

ANNEXURE –I

Format for No Govt. Job in the family

I.....,Son/Daughter of.....aged.....year, R/o
..... District, do hereby submit the following information for claiming weightage under the Socio-economic criteria namely:-

(1) That I have to apply for the post advertised by LUVAS against Category No ____Advt. No. 01/2023 Dated.....

(2) That my PPP No. is _____ Aadhaar No. _____ /PAN Card No./Voter ID No. (if any) is _____

(3) As per Govt. instructions, an applicant shall be entitled to 5% weightage provided that—

neither he himself nor any person from amongst the applicant's family is/was or has been a regular employee in any Department/Board/ Corporation/Company/Statutory Body/Commission/Authority of Haryana Government or any other State Government or Government of India;

and

gross annual income of the family from all sources i.e., salary, agriculture, business, profession etc. for the financial year prior to the year of application should be less than one lakh eighty thousand rupees (1,80,000/-)only.

The definition of Family for the purpose of Socio-Economic Criteria—

- (i) *male applicant means the applicant himself, his father, mother, wife, unmarried brother(s) and son(s);*
- (ii) *female unmarried applicant means the applicant herself, her father, mother and unmarried brother(s);*
- (iii) *female married applicant means the applicant herself, her husband, father-in-law, mother-in-law, unmarried brother-in-law and son(s);*
- (iv) *divorced female applicant means the applicant herself, her father, mother, unmarried brother(s) and son(s);*

(4) That any person among in candidate's family in Government Job having separate PPP No/family ID/ Ration Card will not be entitled to be awarded weightage under Socio-Economic Criteria having no Government Job.

(5) If a person himself or his family member is once selected/appointed with or without getting the benefit of weightage, no other family member shall be considered for weightage for selection/appointment to the same or any other post for which application has been submitted by any member of the family.

(6) That no person as mentioned above had been in employment and gross income of family is less than One Lakh Eighty Thousand Rupees only, therefore, the undersigned may be allotted weightage under the socio-economic criteria having no Government Job.

(7) That I fully understand that the marks are given on the basis of information supplied by me and if at any stage it is found that the information has been provided wrongly then not only my service can be terminated on the ground of supply of wrong information even if without these marks or weightage also my name would have figured within the select list/recommendation list. I also understand that criminal action can be taken against me for providing wrong/false information.

(8) That the deponent shall not take advantage of the certificate(s) issued by the Competent Authority if in meantime any other eligible person in my family obtains the benefits thereof in the recruitment.

(9) Verified that the contents of all the above paras are true my knowledge and belief and nothing has been concealed therein.

Place: -

DEPONENT

Date:-

VERIFICATION: -

1. Report of Numberdar/MC:-
2. Report of Patwari:-
3. Verified by Tehsildar/Executive Magistrate

ANNEXURE –II

Experience Certificate

1. This is to certify that Shri/Smt/Ms/Kumari,Son/Daughter/Wife of Shri.....Resident of village/town.....Tehsil..... District..... of Haryana State/Union Territory has been serving as(Complete nomenclature of the post) in the office of(Department/Board/Corporation/Company/StatutoryBody/Commission /Authority/Co-operative Banks etc. under Haryana Government.)

2. The period of engagement was fromto..... and the completedyears andmonths.

3. The EPF account no., if any, is/was

4. The ESI account no, if any, is/was

Place:
Date:

Signature with seal of Issuing Authority (Head of Office)
Full Name
Designation
Address
Telephone no. with code

ANNEXURE –III

Certificate regarding physical limitations 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.

Place:
Date:

Signature and seal of the Medical Authority

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

Name of Government Hospital/ Health Care Centre with Seal

Note: Certificate should be given by specialists of the relevant stream/ disability (e.g. Visual impairment-Ophthalmologist, Locomotor disability-Orthopedic 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). My qualification is _____ I do hereby state that _____ (name of the scribe) will provide the service of scribe/reader for the undersigned for taking the aforesaid examination. I do hereby undertake that his/ her qualification is matric (in case of minimum qualification of post is 10+2) or 10+2 (in case of minimum qualification of post is Graduation/equivalent or higher). 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-IV

(Declaration must be hand written by the candidate himself in Hindi as well as in English and to be uploaded with application form).

मैंने दिए गए निर्देशों को पढ़ तथा समझ लिया है, तथा मैं सहमत हूँ। सभी जानकारियां स्कूल/कॉलेज/यूनिवर्सिटी द्वारा प्राप्त दस्तावेजों के अनुसार ही है। मैं सहमत हूँ कि भविष्य में किसी प्रकार का निवेदन डाटा सही कराने बारे स्वीकार नहीं किया जाएगा। मैंने दिए गए निर्देशों को पढ़ तथा समझ लिया है, मैं समझता/समझती हूँ कि उपरोक्त में से किसी भी विवरण या जानकारी के किसी भी स्तर पर गलत पाए जाने की स्थिति में, मेरी उम्मीदवारी को रद्द कर दिया जाएगा।

उम्मीदवार हस्ताक्षर

I have read and understood the instructions mentioned above, I have also gone through the particulars as mentioned in the form filled up by me/on my behalf and found the same correct and in accordance with documents/my certificate issued by Board/College/University and all the particulars are correct as per record. I understand that in the event of any of the particulars or information above being found false or incorrect at any stage, my candidature shall be liable to be rejected.

Candidate Signature

**Government of Haryana
(Name & Address of the authority issuing the certificate)
(ECONOMICALLY WEAKER SECTIONS)**

INCOME AND ASSET CERTIFICATE

Certificate No.....

Date:-_____

VALID FOR THE YEAR 2023-2024

This is to certify that Shri/Smt./Kumarison/daughter/wife of.....is permanent resident of....., village/Street....., Post Office....., District....., Pin Code..... whose photograph is affixed below and attested below belongs to Economically Weaker Section, since the gross annual income* of his/her family** is below Rs. 6 lakh (Rupees Six Lakh only) for the financial year 2022-2023.

It is further certified that 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 170 sq. yards and above in areas other than the notified municipalities.
- V. Total immovable assets owned are valued at Rs. One Crore or more.

2. Shri/Smt./Kumaribelongs to the caste which is not recognized as a Scheduled Caste, Backward Classes (Block-A) and Backward Classes (Block-B).

Signature with seal of Office
Name
Designation

Recent Passport
size attested
photograph of
the applicant

*Note 1: Income means income from all sources i.e. salary, agriculture, business, profession etc.

**Note 2: The term "Family" for this purpose will include the person, who applies for benefit of reservation, his/her parents, spouse as well as children and siblings below the age of 18 years.

***Note 3: The property held by a "Family" in different locations or different places/cities are to be clubbed while applying the land or property holding test to determine EWS status.

Certificate No. _____

SPORTS GRADATION CERTIFICATE

Self-attested Photo

1. Name of Sportsperson:.....
2. Aadhaar No.:.....
3. Mobile No.:.....
4. Name of District to which sportsperson belongs:.....
5. Domicile State:.....
6. Plays for (Name of State/Organization):.....
7. Name of Sports Discipline:.....
8. Best Sports Achievement:
 - i. Name of Tournament:.....
 - ii. Month & Year:.....
 - iii. Venue of Tournament:.....
 - iv. Organizing Authority:.....
 - v. Tournament Type: Senior Junior
 - vi. Medal won (if any): Gold Silver Bronze
 - vii. Participation Level: 25% or more Less than 25%
(in case of team game only)

Date:- _____ (Signature of Sportsperson)

.....For official use only.....

Checked. A copy of supporting documents (self-attested) in support of the claim is retained in office.

Date:..... **Granted Grade__Sports Certificate.**

District Sports & Youth
Affairs Officer,.....

Director, Sports*

DEPARTMENT OF SPORTS & YOUTH AFFAIRS, HARYANA

#Required in case of Grade-A or Grade-B Sports Certificate only.

APPLICATION FORM FOR WIDOW CERTIFICATE

To

The Naib Tehsildar/Tehsildar

_____**Sub:- Issuance of Widow Certificate.**

I, Widow of Sh..... hereby give my particular as under:-

1	Name of Applicant (IN BLOCK LETTERS)	
2	Address	
3	Village	
4	Tehsil	
5	District	
6	Post office with PIN Code	
7	Name of Father/Mother	
8	Name of Husband	
9	Date of Death of Husband (Death Certificate to be attached)	
10	Aadhaar No. (if any)/PAN Card No. (if any)/Voter ID No. (if any)	

Please issue me a "WIDOW" Certificate.

Signature of Applicant

Place:

Date:

VERIFICATION

I.....s/o, d/o, w/o,....., Member Panchayat /Sarpanch /Councilor/ MLA/MP of concerned Village/area/constituency..... verified personally and statement furnished by the applicant are correct to the best of my knowledge and belief.

Signature with seal of Member
Panchayat/Sarpanch/Councilor/MLA/MP of the concerned Village
area/ constituency

GOVERNMENT OF HARYANA
WIDOW Certificate

No _____ Date _____

Certified that the person with the details mentioned below is a Widow.

1.	Name (IN BLOCK LETTERS)	
2.	Address	
3.	Village	
4.	Tehsil	
5.	District	
6.	Post office with PIN Code	
7.	Name of Father/Mother	
8.	Name of Husband	
9.	Date of Death of Husband	
10.	Aadhaar No./PAN Card No./Voter ID No. (if any)	

This certificate is issued based on the details given in the application,
Verification Report, local enquiry, facts and records produced.

Signature with seal of the Naib Tehsildar/Tehsildar

APPLICATION FORM FOR CERTIFICATE FOR AN APPLICANT WHOSE FATHER HAS DIED

To

The Naib Tehsildar/Tehsildar

_____**Sub:- CERTIFICATE FOR AN APPLICANT WHOSE FATHER HAS DIED.**

1	Name of applicant (IN BLOCK LETTERS)	
2	Date of Birth (enclose proof)	
3	Age of applicant at the time of father death	
4	Applicant is first or second child	
5	Present Address, Village	
6	Post Office	
7	Police Station	
8	District	
9	Caste	
10	Father's Name	
11	Date of birth of father	
12	Age of father at the time of his death	
13	Date of father's Death (enclose death certificate)	
14	Mother's Name	
15	Occupation	
16	Aadhar No/PAN Card No/Voter Id No (if any)	

Please issue me a "Certificate for an applicant whose father has died.

Signature of applicant

Place:

Date:

Signature and Address of Witness

i)

ii)

GOVERNMENT OF HARYANA
Certificate for an applicant whose father has died

No _____ Date _____

Certified that the person with the details mentioned below is an applicant whose father has died-:

1	Name of applicant(IN BLOCK LETTERS)	
2	Date of Birth(enclose proof)	
3	Age of applicant at the time of father death	
4	Applicant is first or second child	
5	Present Address, Village	
6	Post Office	
7	Police Station	
8	District	
9	Caste	
10	Father's Name	
11	Date of birth of father	
12	Age of father at the time of his death	
13	Date of father's Death (enclose death certificate)	
14	Mother's Name	
15	Occupation	
16	Aadhar No/PAN Card No/Voter Id No (if any)	

This certificate is issued based on the details given in the application, local enquiry, facts and records produced by the applicant.

Signature with seal of the Naib Tehsildar/Tehsildar

CHECK LIST

(The information in this Check List is to be furnished by the Employer in respect of the in-service candidate for the last 10 years and in case the service period is less than 10 years then from the date of joining)

Name of Employee :

Designation of Employee:

Post Applied For :

Advt. No. 1/2023

Year	Overall performance	Report about integrity	Report about work and conduct	Punishment awarded, if any	Whether any disciplinary / legal / Vigilance proceedings are pending against the official.

Does he/she fulfil the prescribed qualifications/experience required for the post?

Prescribed qualifications (Yes/No)

Prescribed experience (Yes/No)

It is also certified that the information furnished by the official in his application form is correct as per his service record. Forwarded with the remarks that the facts stated in the above application have been verified and found correct and this Institution/Organization has no objection to the candidature of the applicant being considered for the post applied for.

Head of the Institution/Organization with Seal

(Name in block letters) _____

Designation _____

Place: _____

Date: _____