

निर्माण, सेवा एवं संपदा प्रबंध निदेशालय
DIRECTORATE OF CONSTRUCTION, SERVICES & ESTATE MANAGEMENT

आवेदन हेतु प्रपत्र PROFORMA FOR APPLICATION
ADVT NO. DCSEM/01/2022

केवल कार्यालय में प्रयोग हेतु FOR OFFICE USE ONLY

आवेदन संख्या Application No.

प्राप्ति की तिथि Date of Receipt

पासपोर्ट के आकार
हस्ताक्षरित फोटो

Affix signed
passport size
Photograph

1. पोस्ट कोड सं. Post Code No. :
2. आवेदित पद का नाम Post Applied for :
3. आधार संख्या (यदि है) Aadhaar No. (If available) :
4. नाम (बड़े अक्षरों में) एसएससी प्रमाणपत्र के अनुसार
Name (in BLOCK LETTERS) as per SSC
certificate :
- प्रथम नाम First Name: :
- मध्यनाम Middle Name: :
- उपनाम Surname: :
- पिता का नाम Father's Name: :
- माता का नाम Mother's Name: :
5. राष्ट्रियता Nationality :
6. जन्मतिथि Date of Birth :
7. लिंग Gender : Male Female Transgender
8. वैवाहिक स्थिति Marital Status : Married Unmarried
9. धर्म Religion :
10. a) क्या आप अनुसूचित जाति /अनुसूचित जनजाति/ अन्य पिछड़े वर्ग/ आर्थित रूप से
कमजोर वर्ग से है? Whether belongs to Scheduled Caste/ Scheduled
Tribe/ Other Backward Class/ EWS? SC ST OBC
EWS GEN

b) यदि लागू हो, कृपया जाति/ जनजाति के नाम का उल्लेख करें:
Please mention the name of Caste/Tribe, if applicable:

11. क्या आप 1.1.1980 से 31.12.1989 की अवधि के दौरान जम्मू और कश्मीर में अधिवासित हैं? Are you domiciled in Jammu & Kashmir during the period from 1.1.1980 to 31.12.1989? YES NO

12. क्या आप 1984 के दंगों में मरने वालों के परिवार के सदस्य हैं? Are you a Family Member of those who died in 1984 riots? YES NO

13. क्या आप शारीरिक रूप से विकलांग हैं? Do you have any physical disability? YES NO

विकलांगता की प्रकृति Nature of Disability :

विकलांगता का प्रतिशत Percentage of Disability :

14. क्या आप भूतपूर्व सैनिक हैं? (यदि हाँ तो उल्लेख कीजिए) Are you an Ex-service man? (If yes, specify) YES NO

कार्यालय Office	पद Post	प्रवेश की तिथि Date of Entry	कार्यमुक्त होने की तिथि Date of Discharge

15. पता (पिनकोड के साथ बड़े अक्षरों में) Address (in block letters with pin code)

i) पत्राचार के लिए पता For correspondence	ii) स्थायी पता Permanent Address
जिला District:	जिला District:
राज्य State:	राज्य State:
पिनकोड Pin Code:	पिनकोड Pin Code:

iii) ई-मेल E-mail ID:

मोबाइल सं. Mobile No.:

16. शैक्षणिक योग्यताएं Educational Qualification:

परीक्षा Examination	विश्वविद्यालय/ बोर्ड / संस्थान University/ Board/ Institution	उत्तीर्ण होने का वर्ष Year of passing	माध्यम/ विषय Name of Discipline/ Trade	वर्ग / ग्रेड (सीर्फ उत्तीर्ण) Class/ Grade (for passed only)	% अंक % of marks	पाठ्यक्रम की अवधि Duration of Course
S.S.C						
H.S.C						
ITI/Trade Certificate						
NCTVT						
Diploma						
Degree /B.E./B. Tech						
Other						

* यदि प्रमाणपत्र में ग्रेड/सीजीपीए/ओजीपीए का उल्लेख किया गया है, तो अंको के समकक्ष प्रतिशत का संकेत दिया जाना चाहिए।
Equivalent percentage of marks to be indicated, if grade/CGPA/OGPA is mentioned in the Certificates.

17. यदि आवेदक वर्तमान में कोई पढ़ाई कर रहे हैं तो उसका विवरण दें।

Indicate the course of study, if any, the applicant is continuing presently.

पाठ्यक्रम Course of Study	विश्वविद्यालय/ बोर्ड/संस्थान University/ Board/ Institution	पूर्णकालिक/ अंशकालिक Full Time/ Part Time	पाठ्यक्रम की अवधि Duration of course	पूरे कर चुके छमाही/ विषयों की संख्या No. of Semester/ Subjects completed	प्राप्त अंक Marks obtained

18. अनुभव (सभी पिछले और वर्तमान रोजगार का विवरण प्रस्तुत किया जाना है)

Experience (particulars of all previous and present employment are to be furnished)

नियोक्ता का नाम एवं पता Name & Address of Employer	धारित पद Post Held	केंद्र/ राज्य सरकार/ पीएसयू/ स्वायत्त निकाय/ निजी Central or State Government/ PSUs/Autonomous Bodies/ Private	कार्यकाल Period		स्थायी/अस्थायी Permanent/ Temporary	कार्य का स्वरूप Nature of Work	छोड़ने का कारण Reason for leaving
			से From	तक To			

19. क्या आप केंद्रीय / राज्य सरकार / किसी अन्य सार्वजनिक क्षेत्र के उपक्रम / स्वायत्त निकाय की सेवा करने हेतु किसी अनुबंध से बंधे हैं? यदि है तो, कृपया पूरी जानकारी दें। Are you under any contractual obligations to serve the Central/State Government/ any other Public Sector Undertaking/Autonomous Bodies? If so, please furnish full details. YES NO

20. क्या आवेदक ने कभी केंद्र सरकार (रक्षा सेवा सहित) / राज्य सरकार / सार्वजनिक क्षेत्र के उपक्रम/ स्वायत्त निकाय में नौकरी की है तथा पेंशन, उपदान अथवा भविष्य निधि में नियोक्ता का अंश (शेयर) प्राप्त किया है या प्राप्त कर रहा है? यदि है तो, कृपया पूरी जानकारी दें। Whether the applicant has ever served in Government (including Defence(/ State Government/ Public sector undertaking/ Autonomous bodies and in receipt of any pension/gratuity or Employer's share to the Provident Fund? If so, please furnish full details. YES NO

21. उन संबंधियों के विवरण दें जो परमाणु ऊर्जा विभाग या इसकी संघटक इकाईयों में पहले से ही कार्यरत हैं। Details of relatives already employed in Department of Atomic Energy or its Constituent Units.

क्र. सं. Sl. No	नाम Name	संबंध Relationship	इकाई जिसमें कार्यरत है Unit in which employed	धारित पद Post Held

22. डिमांड ड्राफ्ट का विवरण Details of Demand Draft

बैंक का नाम Name of Bank	डीडी संख्या DD Number	डिमांड ड्राफ्ट की तिथि Date of Demand Draft	राशि Amount

23. अन्य कोई जानकारी Any other information: _____

घोषणा Declaration:

मैं घोषणा करता हूँ कि मैं विज्ञापन के अनुसार पात्रता शर्तों को पूरा करता हूँ और मेरे आवेदन के सभी विवरण मेरे ज्ञान और विश्वास के अनुसार सत्य, पूर्ण और सही हैं। मैं समझता/ समझती हूँ कि किसी भी स्तर पर किसी भी जानकारी के गलत पाए जाने या विज्ञापन में उल्लिखित आवश्यकताओं के अनुसार पात्रता शर्तों को पूरा नहीं करने की स्थिति में मेरी उम्मीदवारी/ नियुक्ति रद्द/ समाप्त की जा सकती है। I declare that I fulfill the eligibility conditions as per the advertisement and that all the 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 false or incorrect at any stage or not satisfying the eligibility conditions according to the requirements mentioned in the advertisement, my candidature/ appointment is liable to be cancelled/ terminated.

स्थान Place: _____

उम्मीदवार के हस्ताक्षर Signature of the candidate

दिनांक Date: _____

Declaration for candidates seeking reservation as OBC

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.36012/22/93-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.

Signature of the candidate :

Name of the candidate :

Application No. :

Date:

Place:

ANNEXURE

(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 _____ of village/ town
_____ in District/Division _____ in the
_____ State/Union Territory _____ 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
O.M. No. 36012/22/93-Estt.(SCT)dated 8.9.1993.**

District Magistrate
Deputy Commissioner etc.

Date:

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

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

FORM OF CASTE CERTIFICATE

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 Lists (Modification Order) 1956, the Bombay Reorganization Act, 1960, the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act, 1970, the North-Eastern Areas (Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976.]

- 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 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 (Jammu and Kashmir) Scheduled Tribes Order, 1989;
- The Constitution (Scheduled Castes) Orders (Amendment) Act, 1990.
- The Constitution (Scheduled Tribes) Order Amendment Act, 1991.
- The Constitution (Scheduled Tribes) Order Second Amendment Act, 1991.

2. *Applicable in the case of Scheduled Caste/Scheduled Tribe persons who have migrated from one State/Union Territory.***

**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 belong to the Caste/Tribe* which is recognised as a Scheduled Caste/ Scheduled Tribe* in the State/Union Territory* issued by the (Name of the prescribed authority) vide their No. dated

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

Signature

Designation

(with seal of office)

Place

State

Date

Union Territory

* Please delete the words which are not applicable.

• Please quote specific Presidential Order.

** Delete the paragraph which is not applicable.

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

List of authorities empowered to issue Scheduled Caste/Scheduled Tribe Certificates:-

1. 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 the rank of 1st Class Stipendiary Magistrate).
2. Chief Presidency Magistrate/ Additional Chief Presidency Magistrate/ Presidency Magistrate.
3. Revenue Officer not below the rank of Tehsildar.
4. Sub-Divisional Officer of the area where the candidate and/or his family normally resides.

FORM OF MEDICAL CERTIFICATE FOR PERSONS WITH DISABILITIES (PWD)

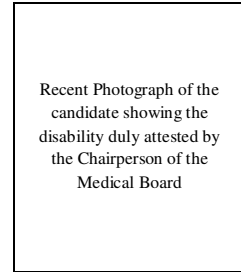
NAME & ADDRESS OF THE INSTITUTE / HOSPITAL:

Certificate No. :

Date

DISABILITY CERTIFICATE

1. 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 (right or left) (a) Impaired reach (b) Weakness of grip (c) Ataxic
- (vi) BH - Stiff back and hips(Cannot sit or stoop)
- (vi) 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. Shri/Smt./Kum* meets the following physical requirement 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

Place:

Date:

Counter signed of the
 Medical Superintendent/CMO/Head of Hospital
 (with Seal)

* Strike out the words which are not applicable:

ROLL NO.	
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निर्माण, सेवा एवं संपदा प्रबंध दिदेशालय
DIRECTORATE OF CONSTRUCTION, SERVICES AND ESTATE MANAGEMENT

लागू बक्से में क्रास करे / Please cross thus in the applicable box.

जाँच परीक्षा हेतु बुलाये गए अभ्यर्थियों की यात्रा व्यय की प्रतिपूर्ति का दावा
CLAIM FOR REIMBURSEMENT OF TRAVELLING EXPENSES OF CANDIDATES CALLED FOR SCREENING TEST

भाग- 1 अभ्यर्थी द्वारा भरा जाए / Part I-To be filled in by the candidate

1. नाम स्पष्ट अक्षरों में / Name in block letters

--

2. जाँच परीक्षा का विवरण / Details of screening test

पद/Post	दिनांक/Date	विज्ञापन संख्या / Advt.No.

3. श्रेणी / Category:

अनुसूचित जाति /Scheduled Caste	
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अनुसूचित जनजाति /Scheduled Tribe	
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अन्य/Others	
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4. आवेदन संख्या / Application No.

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4.A पता जैसा कि आवेदन में दिया गया है /Address as given in the application
(Email address and Phone number also to be provided)

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5. विषय /Discipline

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6. यात्रा का विवरण / Particulars of journey: [All the tickets (copies) related to the journey should be attached]

दिनांक Date	स्टेशन / Station		प्रकार/Mode (रेल/बस/हवाईजहाज) (Rail/Bus/Air)	दूरी Distance	श्रेणी Class	टिकट संख्या /Ticket No. पीएनआर संख्या/PNR No.
	से/From	तक/To				

7. किराये के रूप में भुगतान की गई राशि /Amount paid as fare :

रेलवे/बस/हवाईजहाज किराया Railway / Bus / Air fare	आरक्षण प्रभार/Reservation Charges	कुल प्रभार /Total Charges

7a. बैंक का विवरण/ Particulars of Bank: (Account No. should be in the name of Candidate only)

(i) बचत खाता संख्या /S.B.Ac.No.	
(ii) बैंक का नाम/Name of Bank	
(iii) शाखा एवं पता /Branch&Address	
(iv) आईएफएससी कोड सं./IFSC Code No.	
(v) बिएसआर कोड सं./ BSR Code No.	

*Cancelled Cheque or Xerox copy of first page of Passbook should be brought at the time of interview otherwise TA will not be credited in the account of respective applicant.

8. क्या सेवारत हैं / Whether employed?

No

Yes, as detailed below

नियोक्ता का नाम एवं पता / Name and address of the employer

धारित पद / Post held

मैं प्रमाणित करता/करती हूँ कि उपर दिया विवरण सही है तथा मैंने उपरोक्त विवरण के अनुसार यात्रा की है। मैं यह भी वचन देता हूँ कि उसी श्रेणी से तथा ऊपर मद संख्या (6) में दिए गए रेलवे स्टेशन तक वापसी यात्रा करूंगा। I certify that the particulars given above are correct and that I performed the journey as detailed above. I also undertake to perform the return journey by the same class and to the railway station mentioned in item (6) above.

मैं प्रमाणित करता हूँ/करती हूँ कि इस यात्रा के संबंध में किसी अन्य स्रोत से यात्रा भत्ते या यात्रा भत्ते के लिए किसी अंशदान राशि का दावा नहीं किया गया है। I certify that T.A. or any contribution towards T.A. in respect of this journey has not been claimed from any other source.

दिनांक / Date :

हस्ताक्षर / Signature

भाग II- भर्ती अनुभाग में उपयोग हेतु

Part II - For use in Recruitment Section

1. विनिर्दिष्ट तिथि को अभ्यर्थी जाँच परीक्षा के लिए उपस्थित हुआ।

The candidate has attended the Screening Test on the date specified.

2. भाग 1 के क्रम संख्या 4 ए में अभ्यर्थी द्वारा दिया पता नियुक्ति हेतु आवेदन में दिए पता से मिलता है।

The address given by the candidate at Sl. No.4A of part-I above tallies with that given in the application for employment.

3. अभ्यर्थी यात्रा-भत्ता प्रतिपूर्ति प्राप्त करने का हकदार है क्योंकि

The candidate is eligible for reimbursement of travelling allowance since

अभ्यर्थी अनुसूचित जाति/अनुसूचित जनजाति का है तथा वह केंद्रीय / राज्य सरकार / निगम/ सार्वजनिक / स्थानीय सरकार संस्था /पंचायत में कार्यरत नहीं है।

The candidate belongs to the SC/ST category and is not employed in Central/State Government/Corporation/Public Sector Undertaking/Local Government Institution/Panchayat

अथवा/OR

विज्ञापित पद राजपत्रित है।

The post advertised is Gazetted.

प्रशासनिक अधिकारी- III / सहायक कार्मिक अधिकारी (भर्ती)

Adm. Officer-III / Asstt. Personnel Officer (R)

भाग-III लेखा प्रभाग के उपयोग हेतु

Part III - For use in Accounts Division

1. नजदीकी मार्ग से और के बीच का किराया रु.....

Fare between and Rs

by the shortest route.

2. वापसी यात्रा हेतु किराया

रु.

Fare for the return journey

Rs.

कुल/TOTAL

अदा करें

Pay Rs.

लेखा अधिकारी
Accounts Officer

भुगतान प्राप्त किया / Received payment

Revenue
Stamp

अभ्यर्थी का हस्ताक्षर
Signature of the candidate

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

INCOME & ASSETS 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.