



National Institute of Solar Energy
(An Autonomous Institute of Ministry of New and Renewable Energy, Govt. of India)
Gwal-Pahari, Gurugram

Advt. No: A-12034/2/2021-Admin

Date: 06.12.2025

Recruitment of Scientific Support staff in National Institute of Solar Energy

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National Institute of Solar Energy (NISE) is an Autonomous Institute of Ministry of New and Renewable Energy, Government of India. NISE is functioning as an apex national centre for Research and Technology Development in the areas of Solar Energy. NISE is located on a 200 Acre campus on the Gurugram- Faridabad Road, Gwal-Pahari, Gurugram (Haryana). The R&D activities of NISE are carried out in coordination with other research organizations and industries.

2. NISE invites online applications for recruitment of the following category of posts on Direct Recruitment basis:

Scientific Support Staff							
Sl. No.	Name of the Post	Pay Level as per 7 th CPC	Reservation Position				Total Posts
			OBC (NCL)	EWS	UR	PwBD	
(i)	Executive Assistant –I	7	1	1	3	1*	5

*Horizontal Reservation

3. **Reservation of the post for PwBD:** *One vacancy out of the five vacancies is reserved for candidates belonging to category of Persons with Benchmark Disability (PwBD) viz. Deaf and Hard of Hearing with disability i.e. Deaf (D) and Hard of Hearing (HH).

4. **Suitability of the post for PwBD:** All five vacancies are suitable for candidates belonging to category of Persons with Benchmark Disability (PwBD):

- Deaf and Hard of Hearing i.e. D=Deaf, HH= Hard of Hearing,
- Locomotor Disability i.e. OA=One Arm, OL=One Leg, CP=Cerebral Palsy, LC=Leprosy Cured, Dw=Dwarfism, AAV=Acid Attack Victims,
- ASD(M)= Autism Spectrum Disorder (Mild), SLD= Specific Learning Disability, MI= Mental Illness, and
- MD=Multiple Disabilities from amongst persons under clauses (a) to (c).

5. Functional/Physical Requirement Along with Category Abbreviations Used:

S=Sitting, ST=Standing, W=Walking, BN=Bending, MF=Manipulation with Fingers, RW=Reading & Writing, SE=Seeing, H=Hearing.

Note: Category Abbreviations Used: D=Deaf, HH= Hard of Hearing, OA=One Arm, OL=One Leg, CP=Cerebral Palsy, LC=Leprosy Cured, Dw=Dwarfism, AAV=Acid Attack Victims, ASD(M)= Autism Spectrum Disorder (Mild), SLD= Specific Learning Disability, MI= Mental Illness, MD=Multiple Disabilities

6. Educational qualifications, Age Limit, Syllabus, Exam pattern and other qualifications required for direct recruits of Executive Assistant-I:

a) Essential Qualifications:

- (i) Diploma in Engineering or Bachelor's Degree in Science or Engineering from a recognized University/ Board / Institution.
- (ii) Basic Operational computer knowledge.

b) Age limit: The upper age limit for direct recruitment to this position will be 35 Years.

Note: The crucial date for determining the age limit shall be the closing date for receipt of applications from candidates in India (and not the closing date for those in Assam, Meghalaya, Arunachal Pradesh, Mizoram, Manipur, Nagaland, Tripura, Sikkim, Ladakh Division of Jammu and Kashmir State, Lahaul and Spiti District and Pangi Sub-Division of Chamba District of Himachal Pradesh, the Union Territory of the Andaman and Nicobar Islands and the Union Territory of Lakshadweep).

c) Syllabus & Exam pattern for Executive Assistant-I:

Duration: 180 min

Part-I: General: 50 questions (MCQ), 50 marks (0.25 negative marking for wrong answers)

- (i) General Awareness -10
- (ii) Reasoning -10
- (iii) Quantitative Aptitude -10
- (iv) English language proficiency-10
- (v) Basics of computers – 10

General Awareness: Science and Scientific research, National /International organizations, Institutions national and international events, various schemes of MNRE, New Delhi.

Reasoning: Problem solving, decision making, arithmetical reasoning, arithmetical number series.

Quantitative Aptitude: Ratio and proportions, Time & work, Time & Distance, table and graphs.

English language proficiency: Vocabulary, Grammar, Sentence structure, comprehension of passages.

Basics of computers: MS office, Internet, emails and various online tools.

Part-II Technical: 150 questions (MCQ), 150 marks (0.25 negative marking for wrong answers)

(i) Renewable Energy Basics – 50 marks

National and global energy scenario, Sector wise energy consumption, net zero emissions, national action plan on climate changes, global environment issues.

Concepts of New Renewable energy: Fundamentals of wind, Biomass, hydrogen production pathways like, Grey, blue and green hydrogen and Fuel cell.

Fundamentals of Solar Energy: Resource and potential, solar constant, radiation spectrum.

(ii) Solar PV – 50 marks

Solar PV Technologies, recent trends, PV manufacturing scenario in the country, Si wafer and thin-film based solar cells, material properties, different parameters of solar cell and module, characterization methods, relevant national/international standards for testing, degradation of PV modules, etc.

Grid/Off Grid Solar PV Power plants like rooftop, floating, agro PV. Solar PV applications for lighting, water pumping etc.

Integration of solar power plants with grid including Power Electronics, Power Systems, Transformer, Distribution, micro grid connectivity, etc.

(iii) Solar Thermal – 50 marks

Concepts of heat, work, energy and governing rules for conversion. Basic of solar collector ETC, Flat plate, parabolic trough or linear collectors, central receiver with heliostats, and parabolic dish concentrator. Solar thermal electricity using Sterling engine, Ranking engine, Brayton engine.

Solar thermal applications for heating, cooling, drying and process heat.

Storage of solar energy- Rechargeable batteries - Thermal energy storage: sensible and latent heat through PCM.

Note: Persons with Benchmark Disability (PwBD), if so desires, will have to bring their own scribe as per govt. of India rules to assist them in the examination. The facility of Scribe will be allowed to any person with benchmark disability as defined under section 2 (r) of the RPwD Act, 2016 and has limitation in answering in the exam including that of speed if so desired by him / her. In case of persons with benchmark disabilities in the category of blindness, locomotor disability (both arm affected-BA) and cerebral palsy, the facility of scribe will be allowed, if so desired by the person. In case of other category of persons with benchmark disabilities, the provision of scribe will be allowed on production of a certificate to the effect that the person concerned has physical limitation to answer in the examination and scribe is essential to answer in the examination on his behalf,

from the Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Government Health Care Institution as per format. The qualification of the scribe should be at least one step below the qualification of the candidate taking the examination. The candidates with benchmark disabilities opting for own scribe shall be required to submit details of the own scribe at the time of examination as per format. In addition, the scribe has to produce a valid ID proof (PAN, Aadhar Card, Driving Licence etc.) in original at the time of examination. A photocopy of the ID proof of the scribe signed by the candidate as well as the scribe has to submit along with format. If subsequently it is found that the qualification of the scribe is not as declared by the candidate, then the candidate shall forfeit his/ her right to the post and claims relating thereto. Compensatory time to be allowed in PwBDs case is 20 minutes per hour of examination. All candidates with disability not availing the facility of scribe may be allowed additional time of one hour for examination of three hours' duration. The requisite format is enclosed at **Annexure I to IV**.

7. SELECTION PROCESS

- a) The screening and selection process shall be as prescribed by RRs of NISE.
- b) The selection to the said posts will be through Written Examination in order of merit secured during examination. No TA/DA will be paid to candidates for attending the Written Examination. Date, time and venue for the written test shall be intimated separately.
- c) Mere fulfilment of essential qualifications shall not entitle a candidate to be called for Written Test. Depending upon the number of applications received, the Screening Committee may adopt suitable criteria to decide the number of candidates to be called for Written Test for each post.

8. General terms and conditions:

- a) The applicant must be a Citizen of India.
- b) The number of posts advertised may change, as decided by the competent authority of NISE.
- c) Candidates should read carefully the requisite minimum essential qualifications, age and eligibility, experience criteria etc. laid down in the advertisement before applying for these posts.
- d) Minimum Essential Qualifications: All applicants must fulfil the minimum essential requirements of the post and the other conditions stipulated in the advertisement as on closing date for receipt of applications given in the advertisement. The candidates are advised to ensure their eligibility for making an application to the post. No enquiry asking for advise as to eligibility will be entertained.
- e) Age relaxation will be given to SC/ST/NC-OBC/PwBD/Ex-Servicemen / Government Servants candidates as per existing Central Govt. Rules. Government Servants seeking such age relaxation will be required to produce relevant proof of eligibility to avail relaxation at the time of submission of application. The requisite format is enclosed at **Annexure V**.
- f) Candidates seeking reservation benefits available for the respective categories must ensure that they are entitled to such reservation as per eligibility prescribed in Government of India (GoI) orders and possess the valid certificates in the format prescribed by GoI in support of their claim. The requisite format is enclosed at **Annexure VI to XI**.

- g) Any subsequent amendments/modifications etc., on this matter will be notified in the Institute website (www.nise.res.in) only which may be referred to by the interested candidates' regularly. Any addendum/Corrigendum/ notices in respect of this advertisement shall be published only on the Institute website.
- h) The selected candidate will be kept on probation of two years in case of Regular appointment & shall be governed by the New Pension Scheme(NPS) of the Govt. of India, as the case may be. The appointing authority may at its discretion extend the period of probation by one year in case of unsatisfactory performance, misconduct or on ground of misbehaviour. In case there is no perceptible improvement despite all this, his/her services shall be terminated by giving one month's notice or on payment of one month's salary in lieu of notice.
- i) Applicants working in Govt. /Semi Govt./Public Sector undertaking will be required to submit "No Objection Certificate" from their employer at the time of test, as applicable. Candidates on selection are required to submit relieving letter from their employer (Govt./Public/Private) at the time of joining the Institute, without which they will not be allowed to join.
- j) Appointment orders issued by the Institute shall be provisional. The Institute may verify the antecedents or documents submitted by a candidate. In case it is found at any time that any of the facts/documents submitted by the candidate are falsified or tampered, or the candidate has doubtful antecedents/background and has suppressed the said information, then his/her candidature shall stand cancelled and services may be terminated without any notice period.
- k) Institute strives to have a workforce which reflects gender balance. Women candidates are encouraged to apply.
- l) Canvassing in any form on behalf of any candidate shall be treated as a disqualification which shall lead to the cancellation of candidature.
- m) Court of Jurisdiction for any dispute will be Punjab & Haryana High Court, Chandigarh.
- n) The decision of the Competent Authority, NISE in all matters relating to eligibility, acceptance or rejection of applications, mode of selection and conduct of examination will be final and binding on the applicants.
- o) The entire selection process is subject to the outcome of the court cases in Hon'ble High Court of Punjab & Haryana, Chandigarh.
- p) Headquarters: Gurugram. However, the incumbents appointed to the posts shall be liable to serve anywhere in India.
- q) The appointment of a candidate shall be subject to verification of character and antecedents by the competent authority. Until the verification of character and antecedents reports are received, the appointment shall be treated as provisional. In case the report/s with regard to his/her conduct, character, and antecedents is found to be unsatisfactory, the appointment shall be cancelled / withdrawn forthwith.
- r) NISE reserves the right to not to fill up all or any of the vacancies or to cancel the recruitment process for any post at any stage or withdraw the circular at any time without assigning any reasons.

9. Instructions to the Applicants:

- a) The interested eligible candidates to apply ONLINE through the career portal of the Institute available at <https://nise.res.in/>.
- b) One recent (within three months from the date of application) colour passport size photograph with clear front view of the applicant without cap, scarf and sun glasses should be uploaded while filling the Online application form.

- c) After submission of online application, no request for change in any data will be entertained.
- d) Online Application without payment of application fee as categorised below will be considered as incomplete and will be summarily rejected.

Category	Application Fee
Applicants belonging to SC, ST, PwBD and Female candidates	Nil
Applicants belonging to other category	Rs.1000 (Rupees One Thousand only).

Note: The last date for submission of online applications is 30 days from the date of publication of advertisement in Employment News.

Sd/-
Director(Admin)
National Institute of Solar Energy
Gwal-Pahari, Gurugram-Faridabad Road,
Gurugram – 122003 (Haryana)

Annexure - I

Certificate regarding physical limitation in an examinee to write

This is to certify that, I have examined Mr./Ms./Mrs. _____
(name of the candidate with disability), a person with _____
(nature and percentage of disability as mentioned in the certificate of disability), S/o, D/o
_____ a resident of
_____ (Village/District/State)
and to state that he/she has physical limitation which hampers his/her writing capabilities owing
to his/her disability.

Signature

Chief Medical Officer/Civil Surgeon/Medical Superintendent
of a Government health care Institution

Name & Designation

Name of Government Hospital / Health Care Centre with Seal

Place: _____

Date: _____

Note: Certificate should be given by a specialist of the relevant stream/disability (eg. Visual impairment – Ophthalmologist, Locomotor disability – Prthopaedic specialist / PMR).

Letter of Undertaking for Using Own Scribe

I _____, a candidate with _____ (name of the disability) appearing for the _____ (name of the examination) bearing Roll No. _____ at _____ (name of the Centre) in the District _____, _____ (name of the State/UT). My qualification is _____.

I do hereby state that _____ (name of the scribe) will provide the service of scribe/reader/lab assistant for the undersigned for taking the aforesaid examination.

I do hereby undertake that his/her qualification is _____. In case, subsequently it is found that his / her qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims relating thereto.

(Signature of the candidate with Disability)

Place: _____

Date: _____

Annexure - III

Certificate for person with specified disability covered under the definition of Section 2 (s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing

This is to certify that, we have examined Mr/Ms/Mrs (name of the candidate), S/o /D/o, a resident of(Vill/PO/PS/District/State), aged yrs, a person with (nature of disability/condition), and to state that he/she has limitation which hampers his/her writing capability owing to his/her above condition. He/she requires support of scribe for writing the examination.

2. The above candidate uses aids and assistive device such as prosthetics & orthotics, hearing aid (name to be specified) which is /are essential for the candidate to appear at the examination with the assistance of scribe.

3. This certificate is issued only for the purpose of appearing in written examinations conducted by recruitment agencies as well as academic institutions and is valid upto _____ (it is valid for maximum period of six months or less as may be certified by the medical authority)

Signature of medical authority

(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)
Orthopedic / PMR specialist	Clinical Psychologist/ Rehabilitation Psychologist/Psychiatrist / Special Educator	Neurologist (if available)	Occupational therapist (if available)	Other Expert, as nominated by the Chairperson (if any)
(Signature & Name)				
Chief Medical Officer/Civil Surgeon/Chief District Medical Officer.....Chairperson				

Name of Government Hospital/Health Care Centre with Seal

Place:

Date:

Annexure - IV

Letter of Undertaking by the person with specified disability covered under the definition of Section 2 (s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing

I _____, a candidate with _____ (nature of disability/condition) appearing for the _____ (name of the examination) bearing Roll No. _____ at _____ (name of the centre) in the District _____, _____ (name of the State). My educational qualification is _____.

2. I do hereby state that _____ (name of the scribe) will provide the service of scribe for the undersigned for taking the aforementioned examination.

3. I do hereby undertake that his qualification is _____. In case, subsequently it is found that his qualification is not as declared by the undersigned and is beyond my qualification. I shall forfeit my right to the post or certificate/diploma/degree and claims relating thereto.

(Signature of the candidate)

(counter signature by the parent/guardian, if the candidate is minor)

Place:

Date:

Annexure - V

The form of certificate to be produced by Government servants for claiming Age concession

(Letter Head of the Institution/Issuing Authority)

This is to certify that Shri/Ms.....S/o,D/o,W/o Shri.....is a regularly appointed n employee of this Organization/Department/Ministry and duties performed by him/her during the period(s) are as under

Certified that:

* (a) Shri/Shrimati/Kum. holds substantively a permanent post ofin the Office/Department ofwith effect from

* (b) Shri/Smt./Kum. has been continuously in temporary service on a regular basis under the Central Government in the post ofin the Office/Department.....with effect from

Signature.....

Name.....

Designation

Ministry/Office.....

Address.....

Office SEAL.....

Place:

Date:

Annexure - VI

FORMAT FOR SC/ST CERTIFICATE

A candidate who claims to belong to one of the Scheduled Caste or the Scheduled Tribes should submit in support of his claim an attested/certified copy of a certificate in the form given below, from the District Officer or the sub-Divisional Officer or any other officer as indicated below of the District in which his parents (or surviving parent) ordinarily reside who has been designated by the State Government concerned as competent to issue such a certificate. If both his parents are dead, the officer signing the certificate should be of the district in which the candidate himself ordinarily resides otherwise than for the purpose of his own education. Wherever photograph is an integral part of the certificate, the Corporation would accept only attested photocopies of such certificates and not any other attested or true copy.

(The format of the certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under 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/Tribes _____ which is recognized as a Scheduled Castes/Scheduled Tribes* 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 Area (Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order(Amendment) Act, 1976.]

@The Constitution (Jammu & 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 (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 (Scheduled Tribes) (Uttar Pradesh) Order, 1967

@The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968

@The Constitution (Goa, Daman & 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) 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 Caste) Orders (Amendment) Act, 2002

@The Constitution (Scheduled Caste and Scheduled Tribes) Orders (Amendment) Act, 2002

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

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 recognized as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* issued by the _____ 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 a 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 Caste/Tribe Certificates:**

- (i) District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Dy. Collector/Ist Class Stipendiary Magistrate/Sub-Divisional Magistrate / Extra-Assistant Commissioner / Taluka Magistrate / Executive Magistrate.
- (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
- (iii) Revenue Officers not below the rank of Tehsildar.
- (iv) Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

NOTE: ST candidates belonging to Tamil Nadu state should submit caste certificate ONLY FROM THE REVENUE DIVISIONAL OFFICER.

**FORMAT OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES
APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA**

This is to certify that _____ son/daughter of _____
of village _____ District/Division _____ In the
_____ State _____ belongs to the
_____ Community which is recognized as a backward class under:

- i) Resolution No. 12011/68/93-BCC dated the 10th September, 1993, published in the Gazette of India Extraordinary – Part I, Section I, No. 186 dated 13th September, 1993.
- ii) Resolution No. 12011/9/94-BCC, dated 19.10.1994 published in Gazette of India extraordinary Part I Section I No. 163, dated 20th October, 1994.
- iii) Resolution No. 12011/7/95-BCC dated the 24th May 1995 Published in the Gazette of India extraordinary Part-I Section I No. 88 dated 25th May, 1995.
- iv) Resolution No.12011/96/94-BCC dated 9th March, 1996.
- v) Resolution No. 12011/44/96-BCC, dated the 6th December, 1996, published in the Gazette of India – Extraordinary-part I, Section-I, No. 210, dated the 11th December, 1996.
- vi) Resolution No.12011/13/97-BCC dated 3rd December, 1997. vii) Resolution No.12011/99/94-BCC dated 11th December, 1997. viii) Resolution No.12011/68/98-BCC dated 27th October, 1999.
- vii) Resolution No.12011/88/98-BCC dated 6th December, 1999, published in the Gazette of India, Extra Ordinary Part-I, Section-I No.270, 6th December, 1999.
- viii) Resolution No.12011/36/99-BCC dated 4th April, 2000, published in the Gazette of India, Extra Ordinary Part-I, Section-I, No.71 dated 4th April, 2000.
- ix) Resolution No.12011/44/99-BCC dated 21.9.2000, published in the Gazette of India, Extra Ordinary Part-I, Section-I, No.210 dated 21.9.2000.
- x) Resolution No.12015/9/2000-BCC dated 6th September, 2001, published in the Gazette of India, Extra Ordinary Part-I, Section-1, No.246 dated 6th September, 2001.
- xi) Resolution No.12011/1/2001-BCC dated 19th June,2003, published in the Gazette of India, Extra Ordinary Part-I, Section-1, No.151 dated 20th June, 2003.
- xii) Resolution No.12011/42002-BCC dated 13th January, 2004, published in the Gazette of India, Extra Ordinary Part-I, Section-1, No.9 dated 13th January, 2004.
- xiii) Resolution No.12011/142004-BCC dated 12th March, 2007, published in the Gazette of India, Extra Ordinary Part-I, Section-1, No.67 dated 12th March, 2007.

Shri _____ and/or his family ordinarily reside(s) in
the _____ District/Division of the _____ State.

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 08.09.1993 and modified vide Govt. of India Dept. of Personnel and Training OM No. 36033/3/2004-Estt(Res) dated 09.03.2004 & 14.10.2008.

Dated:

Seal:

District Magistrate or Deputy Commissioner etc.

Note - I:

- a) The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- b) The authorities competent to issue Caste Certificate are indicated below:-
 - i) District Magistrate / Additional Magistrate / Collector / Dy. Commissioner / Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendary Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate/Extra Assistant Commissioner (not below the rank of Ist Class Stipendiary 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 resides.

Note - II:

The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also, for assuming that the candidate does not fall in the creamy layer.

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

**INCOME & ASSET 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 ` 8 lakh (Rupees Eight Lakh only) for the financial year _____ His/her family does not own or possess any of the following assets***:

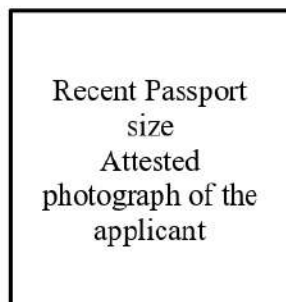
- i) 5 acres of agricultural land and above;
- ii) Residential flat of 1000 sq. ft. and above;
- iii) Residential plot of 100 sq. yards and above in notified municipalities;
- iv) Residential plot of 200 sq. yards and above in. areas other than the notified municipalities.

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 _____



***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 any one 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.

Annexure - IX

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/YYYY)
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 Authorized Signatory of
Notified Medical Authority)

Signature/thumb
impression of the
person in whose
favour certificate
of disability is

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/YYYY)
 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:

Sl. 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/YYYY .

@ 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
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Form-VII
CERTIFICATE OF DISABILITY
(In cases other than those mentioned in Forms V and VI)
[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/YYYY)
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:-

Sl. 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/YYYY.

@ 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

5. Signature and seal of the Medical Authority.

Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson

(Authorized Signatory of Notified Medical Authority)

(Name & 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.