



## LAST DATE FOR THE PAYMENT OF ONLINE APPLICATION FEE IN THE BANK : 02.03.2023

## LAST DATE FOR SUBMISSION OF ONLINE APPLICATIONS : 06.03.2023

**IMPORTANT - (1) "Incomplete Online Application-Form shall be rejected and no communication in this regard shall be entertained."**

**(2) "If at any stage, it comes to the knowledge of the commission that the candidate has concealed or misrepresented any information, his candidature shall be rejected and proceeding to debar him from future examinations and selections shall be initiated."**

**(3) "The candidates are directed to ensure at the time of online application the preservation of information regarding all the stages (i.e. Registration, Fee payment, Final submission etc.) in Soft/Hard copy for future references."**

**SPECIAL NOTICE :- (a)** "Applications will be accepted only when fee is deposited in the Bank upto prescribed last date for fee payment. If the fee is deposited in bank after the last date prescribed for fee payment, the on-line application of the candidate will not be accepted and the fee deposited in the bank will not be refunded in any condition. It will be responsibility of the candidates to pay fee in the bank upto last date prescribed for fee payment and 'submit' the application upto last date prescribed for submission of applications. It is also informed that less or more amount deposited in the form of application /examination fee shall not be refunded in any condition." **(b)** In Online Application System, the candidates have to provide their registered Mobile No. and e-mail ID in prescribed column failing which their Basic Registration shall not be completed. All relevant information/ instructions shall be sent through sms on that mobile number and e-mail through their registered e-mail ID. This is also directed to the candidates to check the Commission's website continuously for further updates.

### NECESSARY INFORMATION TO APPLICANTS FILLING THEIR APPLICATIONS THROUGH ON-LINE

This advertisement is also available on the Commission's website <https://uppsc.up.nic.in>. The On-line application system is applicable for applying against this advertisement. Applications sent by any other mode shall not be entertained hence candidates are advised to apply On-line only. In connection with On-line application, candidates are advised to go through the instructions thoroughly given as under and apply accordingly:-

1. When the candidate clicks "ALL NOTIFICATIONS/ ADVERTISEMENTS" on the Commission's website <https://uppsc.up.nic.in> the On-line advertisements shall be automatically displayed, wherein there shall be 3 parts given as below :

- (i) User instructions
- (ii) View Advertisement
- (iii) Apply

The Instructions for filling "On-line form" have been given in User Instruction. The Candidates desirous to see the respective advertisement will have to click on 'View Advertisement'. Thereafter, a full advertisement will be displayed alongwith sample snapshots of On-line Application procedure. Click on "Apply" for On-Line Application.

**On-line application will be completed in three stages :**  
**First Stage:-** On clicking "Apply" Candidate Registration will be displayed. Basic Registration form will be displayed on clicking the 'Candidate Registration' in respect to the Direct Recruitment. After filling the Basic Registration form, the candidates must check all the informations filled by them. If any correction/modification is required, click on 'Edit' button option and ensure the required corrections/modifications. After being fully satisfied with all the informations filled, click on 'Submit Application' consequently, the registration of first stage shall be over. Thereafter 'Print Registration Slip' shall be displayed and Print of Registration Slip must be taken by Clicking on Print Registration Slip.

**Second Stage:-** After the completion of the procedure of first stage, 'Fee to be deposited [in INR]' shall be displayed with caption "Click here to proceed for payment". After clicking the above caption of "Click here to proceed for payment", home page of State Bank MOPS (Multi Option Payment System) shall be displayed comprising of 03 modes of payment viz.

- (i) NET BANKING (ii) CARD PAYMENTS and (iii) OTHER PAYMENT MODES.

After payment of the required fee by any one of the above prescribed modes, "Payment Acknowledgement Receipt (PAR)" shall be displayed alongwith detail of fee payment, the print of which must be taken by clicking on "Print Payment Receipt".

**Third stage :-** On completion of the procedure of second stage click on "Proceed for final submission of application form" as a result of which 'format' shall be displayed. The

candidates are required to enter all the required informations in the format. The photo and signature duly scanned shall be uploaded also. The candidate should scan his/her photograph and signature in the prescribed size (the size will be mentioned at the specified spot in the On-line application). This should also be kept in notice that the photo must be latest passport size. In case the photo and signature, scanned in the prescribed size, are not uploaded, then the On-line system will not accept it. The procedure related for scanning of the photo and signature is laid down in the **Appendix-1**. After filling in all entries in the format, the candidates may click "PREVIEW" to see for themselves that all entries and informations are correctly entered and after satisfying themselves should click "Submit" button to forward the same to the Commission. It is essential that the candidate should fill all informations On-line correctly according to the instructions given and click the 'Submit' button by the last date prescribed for submission of the application form. If the candidate does not click the "Submit" button, the On-Line application process shall not be completed finally and the candidate shall be accountable for this. After clicking the 'Submit' button, the candidate may take a print of the application to preserve it with them. In the event of any discrepancies, the candidate will be required to submit the said print in the office of the Commission, otherwise his/her request shall not be entertained.

**2. Application Fee :** In the ON-LINE Application process after completing the procedure of first stage, category wise prescribed fee is to be deposited as per instructions provided in second stage. The prescribed fee for different categories is as under:-

- (i) Unreserved/ Economically Weaker Sections/ other Backward Classes - Application fee Rs. 80/- + On-line processing fee Rs. 25/- Total = Rs. 105/-
- (ii) Scheduled Castes/ Scheduled Tribes - Application fee Rs. 40/- + On-line processing fee Rs. 25/- Total = Rs. 65/-
- (iii) Handicapped - Application fee NIL/- + On-line processing fee Rs. 25/- Total = Rs. 25/-
- (iv) Ex-Servicemen - Application fee Rs. 40/- + On-line processing fee Rs. 25/- Total = Rs. 65/-
- (v) Dependents of the Freedom Fighters/ Women - According to their original category

3. If the claims of the candidates made in their applications are not found true, they can be debarred from all the future examinations and selections made by the Commission including other appropriate penalties.

**4. Modify Submitted Application:** If a candidate comes to know about any error/errors in the submitted application form except in the name of exam and type of recruitment. Registered Mobile Number, E-mail ID, Aadhaar Number and such cases where prescribed fee for modified category is higher (in case of error in these entries, candidate may submit new online application with prescribed fee only as previously deposited fee will neither be adjusted nor refunded) he/she will be given only one opportunity to modify it/them according to the following procedure before the last date of the submission of application form. "Candidate has to click on 'Modify Submitted Application' under Online application process' in Candidate Segment. After that 'Candidate Personal Details' will be displayed on the screen to fill in Registration No., Date of Birth, Gender, Domicile and Category. After filling the Verification code the candidate has to click on the 'proceed' button following which for Authentication of the candidate OTP (One Time Password) will be sent on the registered mobile no. of the candidate and the Option-Box will be displayed on the screen to fill in the OTP. After the candidate has filled in the OTP and clicks on the 'proceed' button his/her previously submitted on line application form will be displayed on the screen. The candidate can submit his/her on line application form after making required modifications in it. This facility will be available to the candidates only one time within the last date of submission of application form."

**Note: After scrutiny of online application if it is found by the commission that the candidate has submitted more than one application form, in such a case, only last submitted application form of the candidate will be accepted and the remaining application forms will automatically stand cancelled as application modification option has already been provided in foregoing para, therefore, in this regard no claim of the candidate will be accepted.**

### Prohibition (Excise) Department, U.P.

02 Posts (Unreserved) of Regional Prohibition and

**Social Uplift Officer, Group-'B', Nature of Post:-**Gazetted, **Reservation:-** According to the existing Govt. Orders, **Department No.-** S-4/1, **Pay Scale:-** Level-7, Pay-Matrices-44,900-142400 (Pay Band-9300-34800, Grade Pay-4600), **Academic Qualification:- (A) Essential Qualification-** A candidate must possess a Bachelors degree with Economics and Sociology of a recognised University and must also possess a good knowledge of Hindi in Devnagri script : Provided that preference will be given to candidates who possess one or more of the following qualification : (i) Master's or Higher Degree in Economics or Sociology or Social Welfare ; (ii) A recognised Degree or Diploma in Social Service, Applied Sociology, Social Science, Social Technique, Social Work or Social Service Administration; (iii) A degree in Law; (iv) Practical experience of prohibition and Social Uplift. **(B) Preferential Qualification:** A candidate who has: (1) served in the territorial army for a minimum period of two years, or (2) obtained a "B" certificate of National Cadet Corps, shall, other things being equal, be given preference in the matter of direct recruitment. **Note-** Candidates will have to annex self attested copies of all session's mark sheets essentially along with self attested copies of all other required certificates, at the time of demand of records. **Age Limit:-** 21 to 40 years.

### Department of Excise, U.P.

**02 Posts (Unreserved) of Technical Officer, U.P. Excise Technical Service, Group-B, Nature of Post:-** Gazetted, **Reservation:-** According to the existing Govt. Orders, **Department No.-** S-5/01, **Pay Scale:-** 56,100-1,77,500, Pay-Matrices level-10.

**Academic Qualification:- (A) Essential Qualification-** A candidate for Direct Recruitment to the post of Technical Officer in the service must possess the following qualifications:- (1) A Bachelor's degree in Chemical Engineering or Bio-chemical Engineering or Bio-technology from a University or an institution established by law in India with qualified Graduate Aptitude Test in Engineering (GATE) in concerned branch/discipline; or (2) Masters Degree in Chemistry or Bio-chemistry or Microbiology from a University or an institution established by law in India with qualified Graduate Aptitude Test in Engineering (GATE) in concerned subject/discipline. **(B) Preferential Qualification-** A candidates who has: (1) served in the territorial army for a minimum period of two years. or (2) obtained "B" certificate of National cadet corps, shall, other things being equal, be given preference in the matter of direct recruitment. **Note-** (1) The recruitment for the post of Technical Officer shall be done by commission through Marks given on the basis of the score obtained in the Graduate Aptitude Test in Engineering (GATE) in concerned Branch/Subject as mentioned in Academic Qualification and total marks in interview decided by commission. (2) Candidates will have to annex self attested copies of all session's marksheets essentially along with self attested copies of all other required certificates, at the time of demand of records. **Age Limit:-** 21 to 40 years.

### Uttar Pradesh Geology and Mining Department

**01 Post (Unreserved) of Assistant Drilling Engineer, Group-B, Nature of Post:-** Gazetted, **Reservation:-** According to the existing Govt. Orders, **Department No.-** S-6/1, **Pay Scale:-** Pay-Matrices level-10 (56,100-1,77,500), **Academic Qualification:- (A) Essential Qualification-** Degree in Mining or Mechanical Engineering from a University established by law in India with at least two years practical experience in diamond drilling in various rock formations. **(B) Preferential Qualification-** A candidate other things being equal, be given preference in the matter of recruitment, if he- (1) has served in the Territorial Army for a minimum period of two years; or (2) has obtained a 'B' certificate of National Cadet Corps. **Note-** Candidates will have to annex self attested copies of all session's mark sheets essentially along with self attested copies of all other required certificates, at the time of demand of records. **Age Limit:-** 21 to 40 years.

### Uttar Pradesh AYUSH (Ayurvedic) Department

**04 Posts (Unreserved) of Principals - Government Ayurvedic Medical Colleges of the State, AYUSH Department (Ayurvedic), Nature of Post:-** Gazetted, **Reservation:-** According to the existing Govt. Orders, **Department No.-** S-09/01, **Pay Scale:-** Pay-Matrices Level-13 (Rs. 123100-215900), **Academic Qualification:- (A) Essential Qualification-** (1) Five years Degree in Ayurveda from a University established by law, or Five years degree from the Board of Indian Medicine, Uttar Pradesh, or from any other State Board or Faculty which is registrable under the United Provinces Indian Medicine Act, 1939. (2) Twelve years Teaching experience (Ten years only in case of a Post-Graduate) including at least five years administrative experience as Professor or as Head of the Department. (3) Working knowledge of Hindi, English and Sanskrit. **(B) Preferential-** (1) Post Graduate qualification from a recognized Institution.

<p>(2) Research work and publication of Original Papers and books. <b>(C) Other Preferential Qualification-</b> (1) Served in the territorial Army for a minimum period of two years; or (2) Obtained a "B" certificate of National Cadet Corps; shall other things being equal be given preference in the matter of direct recruitment. <b>Note-</b> (1) Candidates will have to mention their obtained marks and total marks of all semesters in online application and annex all semesters marksheet (in which maximum marks/minimum marks/obtained marks should be clearly mentioned) essentially alongwith other all certificates, at the time of demand of records. (2) Candidates must necessarily attach a copy of the certificate/marksheet relating to the confirmation of working knowledge of Hindi, English and Sanskrit in essential Qualification No.-3. (3) Experience certificate should be of full time paid post in an institution recognized by Government and issued by appointing authority and it should be countersigned by Registrar/Director of State Ayurvedic Medical Council or by a competent authority of the Government. Experience of unpaid or part time post will not be acceptable. <b>Age Limit:-</b> Minimum 35 years, Maximum 50 years (age relaxation as per Rules).</p>	<p>question. For each question for which a wrong answer has been given by the candidate, <b>one third (0.33)</b> of the marks assigned to that question will be deducted as penalty. (ii) If a candidate gives more than one answer, it will be treated as a wrong answer even if one of the given answer happens to be correct and there will be same penalty as above for that question. (iii) If a question is left blank i.e. no answer is given by the candidate, there will be <b>no penalty</b> for that question.</p>	<p>qualifications in terms of the advertisement. <b>15.</b> In the category of dependants of the freedom fighters only sons, daughters, grand-sons (son's son/daughter's son) and grand daughters (son's daughter/daughter's daughter, married/ unmarried) are covered. Only such relationships with the freedom fighters are not adequate but the candidate should remain actually dependant of the freedom fighter. It is advised that now the candidates may obtain the reservation, certificate from the District Magistrate in terms of Govt. Order No. 453/79-V-1-15-1(Ka)/14-2015 dated 07-04-2015 in the prescribed format and submit the same.</p>
<p><b>Uttar Pradesh AYUSH (Homoeopathy) Department</b> <b>06 Posts</b> (03- Unreserved, 02- OBC, 01- SC) of <b>Principals</b> - Government Homoeopathic Medical Colleges of the State, <b>Nature of Post:-</b> Gazetted, <b>Reservation:-</b> According to existing Govt. Orders, <b>Department No.-</b> S-11/01, <b>Pay Scale:-</b> Pay Matrics Level-13 (Rs. 123100-215900), <b>Academic Qualification:-</b> (A) <b>Essential Qualification-</b> Post Graduate qualification in Homoeopathy and holding a post of not less than the teaching cadre of Professor in a Degree level Homoeopathic College for atleast two years. The qualification shall be the one included in Second Schedule of Homoeopathy Central Council Act. 1973. (B) <b>Desirable Qualification-</b> Degree/Diploma in Administrative/Health Administration from any recognised Institution. Experience as Supervisor/Guide for Post Graduate Programmed in Homoeopathy and original publication in research. <b>Note-</b> (1) Candidates will have to annex self attested copies of all sessions' marksheets essentially alongwith self attested copies of all other required certificates, at the time of demand of records. (2) Experience certificate should be of full time paid post in an institution recognized by Government and issued by appointing authority and it should be countersigned by Registrar/Director of State Homoeopathic Medical Council or by a competent authority of the Government. Experience of unpaid or part time post will not be acceptable. <b>Age Limit:-</b> Minimum 35 years, Maximum 50 years (age relaxation as per Rules). Provided further that in the case of exceptionally qualified candidates the Governor may relax the prescribed age limit in consultation with the Commission.</p>	<p><b>8.</b> The original certificates are required for verification at the time of interview. Candidate will then also be required to submit his/her passport size photograph attested by head of department or head of the institution, where he/she received last education or by a Gazetted Officer. <b>9.</b> Candidates serving under Central or State Government will have to produce "NO OBJECTION CERTIFICATE" from their employer at the time of interview. <b>10.</b> The decision of the Commission as to the eligibility or otherwise of a candidate will be final. <b>11.</b> The candidate coming under the reserved category, desiring benefit of the reservation, must indicate in the prescribed column of the on-line application the category/sub category (one or more than one) whatever may be, and if they fail to do so, they will be treated like a general candidate and the benefit of reservation will not be admissible to them. <b>12.</b> Till the last date and time of the submission of the on-line application, it is must to click the 'Submit Button'. The candidate must take a print out of the application duly filled in and keep it safe and secure. In the event of any discrepancy, the candidate will be required to submit the print-out to the office of the Commission otherwise the request of the candidate shall not be entertained. <b>13.</b> With regard to claims made in the 'On-line Application', the candidate shall submit the following original certificate/certificates in the prescribed format, when asked for by the Commission. If the certificates are not submitted in time, the candidature shall be cancelled. <b>13.1</b> Only Higher Secondary/High School Certificate for proof of the age shall be treated valid. <b>13.2</b> Proof of degree/diploma or its equivalent qualifications to confirm the prescribed essential and preferential qualifications. <b>13.3</b> In the case of physically handicapped candidates, the certificate issued by the competent authority in the format-1 to the Govt. Order No. 05/2022/18/1/2008/47/ka-2/2022 dated 18th April 2022. <b>13.4</b> In the case of the skilled players of the classified sports, a certificate issued by the competent authority will be required in terms of the Government Order No. – 22/21/1983-Ka-2 dated 28<sup>th</sup> November 1985. <b>13.5</b> Under any reserved category/categories, for the confirmation of the claim for reservation, the caste certificate issued by District Magistrate/Additional District Magistrate (Executive)/City Magistrate/SDM/Tehsildar in the prescribed format prescribed under Govt. Order No. 22/16/92-TC-III/Ka-2/2002 dated 22<sup>nd</sup> October, 2008 in respect of candidates belonging to the SC/ST/OBC, will be accepted. <b>13.6</b> उत्तर प्रदेश शासन, कार्मिक अनुभाग-2 के पत्रांक 1/2019/4/1/2002/का-2/19 टी.सी.-II दिनांक 18 फरवरी 2019 में निहित प्राविधानों के अनुपालन में उत्तर प्रदेश राज्य के मूल निवासी एवं आर्थिक रूप से कमजोर वर्गों के ऐसे व्यक्तियों जो अनुसूचित जाति, अनुसूचित जनजाति तथा अन्य पिछड़े वर्गों के लिए आरक्षण की वर्तमान व्यवस्था से आच्छादित नहीं हैं, को उत्तर प्रदेश सरकार की लोक सेवाओं और पदों की सभी श्रेणियों में सीधी भर्ती के प्रक्रम पर 10 प्रतिशत का आरक्षण नियमानुसार देय होगा। <b>13.7</b> Those candidates, willing to take the benefit of the reservation may obtain a certificate, issued by the competent authority, in support of the reserved category, in the prescribed format printed in this detailed advertisement and submit the same to the Commission, whenever required to do so. Those claiming more than one reserved category will be given only one such concession, which will be more beneficial. The candidates not originally domiciled in U.P. belonging to SC, ST, O.B.C., dependants of freedom fighters, handicapped and Ex-servicemen are not entitled to benefit of reservation. Such candidates will be treated in general category. <b>नोट:-</b> शासनादेश संख्या-39 रिट/का-2/2019 दिनांक - 26 जून, 2019 द्वारा शासनादेश संख्या- 18/1/99/ का-2/2006 दिनांक 09 जनवरी, 2007 के प्रस्तर-4 में दिये गये प्राविधान, "यह भी स्पष्ट किया जाता है कि राज्याधीन लोक सेवाओं और पदों पर सीधी भर्ती के प्रक्रम पर महिलाओं को अनुमन्य उपरोक्त आरक्षण केवल उत्तर प्रदेश की मूल निवासी महिलाओं को ही अनुमन्य है" को रिट याचिका संख्या-11039/2018 विपिन कुमार मौर्या व अन्य बनाम उत्तर प्रदेश राज्य व अन्य तथा सम्बद्ध 6 अन्य रिट याचिकाओं में मा0 उच्च न्यायालय, इलाहाबाद द्वारा दिनांक 16.01.2019 को अधिकारातीत (Ultra Vires) घोषित करने सम्बन्धी निर्णय के अनुपालन में शासनादेश दिनांक 09.01.2007 से प्रस्तर-04 को विलोपित किए जाने का निर्णय लिया गया है। उक्त निर्णय शासन द्वारा मा0 उच्च न्यायालय के आदेश दिनांक 16.01.2019 के विरुद्ध दायर विशेष अपील (डी) संख्या-475/2019 में मा0 न्यायालय द्वारा पारित होने वाले अन्तिम निर्णय के अधीन होगा। <b>14.</b> The Commission do not advise to candidates about their eligibility. Therefore, they should carefully read the advertisement and apply only when satisfied about their</p>	<p><b>16.</b> In the event of involvement of a candidate in the concealment of any important information, pendency of any case/criminal case, conviction, more than a husband or wife being alive, submission of facts in a distorted manner, canvassing for selection etc. The Commission reserves the right to reject the candidature and debar from appearing in the examinations and selections. <b>17.</b> The change of address intimation may be sent immediately to the Commission. In order to make any correspondence with the Commission, it is essential to mention the name of the post applied for, advertisement number, Deptt. No., date of birth and registration number. <b>18.</b> Candidates are required to hold essential qualification till the last date of receipt of On-line application. <b>19.</b> The claim of category, subcategory, domicile, gender, date of birth, name and address will be valid only till the last date of online application. In this regard no application for error correction/modification shall be acceptable. Incomplete application form shall be summarily rejected and no correspondence shall be entertained in this regard. On submission of false/misleading information, the candidature will be cancelled. <b>20.</b> In case the candidates feel any problem in the "On-line Application" they may get their problem resolved by sending their queries to the 'Mail Box' of the Commission. <b>Appendix-1 The procedure relating to upload photo &amp; signature.</b> <b>Detailed Application Form:</b> At the top of the page there is a '<b>Declaration</b>' for the candidates. Candidates are advised to go through the contents of the Declaration carefully. Candidate has the option to either agree or disagree with the contents of <b>Declaration</b> by clicking on '<b>I Agree</b>' or '<b>I do not agree</b>' buttons. In case the candidate opts to disagree, the application will be dropped and the procedure will be terminated. Accepting to agree only will submit the candidate's Online Application. <b>Notification Details:-</b> This section shows information relevant to Notification i.e. Notification number, selection type, directorate/department name and post name. <b>Personnel Details :-</b> This section shows information about candidate personnel details i.e. Registration Number, candidate name, Father/Husband name, Gender, DOB, UP domicile, Category, Marital status, email and contact number. <b>OTHER DETAILS OF CANDIDATE :-</b> Other details of candidate shows the information details about UP Freedom Fighter, Ex Army, service duration and your physical challenges <b>Education &amp; Experience details :-</b> It shows your educational and experience details. <b>Candidate address, photo &amp; signature details :-</b> Here you will see your complete communication address and photo with your signature. <b>Declaration segment</b> At the bottom of the page there is a '<b>Declaration</b>' for the candidates. Candidates are advised to go through the contents of the Declaration carefully. After filling all above particulars there is provision for preview your detail before final submission of application form on clicking on "Preview" button. Preview page will display all facts/particulars that you have mentioned on entry time if you are sure with filled details then click on "Submit" button to finally push data into server with successfully submission report that you can print. Otherwise using "Back" button option you can modify your details. <b>[CANDIDATES ARE ADVISED TO TAKE A PRINT OF THIS PAGE BY CLICKING ON THE "Print" OPTION AVAILABLE]</b> For other information candidates are advised to select desired option in '<b>Home Page</b>' of Commission's website <a href="http://uppsc.up.nic.in">http://uppsc.up.nic.in</a> in <b>CANDIDATE SEGMENT CANDIDATE SEGMENT NOTIFICATIONS / ADVTS.</b> All Notification / Advertisements <b>ONLINE FORM SUBMISSION</b> 1. Candidate Registration 2. Fee Deposition /Reconciliation 3. Submit Application Form <b>APPLICATION FORM STATUS</b> Update your transaction ID by Double Verification mode View Application Status List of Applications Having photo related Objections Print Duplicate Registration Slip Print Detailed Application Form</p>
<p><b>GENERAL INSTRUCTIONS</b> <b>LAST DATE FOR THE PAYMENT OF APPLICATION FEE IN THE BANK : 02-03-2023</b> <b>LAST DATE FOR SUBMISSION OF ONLINE APPLICATIONS : 06-03-2023</b> 1.The candidate must carefully study the detailed advertisement and may apply for the post only when he/she is eligible for the concerned post. 2. In no circumstance, applications shall be accepted after the last prescribed date and time. Applications found without requisite informations and without photograph and signature, even when received in time, will be summarily rejected. 3. The knowledge of Hindi is essential. 4. <b>The date of calculation of age (except where indicated otherwise) is 1<sup>st</sup> July, 2023.</b> The maximum age-limit shall be relaxable by <b>five</b> years for the candidates belonging to Scheduled Caste, Scheduled tribe, Other backward class, Skilled players of U.P. of Classified games (for the post of Group 'B' and 'C' only) (Only domiciled persons of U.P. are entitled for such age relaxation) and State Govt. Employees of U.P. including Teachers/ Staff of the Basic Shiksha Parishad of U.P. according to G.O. No. 1648/79-5-2015, dated 19 June, 2015 and Teachers/Staff of the Government Aided Madhyamik Vidyalayas of U.P. as per G.O. No. 1508/15-8-2015-3057, dated 16 September, 2015. The upper age limit shall also be greater by 3 years + period of service rendered in army for the emergency commissioned officers/short service commission officers/commissioned officers/Ex-Army personnels of U.P. It is essential to be discharged from army upto the date of last date of receipt of application. Relaxation of 15 years in the upper age limit will be admissible to P.H. candidates. 5. After receipt of application in the Commission, any request for change in the qualification and category will not be entertained. 6. Minimum educational qualification is not sufficient for being called for interview. Mere eligibility does not entitle a candidate to be called for interview or for selection. Intimation for interview will be sent later on. 7. In case of large number of applicants for the post/ posts, the Commission may hold screening test, which will be communicated in due course of time. Under the conditions of holding screening test (Objective Type), penalty (Negative Marking) shall be imposed for wrong answers given by the candidates in the manner given below-- (i) There are four alternatives for the answer to every</p>		

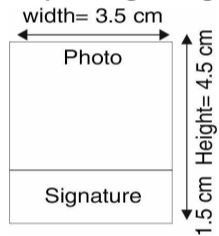
**EXAMINATION SEGMENT**  
Print Address Slip for sending documents to Commission [Only for Direct Recruitment]  
**DOWNLOAD SEGMENT**  
Download Document of Verification for this Examination  
Download Admit Card  
Download Interview Letter : After Examination  
Download Interview Letter : Direct Recruitment  
Download Syllabus  
Know your Registration No.  
Click here to view Key Answer Sheet  
Latest Tenders

**LAST DATE FOR RECEIPT OF APPLICATIONS :** On-line Application process must be completed (including filling up of Part-I, Part-II and Part-III of the Form) before last date of form submission according to Advertisement, after which the weblink will be disabled.

**Appendix-1**

The Procedure relating to upload Photo & Signature.  
**Guide Lines for Scanning Photograph with Signature**  
1. Paste the Photo on any white paper as per the below required dimensions. Sign in the Signature Space provided. Ensure that the signature is within the box.  
2. Scan the below required size containing photograph and signature. Please do not scan the complete page.  
3. The entire image (of size 3.5 cm by 6.0 cm) consisting of the photo along with the signature is required to be scanned, and stored in \*.jpg, .jpeg, .gif, .tif, .png format on local machine.  
4. Ensure that the size of the scanned image is not more than 50 KB.  
5. If the size of the file is more than 50 KB, then adjust the settings of the scanner such as the DPI resolution, colours etc., during the process of scanning.  
6. The applicant has to sign in full in the box provided. Since the signature is proof of identity, it must be genuine, and in full; initials are not sufficient. Signature in CAPITAL LETTERS is not permitted.  
7. The signature must be signed only by the applicant and not by any other person.  
8. The signature will be used to put on the Hall Ticket and wherever necessary. If the Applicant's signature on answer script, at the time of the examination, does not match the signature on the Hall Ticket, the applicant will be disqualified.

**Sample Image & Signature :-**



**परिशिष्ट**

उ0प्र0 की अनुसूचित जाति तथा अनुसूचित जनजाति के लिये जाति प्रमाण-पत्र (प्रारूप-II)  
प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी ..... सुपुत्र/सुपुत्री श्री ..... निवासी ..... ग्राम ..... तहसील ..... नगर ..... जिला ..... उत्तर प्रदेश राज्य की ..... जाति के व्यक्ति हैं जिसे संविधान (अनुसूचित जाति) आदेश, 1950 (जैसा कि समय-समय पर संशोधित हुआ) / संविधान (अनुसूचित जनजाति, उत्तर प्रदेश) आदेश, 1967 के अनुसार अनुसूचित जाति / अनुसूचित जनजाति के रूप में मान्यता दी गई है।  
श्री / श्रीमती / कुमारी ..... तथा / अथवा उनका परिवार उत्तर प्रदेश के ग्राम ..... तहसील ..... नगर ..... जिला ..... में सामान्यतया रहता है।  
स्थान ..... हस्ताक्षर .....  
दिनांक ..... पूरा नाम .....  
मुहर ..... पद नाम .....  
जिलाधिकारी/अतिरिक्त जिलाधिकारी/सिटी मजिस्ट्रेट/परगना मजिस्ट्रेट/तहसीलदार/अन्य वेतन भोगी मजिस्ट्रेट, यदि कोई हो/जिला समाज कल्याण अधिकारी।

**उत्तर प्रदेश के अन्य पिछड़े वर्ग के लिए जाति प्रमाण-पत्र (प्रारूप-I)**

प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी ..... सुपुत्र/सुपुत्री ..... निवासी ..... तहसील ..... नगर ..... जिला ..... उत्तर प्रदेश राज्य की ..... पिछड़ी जाति के व्यक्ति हैं। यह जाति उ0प्र0 लोक सेवा (अनुसूचित जातियों, अनुसूचित जनजातियों और अन्य पिछड़े वर्गों के लिये आरक्षण) अधिनियम, 1994 (यथासंशोधित) की अनुसूची-एक के अन्तर्गत मान्यता प्राप्त है।  
यह भी प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी ..... पूर्वोक्त अधिनियम, 1994 (यथासंशोधित) की अनुसूची-दो जैसा कि उ0प्र0 लोक सेवा (अनुसूचित जातियों, अनुसूचित जनजातियों और अन्य पिछड़े वर्गों के लिये आरक्षण) (संशोधन) अधिनियम, 2001 द्वारा प्रतिस्थापित किया गया है एवं जो उ0प्र0 लोक सेवा (अनुसूचित जातियों, अनुसूचित जनजातियों और अन्य पिछड़े वर्गों के लिये आरक्षण) (संशोधन) अधिनियम, 2002 द्वारा संशोधित की गयी है, से आच्छादित नहीं है। इनके माता-पिता की निरंतर तीन वर्ष की अवधि के लिये सकल वार्षिक आय आठ लाख रुपये या इससे अधिक नहीं है तथा इनके पास धनकर अधिनियम, 1957 में यथा विहित छूट सीमा से अधिक सम्पत्ति भी नहीं है।  
श्री/श्रीमती/कुमारी ..... तथा/अथवा उनका परिवार उत्तर प्रदेश के ग्राम ..... तहसील .....

नगर ..... जिला ..... में सामान्यतया रहता है।  
स्थान ..... हस्ताक्षर .....  
दिनांक ..... पूरा नाम .....  
मुहर ..... पद नाम .....  
जिलाधिकारी/अतिरिक्त जिलाधिकारी/सिटी मजिस्ट्रेट/परगना मजिस्ट्रेट/तहसीलदार।

**(प्रपत्र-I)**

**उत्तर प्रदेश सरकार**

कार्यालय का नाम .....  
आर्थिक रूप से कमजोर वर्ग के सदस्य द्वारा प्रस्तुत किया जाने वाला आय एवं परिसम्पत्ति प्रमाण-पत्र  
प्रमाण पत्र संख्या ..... दिनांक .....  
वित्तीय वर्ष ..... के लिए मान्य  
प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी ..... पुत्र/पति/पुत्री ..... ग्राम/कस्बा ..... पोस्ट ऑफिस ..... थाना ..... तहसील ..... जिला ..... राज्य ..... पिन कोड ..... के स्थायी निवासी हैं, जिनका फोटोग्राफ नीचे, अभिप्रमाणित है, आर्थिक रूप से कमजोर वर्ग के सदस्य हैं, क्योंकि वित्तीय वर्ष ..... में इनके परिवार की कुल वार्षिक आय 8 लाख (आठ लाख रुपये मात्र) से कम है। इनके परिवार के स्वामित्व में निम्नलिखित में से कोई भी परिसम्पत्ति नहीं है:-  
I. 5 (पाँच) एकड़ कृषि योग्य भूमि अथवा उससे ऊपर।  
II. एक हजार वर्ग फीट अथवा इससे, अधिक क्षेत्रफल का प्लॉट।  
III. अधिसूचित नगरपालिका के अंतर्गत 100 वर्ग गज अथवा इससे अधिक का आवासीय भूखण्ड।  
IV. अधिसूचित नगरपालिका से इतर 200 वर्ग गज अथवा इससे अधिक का आवासीय भूखण्ड।  
2 श्री/श्रीमती/कुमारी ..... जाति ..... के सदस्य हैं जो अनुसूचित जाति, अनुसूचित जनजाति तथा अन्य पिछड़े वर्गों के रूप में अधिसूचित नहीं हैं।  
हस्ताक्षर ..... (कार्यालय का मुहर सहित)  
आवेदक का पासपोर्ट साइज का अभिप्रमाणित फोटोग्राफ

**(प्रपत्र-II)**

**आर्थिक रूप से कमजोर वर्ग के लाभार्थ स्वयं घोषणा पत्र स्वयं घोषणा पत्र**  
मैं ..... पुत्र/पुत्री/पत्नी ..... ग्राम/कस्बा ..... पोस्ट ऑफिस ..... थाना ..... ब्लाक ..... तहसील ..... जिला ..... राज्य ..... ने आर्थिक रूप से कमजोर वर्ग के प्रमाण पत्र हेतु आवेदन दिया है, एतद् द्वारा घोषणा करता/करती हूँ।  
1. मैं ..... जाति से सम्बन्ध रखता/रखती हूँ, जो उत्तर प्रदेश हेतु अधिसूचित अनुसूचित जाति, अनुसूचित जनजाति, एवं अन्य पिछड़ा वर्ग की सूची में सूचीबद्ध नहीं है।  
2. मेरे परिवार की कुल श्रोतों (वेतन, कृषि, व्यवसाय, पेशा इत्यादि) से कुल वार्षिक आय रु ..... (शब्दों में) है।  
3. मेरे परिवार के पास उल्लिखित आय के सिवाय अथवा इसके अतिरिक्त अन्यत्र कोई परिसम्पत्ति नहीं है।  
अथवा  
कई स्थानों पर स्थित परिसम्पत्तियों को जोड़ने के पश्चात भी मैं (नाम) ..... आर्थिक रूप से कमजोर वर्ग के दायरे में आता/आती हूँ।

4. मैं घोषणा करता/करती हूँ कि मेरे परिवार की सभी परिसम्पत्तियों को जोड़ने के पश्चात् निम्नलिखित में से किसी भी सीमा से अधिक नहीं है।  
I. 5 (पाँच) एकड़ कृषि योग्य भूमि अथवा उससे ऊपर।  
II. एक हजार वर्ग फीट अथवा इससे, अधिक क्षेत्रफल का प्लॉट।  
III. अधिसूचित नगरपालिका के अंतर्गत 100 वर्ग गज अथवा इससे अधिक का आवासीय भूखण्ड।  
IV. अधिसूचित नगरपालिका से इतर 200 वर्ग गज अथवा इससे अधिक का आवासीय भूखण्ड।  
मैं प्रमाणित करता/करती हूँ कि मेरे द्वारा उपरोक्त जानकारी मेरे ज्ञान और विश्वास के अनुसार सत्य है और मैं आर्थिक रूप से कमजोर वर्ग के लिए आरक्षण सुविधा प्राप्त करने हेतु पात्रता धारण करता/करती हूँ। यदि मेरे द्वारा दी गई जानकारी असत्य/गलत पायी जाती है तो मैं पूर्ण रूप से जानता हूँ/जानती हूँ कि इस आवेदन पत्र के आधार पर दिये गये प्रमाण पत्र के द्वारा शैक्षणिक संस्थान में लिया गया प्रवेश/लोक सेवाओं एवं पदों में प्राप्त की गई नियुक्ति निरस्त कर दी जायेगी/कर दिया जायेगा अथवा इस प्रमाण पत्र के आधार पर कोई अन्य सुविधा/लाभ प्राप्त किया गया है उससे भी वंचित किया जा सकेगा और इस सम्बन्ध में विधि एवं नियमों के अधीन मेरे विरुद्ध की जाने वाली कार्यवाही के लिए मैं उत्तरदायी रहूँगा/रहूँगी।  
नोट:- जो लागू नहीं हो उसे काट दें।  
स्थान :- आवेदक/आवेदिका का हस्ताक्षर तथा पूरा नाम।

**Form-II**

**Certificate of Disability**

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

3. Signature and seal of the Medical Authority.  
(Dr.....) (Dr.....) (Dr.....)  
Member Member Chairperson  
Medical Board Medical Board Medical Board  
with seal with seal with seal  
Signature/thumb impression of the person in whose favour certificate of disability is issued  
Countersigned by the Chief Medical Officer (with seal)

**Form-III**

**Certificate of Disability**

**(In cases of multiple disabilities)**

(Name and Address of the Medical Authority/Board 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

S. N.	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 follows:In figures.....percent.  
In words.....percent  
2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

<p>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:-</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Nature of Document</th> <th style="width:33%;">Date of Issue</th> <th style="width:33%;">Details of authority Issuing certificate</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>5. Signature and seal of the Medical Authority.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Name and Seal of Member</th> <th style="width:33%;">Name and Seal of Member</th> <th style="width:33%;">Name and Seal of the Chairperson</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p style="text-align: right;">Countersigned by the Chief Medical Officer (with seal)</p> <p style="text-align: center;"><b>Form-IV</b> <b>Certificate of Disability</b> (In cases of other than those mentioned in Forms II and III ) (Name and Address of the Medical Authority/Board issuing the Certificate)</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="text-align: center;">Recent passport size attested photograph (showing face only) of the person with disability</p> </div> <p><b>Certificate No.</b> _____ <b>Date:</b> _____</p> <p>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 _____.</p> <p>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:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;">S. N.</th> <th style="width:35%;">Disability</th> <th style="width:10%;">Affected part of body</th> <th style="width:10%;">Diagnosis</th> <th style="width:15%;">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>Cerebral Palsy</td><td> </td><td> </td><td> </td></tr> <tr><td>5.</td><td>Acid attack Victim</td><td> </td><td> </td><td> </td></tr> <tr><td>6.</td><td>Low Vision</td><td>#</td><td> </td><td> </td></tr> <tr><td>7.</td><td>Deaf</td><td>£</td><td> </td><td> </td></tr> <tr><td>8.</td><td>Hard of Hearing</td><td>£</td><td> </td><td> </td></tr> <tr><td>9.</td><td>Speech and Language disability</td><td> </td><td> </td><td> </td></tr> <tr><td>10.</td><td>Intellectual Disability</td><td> </td><td> </td><td> </td></tr> <tr><td>11.</td><td>Specific Learning Disability</td><td> </td><td> </td><td> </td></tr> <tr><td>12.</td><td>Autism Spectrum Disorder</td><td> </td><td> </td><td> </td></tr> <tr><td>13.</td><td>Mental illness</td><td> </td><td> </td><td> </td></tr> <tr><td>14.</td><td>Chronic Neurological Conditions</td><td> </td><td> </td><td> </td></tr> <tr><td>15.</td><td>Multiple sclerosis</td><td> </td><td> </td><td> </td></tr> <tr><td>16.</td><td>Parkinson's disease</td><td> </td><td> </td><td> </td></tr> <tr><td>17.</td><td>Haemophilia</td><td> </td><td> </td><td> </td></tr> <tr><td>18.</td><td>Thalassemia</td><td> </td><td> </td><td> </td></tr> <tr><td>19.</td><td>Sickle Cell disease</td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>(Please strike out the disabilities which is 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) @ - e.g. Left/right/both arms/legs # - e.g. Single eye/both eyes £ - e.g. Left/Right/both ears</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Name and Seal of Member</th> <th style="width:33%;">Name and Seal of Member</th> <th style="width:33%;">Name and Seal of the Chairperson</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Nature of Document	Date of Issue	Details of authority Issuing certificate				Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson				S. N.	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				Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson				<p style="text-align: center;">Signature/thumb impression of the person in whose favour certificate of disability is issued</p> <p style="text-align: center;">4. Countersigned by the Chief Medical Officer (with seal)</p> <p style="text-align: center;">Signature and seal of the Medical Authority.</p> <p><b>उत्तर प्रदेश लोक सेवा (शारीरिक रूप से विकलांग, स्वतंत्रता संग्राम सेनानियों के आश्रितों और भूतपूर्व सैनिकों के लिये आरक्षण), अधिनियम, 1993 (यथासंशोधित) के अनुसार स्वतंत्रता संग्राम सेनानी के आश्रित के प्रमाण-पत्र का प्रपत्र।</b></p> <p style="text-align: center;"><b>प्रमाण-पत्र</b></p> <p>प्रमाणित किया जाता है कि श्री/श्रीमती _____ निवासी ग्राम- _____ नगर- _____ जिला- _____ उत्तर प्रदेश लोक सेवा (शारीरिक रूप से विकलांग, स्वतंत्रता संग्राम सेनानियों के आश्रितों और भूतपूर्व सैनिकों के लिये आरक्षण) अधिनियम, 1993 के अनुसार स्वतंत्रता संग्राम सेनानी हैं और श्री/श्रीमती/कुमारी (आश्रित) _____ पुत्र/पुत्री/पौत्र (पुत्र का पुत्र या पुत्री का पुत्र) तथा पौत्री (पुत्र की पुत्री या पुत्री की पुत्री) (विवाहित अथवा अविवाहित) उपरोक्त अधिनियम, 1993 (यथासंशोधित) के प्रावधानों के अनुसार उक्त श्री/श्रीमती (स्वतंत्रता संग्राम सेनानी) _____ के आश्रित हैं। स्थान: _____ हस्ताक्षर _____ दिनांक: _____ पूरा नाम _____ पदनाम _____ मुहर _____ जिलाधिकारी (सील)</p> <p><b>कुशल खिलाड़ियों के लिये प्रमाण-पत्र जो उ.प्र. के मूल निवासी हैं</b> <b>शासनादेश संख्या-22/21/1983-कार्मिक-2</b> <b>दिनांक 28 नवम्बर, 1985</b> <b>प्रमाण-पत्र के फार्म - 1 से 4</b> <b>प्रारूप -1</b></p> <p>(मान्यता प्राप्त क्रीड़ा/खेल में अपने देश की ओर से अन्तर्राष्ट्रीय प्रतियोगिता में भाग लेने वाले खिलाड़ी के लिये) सम्बन्धित खेल की राष्ट्रीय फेडरेशन/राष्ट्रीय एसोसिएशन का नाम _____ राज्य सरकार की सेवाओं/पदों पर नियुक्ति के लिए कुशल खिलाड़ियों के लिए प्रमाण-पत्र प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी _____ आत्मज/पत्नी/आत्मजा श्री _____ निवासी _____ पूरा पता _____ ने दिनांक _____ से दिनांक _____ तक _____ (स्थान का नाम) में आयोजित _____ (क्रीड़ा/खेल-कूद का नाम) की प्रतियोगिता/टूर्नामेन्ट में देश की ओर से भाग लिया। उनके टीम के द्वारा उक्त प्रतियोगिता/टूर्नामेन्ट में _____ स्थान प्राप्त किया गया। यह प्रमाण-पत्र राष्ट्रीय फेडरेशन/राष्ट्रीय एसोसिएशन/(यहाँ संस्था का नाम दिया जाये) _____ में उपलब्ध रिकार्ड के आधार पर दिया गया है। स्थान _____ हस्ताक्षर _____ दिनांक _____ नाम _____ पद _____ संस्था का नाम _____ मुहर _____</p> <p><b>नोट :</b> यह प्रमाण-पत्र नेशनल फेडरेशन/नेशनल एसोसिएशन के सचिव द्वारा व्यक्तिगत रूप से किये गये हस्ताक्षर होने पर ही मान्य होगा।</p> <p style="text-align: center;"><b>प्रारूप - 2</b></p> <p>(मान्यता प्राप्त क्रीड़ा/खेल में अपने प्रदेश की ओर से राष्ट्रीय प्रतियोगिता में भाग लेने वाले खिलाड़ी के लिये) सम्बन्धित खेल की प्रदेशीय एसोसिएशन का नाम _____ राज्य सरकार की सेवाओं/पदों पर नियुक्ति के लिए कुशल खिलाड़ियों के लिए प्रमाण-पत्र प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी _____ आत्मज/ पत्नी/आत्मजा श्री _____ निवासी (पूरा पता) _____ ने दिनांक _____ से दिनांक _____ तक _____ में (क्रीड़ा/खेल-कूद का नाम) की प्रतियोगिता (टूर्नामेन्ट स्थान का नाम) _____ आयोजित राष्ट्रीय _____ में (क्रीड़ा/खेल-कूद का नाम) की प्रतियोगिता/टूर्नामेन्ट में प्रदेश की ओर से भाग लिया। उनके टीम के द्वारा उक्त प्रतियोगिता/टूर्नामेन्ट में _____ स्थान प्राप्त किया गया। यह प्रमाण-पत्र _____ (प्रदेशीय संघ का नाम) में उपलब्ध रिकार्ड के आधार पर दिया गया है। स्थान _____ हस्ताक्षर _____ दिनांक _____ नाम _____ पद _____ संस्था का नाम _____ मुहर _____</p> <p><b>नोट :</b> यह प्रमाण-पत्र प्रदेशीय खेल-कूद संघ के सचिव द्वारा व्यक्तिगत रूप से किये गये हस्ताक्षर होने पर ही मान्य होगा।</p> <p style="text-align: center;"><b>प्रारूप - 3</b></p> <p>(मान्यता प्राप्त क्रीड़ा/खेल में अपने विश्वविद्यालय की ओर से अन्तर्विश्वविद्यालय प्रतियोगिता में भाग लेने वाले खिलाड़ी के लिये) विश्वविद्यालय का नाम _____ राज्य स्तर की सेवाओं/पदों पर नियुक्ति के लिए कुशल खिलाड़ियों के लिए प्रमाण-पत्र प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी _____ आत्मज/पत्नी/आत्मजा श्री _____ निवास (पूरा नाम) _____ ने दिनांक _____ से दिनांक _____ तक _____ (स्थान का नाम) में आयोजित अन्तर्विश्वविद्यालय _____ (क्रीड़ा/खेल-कूद का नाम) प्रतियोगिता/टूर्नामेन्ट में _____ विश्वविद्यालय की ओर से भाग लिया। उनके टीम के द्वारा उक्त प्रतियोगिता/टूर्नामेन्ट में _____ सीन प्राप्त किया गया। यह</p>	<p>प्रमाण-पत्र डीन ऑफ स्पोर्ट्स अथवा इंचार्ज खेल कूद _____ विश्वविद्यालय में उपलब्ध रिकार्ड के आधार पर दिया गया है। स्थान _____ हस्ताक्षर _____ दिनांक _____ नाम _____ पद _____ संस्था का नाम _____ मुहर _____</p> <p><b>नोट :</b> यह प्रमाण-पत्र विश्वविद्यालय के डीन ऑफ स्पोर्ट्स या इंचार्ज खेल-कूद द्वारा व्यक्तिगत रूप से किये गये हस्ताक्षर होने पर ही मान्य होगा।</p> <p style="text-align: center;"><b>प्रारूप - 4</b></p> <p>(मान्यता प्राप्त क्रीड़ा/खेल में अपने स्कूल की ओर से राष्ट्रीय खेल-कूद में भाग लेने वाले खिलाड़ी के लिये) डाइरेक्ट्रेट ऑफ पब्लिक इन्सट्रक्शन्स/निदेशक, शिक्षा, उत्तर प्रदेश _____ राज्य स्तर की सेवाओं/पदों पर नियुक्ति के लिए कुशल खिलाड़ियों के लिए प्रमाण-पत्र प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी _____ आत्मज/पत्नी/आत्मजा श्री _____ निवासी (पूरा पता) _____ में _____ स्कूल में कक्षा _____ के विद्यार्थी ने दिनांक _____ से दिनांक _____ तक (स्थान का नाम) में आयोजित स्कूलों के नेशनल गेम्स की (क्रीड़ा/खेल-कूद का नाम) प्रतियोगिता/टूर्नामेन्ट में _____ स्कूल की ओर से भाग लिया। उनके टीम के द्वारा उक्त प्रतियोगिता/टूर्नामेन्ट में _____ स्थान प्राप्त किया गया। यह प्रमाण-पत्र डाइरेक्ट्रेट ऑफ पब्लिक इन्सट्रक्शन्स/शिक्षा में उपलब्ध रिकार्ड के आधार पर दिया गया है। स्थान _____ हस्ताक्षर _____ दिनांक _____ नाम _____ पद _____ संस्था का नाम _____ मुहर _____</p> <p><b>नोट :</b> यह प्रमाण-पत्र निदेशक/या अतिरिक्त/संयुक्त या उपनिदेशक डाइरेक्ट्रेट ऑफ पब्लिक इन्सट्रक्शन्स/शिक्षा _____ द्वारा व्यक्तिगत रूप से हस्ताक्षर होने पर मान्य होगा।</p> <p style="text-align: right;"><b>सचिव</b></p>
Nature of Document	Date of Issue	Details of authority Issuing certificate																																																																																																																						
Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson																																																																																																																						
S. N.	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																																																																																																																							
Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson																																																																																																																						