LIST OF CANDIDATES PROVISIONALLY SHORTLISTED FOR DOCUMENT VERIFICATION

S. No.	Reg. No.
1	9000013
2	9000030
3	9000032
4	9000042
5	9000106
6	9000111
7	9000116
8	9000117
9	9000118
10	9000125
11	9000147
12	9000164
13	9000169
14	9000193
15	9000208
16	9000270
17	9000279
18	9000288
19	9000307
20	9000308
21	9000311
22	9000323
23	9000331
24	9000334
25	9000351
26	9000364
27	9000405
28	9000406
29	9000407
30	9000408
31	9000414
32	9000423
33	9000451
34	9000491
35	9000496
36	9000527
37	9000538
38	9000547
39	9000557
40	9000591
41	9000603

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S. No.	Reg. No.
42	9000606
43	9000624
44	9000677
45	9000683
46	9000687
47	9000695
48	9000701
49	9000717
50	9000746
51	9000763
52	9000767
53	9000768
54	9000771
55	9000779
56	9000797
57	9000813
58	9000829
59	9000843
60	9000846
61	9000848
62	9000854
63	9000862
64	9000866
65	9000873
66	9000889
67	9000899
68	9000903
69	9000915
70	9000937
71	9000968
72	9000976
73	9000980
74	9000981
75	9000990
76	9000992
77	9001004
78	9001007
79	9001028
80	9001029
81	9001032
82	9001061
83	9001062
84	9001075

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S. No.	Reg. No.
85	9001085
86	9001086
87	9001105
88	9001116
89	9001121
90	9001122
91	9001125
92	9001134
93	9001138
94	9001147
95	9001153
96	9001177
97	9001181
98	9001184
99	9001216
100	9001222
101	9001223
102	9001225
103	9001227
104	9001242
105	9001252
106	9001253
107	9001263
108	9001274
109	9001298
110	9001308
111	9001319
112	9001347
113	9001353
114	9001358
115	9001360
116	9001367
117	9001383
118	9001386
119	9001400
120	9001404
121	9001417
122	9001478
123	9001485
124	9001488
125	9001496
126	9001497
127	9001541

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S. No.	Reg. No.
128	9001544
129	9001568
130	9001570
131	9001573
132	9001590
133	9001598
134	9001611
135	9001632
136	9001653
137	9001665
138	9001669
139	9001672
140	9001674
141	9001689
142	9001692
143	9001698
144	9001710
145	9001713
146	9001729
147	9001751
148	9001763
149	9001769
150	9001772
151	9001796
152	9001797
153	9001827
154	9001832
155	9001837
156	9001839
157	9001869
158	9001870
159	9001871
160	9001884
161	9001885
162	9001890
163	9001891
164	9001895
165	9001936
166	9001946
167	9001964
168	9001965
169	9001968
170	9001974

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S. No.	Reg. No.
171	9001992
172	9002007
173	9002031
174	9002051
175	9002063
176	9002064
177	9002078
178	9002080
179	9002088
180	9002094
181	9002098
182	9002101
183	9002132
184	9002137
185	9002138
186	9002140
187	9002158
188	9002169
189	9002185
190	9002188
191	9002191
192	9002192
193	9002194
194	9002197
195	9002208
196	9002252
197	9002290
198	9002297
199	9002300
200	9002303
201	9002306
202	9002308
203	9002315
204	9002317
205	9002323
206	9002325
207	9002326
208	9002328
209	9002329
210	9002331
211	9002338
212	9002341
213	9002343

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S. No.	Reg. No.
214	9002360
215	9002373
216	9002376
217	9002387
218	9002410
219	9002416
220	9002450
221	9002456
222	9002458
223	9002462
224	9002479
225	9002496
226	9002501
227	9002529
228	9002556
229	9002569
230	9002570
231	9002573
232	9002590
233	9002599
234	9002626
235	9002667
236	9002675
237	9002680
238	9002682
239	9002690
240	9002710
241	9002713
242	9002714
243	9002735
244	9002744
245	9002754
246	9002755
247	9002763
248	9002766
249	9002774
250	9002775
251	9002778
252	9002803
253	9002815
254	9002818
255	9002822
256	9002835

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S. No.	Reg. No.
257	9002840
258	9002848
259	9002851
260	9002855
261	9002871
262	9002889
263	9002905
264	9002910
265	9002934
266	9002937
267	9002944
268	9002962
269	9002972
270	9002981
271	9002991
272	9003010
273	9003013
274	9003017
275	9003022
276	9003026
277	9003035
278	9003042
279	9003045
280	9003058
281	9003062
282	9003067
283	9003092
284	9003097
285	9003107
286	9003118
287	9003121
288	9003134
289	9003135
290	9003150
291	9003156
292	9003158
293	9003177
294	9003212
295	9003214
296	9003265
297	9003270
298	9003273
299	9003284

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Date of Examination: 03.01.2021

S. No.	Reg. No.
300	9003288
301	9003289
302	9003326
303	9003327
304	9003344
305	9003356
306	9003359
307	9003361
308	9003365
309	9003388
310	9003389
311	9003425
312	9003433
313	9003442
314	9003448
315	9003464
316	9003471
317	9003479
318	9003490
319	9003496
320	9003503
321	9003509
322	9003514
323	9003529
324	9003538
325	9003540
326	9003543
327	9003553
328	9003567
329	9003574
330	9003579
331	9003594
332	9003598
333	9003601
334	9003608
335	9003611
336	9003615
337	9003623
338	9003630
339	9003658
340	9003662
341	9003672
342	9003673

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S. No.	Reg. No.
343	9003675

- Call letters have been sent to the shortlisted candidates. Candidates are requested to check their mail inbox as well as spam mailbox (junk mails) and download the call letter along with other documents.
- Caste/Disability certificate formats are given below:

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD
CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER GOVERNMENT
OF INDIA AND CENTRAL GOVT. PUBLIC SECTOR UNDERTAKINGS

Regn. No. _____ Date _____

A. This is to certify that Shri./Smt./Kum. _____ son /
daughter of _____ of village town _____ in District /
Division _____ of the State / Union Territory _____ belongs to the
_____ community which is recognised as a backward class under :

Please Tick Mark :

- (i) Govt. of India, Ministry of Welfare Resolution No.12011/68/93-BCC dated 10.09.1993, published in Gazette of India, Extraordinary - Part 1, Section 1, No.186 dated 13.09.1993.
- (ii) Govt. of India, Ministry of Welfare Resolution No.12011/9/94-BCC dated 19.10.1994 published in Gazette of India, Extraordinary Part I, Section 1, No.163 dated 20.10.1994.
- (iii) Govt. of India, Ministry of Welfare Resolution No.12011/7/95-BCC dated 24.05.1995 published in Gazette of India Extraordinary Part I, Section I No.88 dated 25.05.1995.
- (iv) Govt. of India, Ministry of Welfare Resolution No.12011/96/94-BCC dated 6.12.1996 published in Gazette of India Extraordinary Part I, Section 1 No.210 dated 11.12.1996.

B. Applicable in the case of OBC persons who have migrated from another State/U.T. (delete the paragraph if not applicable) :

This certificate is issued on the basis of the Other Backward Classes Certificate issued to
Shri./Smt./Kum. _____ father/mother of Shri./Smt./Kum. _____
_____ in District / Division _____ of the State / Union Territory
_____ who belong to the _____ caste which is recognised as a
Backward Class in the State / Union Territory _____ issued by the _____
_____ (name of prescribed authority) vide their No. _____ dated
_____.

C. Shri./Smt./Kum. _____ and / or his / her family ordinarily reside(s) in
village / town _____ of _____ District / Division of the State / Union Territory
of _____.

D. 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 Govt. of India, Department of Personnel & Training
O.M.No.36012/22/93-Est.(SCT) dated 08.09.1993.

Place : _____ Signature _____

State / Union Territory _____ Name of Issuing Authority _____

Dated : _____ Designation _____
(With seal of Office)

Note : (1) The term 'ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

(2) List of authorities competent to issue caste certificate for Other Backward Classes:-

- i. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner/ Deputy Collector / Ist Class Stipendary Magistrate / City Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st Class Stipendary 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 family normally resides.

(3) The certificate issued by an authority other than stated above will not be accepted.

Annexure-I

Government of

(Name & Address of the authority issuing the certificate)

INCOME & ASSEST 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 _____ 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)

Signature with seal of Office _____

Name _____

Designation _____

Recent Passport size
attested photograph of
the applicant

*Note1: 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.

G. Sivarani

Annexure – 5
(Sub-clause 2.14.2)

Form of Certificate to be produced by a candidate belonging to Scheduled Caste or Scheduled Tribe in support of his claim

FORM OF CASTE CERTIFICATE

Regn. No. _____

Date _____

A. This is to certify that Shri./Smt./Kum. _____ son / daughter of _____ of village/ town _____ in District/Division _____ of the State/Union Territory _____ belongs to the _____ caste/ tribe which is recognised as Scheduled Caste / Scheduled Tribe under :

Please Tick Mark :

1. The Constitution (Scheduled Castes) Order, 1950
2. The Constitution (Scheduled Tribes) Order, 1950
3. The Constitution (Scheduled Castes) (Union Territories) Order, 1951
4. The Constitution (Scheduled Tribes) (Union Territories) Order, 1951 (as amended by the Scheduled Castes and Scheduled Tribes Lists (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 and Scheduled Tribes Orders (Amendment) Act, 1976).
5. The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956.
6. The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989.
7. The Constitution (Andaman & Nicobar Islands) Scheduled Tribes Order, 1959.
8. The Constitution (Dadra & Nagar Haveli) Scheduled Castes Order, 1962.
9. The Constitution (Dadra & Nagar Haveli) Scheduled Tribes Order, 1962.
10. The Constitution (Pondicherry) Scheduled Castes Order, 1964.
11. The Constitution Scheduled Tribes (Uttar Pradesh) Order, 1967.
12. The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968.
13. The Constitution (Goa, Daman & Diu) Scheduled Tribes Order, 1968.
14. The Constitution (Nagaland) Scheduled Tribes Order, 1970.
15. The Constitution (Sikkim) Scheduled Castes Order, 1978.
16. The Constitution (Sikkim) Scheduled Tribes Order, 1978.
17. The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989.
18. The Constitution (Scheduled Castes) Orders (Amendment) Act, 1990.
19. The Constitution (Scheduled Tribes) Orders (Amendment) Act, 1991.
20. The Constitution (Scheduled Tribes) Order Second Amendment Act, 1991.

B. Applicable in the case of Scheduled Caste / Scheduled Tribe persons who have migrated from the State/U.T. of their origin (delete the paragraph if not applicable) :

This certificate is issued on the basis of the Scheduled Caste / Scheduled Tribe Certificate issued to Shri./ Smt./Kum. _____ father / mother of Shri./Smt./ Kum. _____ of village/ town _____ in District/ Division _____ of the State / Union Territory _____ who belong to the _____ caste / tribe which is recognised as Scheduled Caste / Scheduled Tribe in the State / Union Territory _____ issued by the _____ (name of prescribed authority) vide order No. _____ dated _____.

C. Shri./Smt./Kum. _____ and / or his / her family ordinarily reside(s) in village / town _____ of _____ District / Division of the State / Union Territory of _____.

Place : _____

Signature _____

State / Union Territory _____

Name of Issuing Authority _____

Date : _____

Designation _____

(With seal of Office)

Note :

1. The term "ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
2. List of authorities empowered to issue Scheduled Caste / Scheduled Tribe Certificates :
 - (i) District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner/ Additional Deputy Commissioner/ Deputy Collector / Ist Class Stipendary Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate
 - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
 - (iii) Revenue Officer not below the rank of Tehsildar.
 - (iv) Sub-Divisional Officer of the area where the candidate and / or his family normally resides.
3. The caste certificate issued by an authority other than the stated above will not be accepted.

Form-V
Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and
in case of blindness)

[See rule 18(1)]

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

Recent passport size
attested photograph

(Showing face only) of the
person with disability.

Certificate No. _____

Date: _____

This is to certify that I have 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 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./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:

S. 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			
16.	Chronic Neurological 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 :- ----- 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 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 (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:-

S. 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