



कर्मचारी राज्य बीमा निगम
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)
EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour & Employment, Govt of India)



क्षेत्रीय कार्यालय, 107, राम नगर रोड, कोटा, रायपुर (छत्तीसगढ़)
492010
REGIONAL OFFICE, 107, RAM NAGAR ROAD, KOTA,
RAIPUR (CHHATTISGARH)-492010
Email : : rd-cgarh@esic.nic.in
Website : www.esic.nic.in

NOTICE

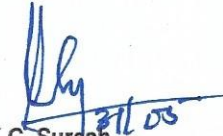
SCHEDULE OF VERIFICATION OF SHORTLISTED CANDIDATES FROM THE RESERVE LIST FOR THE POST OF MTS

The schedule of verification of shortlisted candidates from the reserve list for the post of MTS is appended at Annexure I.

The shortlisted candidates are required to submit **ORIGINAL as well as Self-Attested** copies of the following certificate/documents on the day of verification at the venue in support of their eligibility for the post as detailed hereunder:

- 1) Matriculation or equivalent certificate in support of proof of Date of Birth,
- 2) Certificates/Mark Sheets etc. in support of Essential Educational Qualification for the post.
- 3) Category Certificate issued by Competent Authority in the prescribed proforma in respect of candidates belonging to SC, ST, OBC, EWS, PWD, Ex-Servicemen and other categories. The prescribed proforma are annexed at Annexure – A to Annexure – G of the detailed advertisement and are also appended with this Notice.
- (a) Candidates seeking reservation benefits available for SC/ST/OBC/EWS/PWD/Ex-Servicemen must ensure that they are entitled to such reservation as per eligibility prescribed in the detailed advertisement and as per the instructions issued by Govt. of India. They should also be in possession of the certificates in the prescribed format of Govt. of India in support of their claim.
- (b) Candidates claiming reservation/ age relaxation under OBC Category should possess the OBC Certificate as given at Annexure – "A" prescribed vide Govt. of India, Department of Personal and Training OM No. 36012/22/93-Estt.(SCT) dated 15.11.93 along with Self Declaration to be given at later stage as given at Annexure "B" failing which the benefit of reservation or age relaxation will not be given.
- (c) Candidates claiming reservation under EWS Category should submit the EWS Certificate given at Annexure – "C".
- (d) Candidates claiming relaxation/reservation under Ex-servicemen Category should submit form of undertaking as given at Annexure – "D".
- (e) ESIC Employees/Government Servants claiming age relaxation shall have to produce a certificate in the prescribed format annexed at 'E' from their office in respect of the length of continuous service which should be not less than three years in the immediate period preceding the closing date for receipt of application. They should continue to have the status of ESIC Employee/Government Servants till the time of appointment, in the event of their selection.
- (f) Ex-Servicemen who have already secured employment in civil side under Government in Group 'C' & 'D' posts on regular basis after availing of the benefits of reservation given to ex-servicemen for their re-employment are NOT eligible for claiming benefits of reservation under Ex-Servicemen category. However, they are eligible for age relaxation only. The period of "Call up Service" of an Ex-Serviceman in the Armed Forces shall also be treated as service rendered in the Armed Forces for purpose of age relaxation. For any serviceman of the three Armed Forces of the Union to be treated as Ex-Serviceman for the purpose of securing the benefits of reservation, he must have already acquired, at the relevant time of submitting his application for the Post / Service, the status of ex-serviceman and /or is in a position to establish his acquired entitlement by documentary evidence from the competent authority that he would complete specified term of engagement with the Armed Forces within the stipulated period of one year from the Closing Date, or otherwise than by way of dismissal or discharge on account of misconduct or inefficiency. Serving Defence Personnel shall have to produce certificate issued by the competent authority in the Proforma given annexed at 'F'.
- (g) PWD candidates other than in the category of blindness, locomotor disability (both arm affected-BA) and cerebral palsy, who have availed services of scribe in the Phase I and/or Phase II Exam for the post of MTS are required to submit certificate regarding physical limitation to write in the prescribed proforma appended at Annexure – G of the detailed advertisement and appended below with this Notice.
- 4) Two passport size photograph which should match the one uploaded in the online application form.
- 5) **Photo bearing Identification Proof** (self-attested photocopy along with Original thereof) – The candidates are required to bring at least one currently valid Photo identity proof in original and a photocopy of the same.
Note: Currently valid photo identity proof may be PAN Card/Passport/Permanent Driving Licence/Voter's Card/Bank Passbook with photograph/Photo Identity proof issued by a Gazetted Officer on official letterhead alongwith photograph/Photo Identity proof issued by a People's Representative on official letterhead alongwith photograph/Valid recent Identity Card issued by a recognised College/University/Aadhaar Card/E-Aadhaar Card with a photograph/Employee ID/Bar Council Identity card with photograph.
Important: Ration Card and Learner's Driving License will NOT be accepted as valid ID proof.

Dated: 31/05/2023


K.G. Suresh
REGIONAL DIRECTOR

SCHEDULE OF VERIFICATION OF SHORTLISTED CANDIDATE FROM THE RESERVE LIST FOR THE POST OF MTS

VENUE OF VERIFICATION	Regional Office, 107, Ram Nagar Road, Kota, Raipur (Chhattisgarh) – 492010.
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Sl. No.	Roll Number	Reg. No.	Name of the Candidate	Date of Birth	Date of Verification	Reporting Time
1	2453000108	120179852	SUBASH CHANDRA SAHU	20/06/1997	06/06/2023	10:30 AM

(FORM T OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA)

This is to certify that Shri/Smt./Kumari _____ son/daughter
of _____ of village/town _____ in District/Division
_____ in the _____ State/Union Territory _____

belongs to the _____ Community which is recognized as a backward class under the Government of India,
Ministry of Social Justice and Empowerment's Resolution

No. _____ dated _____*.

Shri/Smt./Kumari _____ and/or his/her family ordinarily reside(s) in
the _____ District/Division of the _____ State/Union
Territory. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in
column 3 of the Schedule to the Government of India, Department of Personnel & Training OM No. 36012/22/93-Estt.
(SCT,) dated 08.09.1993**. OM No. 36033/3/2004Estt. (Res) dated 9th March, 2004, O.M. No. 36033/3/2004-Estt.
(Res) dated 14th October, 2008 and O.M. No. 36033/1/2013-Estt. (Res) dated 27th May, 2013**.

Date _____

District Magistrate/ Deputy Commissioner etc.

Seal of Office

*-	The Authority issuing the Certificate may have to mention the details of Resolution of Government of India, in which the Caste of candidate is mentioned as OBC.
**-	As amended from time to time.
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 Certificate Certificates:

i.	District Magistrate / Additional District Magistrate/ Collector/ Deputy Commissioner / Additional Deputy Commission/ Dy. Collector / 1 st 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 applicant and or his family normally resides.

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:-

- District Magistrate / Additional Magistrate / Collector / Dy. Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate).
- Chief Presidency Magistrate / Additional Chief Presidency Magistrate/ Presidency Magistrate.
- Revenue Officer not below the rank of Tehsildar
- 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.

The candidate should furnish the relevant OBC Certificate in the format prescribed for Central Government jobs as per Annexure 'A' above issued by the competent authority on or before the Closing Date as stipulated in this Notice.

Form of declaration to be submitted by the OBC candidate (in addition to the community certificate)

I Son/daughter of Shri.....resident of village/town/city.....
district..... state.....hereby declare that I belong to the.....community which
is recognized as a backward class by the Government of India for the purpose of reservation in
services as per orders contained in Department of Personnel and Training Office Memorandum No
36012/22/93-Estt. (SCT) dated 8-9-1993. It is also declared that I do not belong to persons/
sections/sections (Creamy Layer) mentioned in column 3 of the Schedule to the above referred
Office Memorandum dated 8-9-1993, O.M. No. 36033/3/2004-Estt. (Res.) dated 9th March, 2004,
O.M. No. 36033/3/2004-Estt. (Res.) dated 14th October, 2008 and OM No. 36033/1/2013-Estt.
(Res.), dated: 27th May, 2013.

Signature:.....

Full Name:.....

Address

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

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____, Village/Street _____ Post. Office _____ District _____ in the State/Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her family** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets*** :

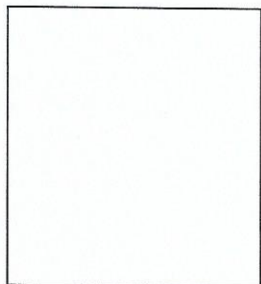
- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in. areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office _____

Name _____

Designation _____



*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.

**FORM OF UNDERTAKING TO BE GIVEN BY CANDIDATES APPLYING FOR CIVIL POSTS
UNDER EX-SERVICEMEN CATEGORY**

I understand that, if selected on the basis of the recruitment/examination to which this application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the Appointing Authority that I have been duly released/retired/discharged from the Armed Forces and that I am entitled to the benefits admissible to ex-servicemen in terms of the Ex- servicemen (Re-employment in Central Civil Services and Posts) Rules, 1979, as amended from time to time.

I also understand that I shall not be eligible to be appointed to a vacancy reserved for Ex-Servicemen in regard to the recruitment covered by this examination, if I have at any time prior to such appointment, secured any employment on the civil side (including Public Sector Undertakings, Autonomous Bodies/Statutory Bodies, Nationalized Banks, etc.) by availing of the concession of reservation of vacancies admissible to Ex-Servicemen.

I further submit the following information:

- a) Date of appointment in Armed Forces _____
- b) Date of discharge _____
- c) Length of service in Armed Forces _____
- d) My last Unit / Corps _____

Place:

Date:

(Signature of Candidate)

**FORM OF CERTIFICATE TO BE SUBMITTED BY ESIC EMPLOYEES/GOVERNMENT
SERVANTS SEEKING AGE-RELAXATION**

(To be filled by the Head of the Office or Department in which the candidate is working).

It is certified that *Shri/Smt./Km. _____ is holding the post of
_____ in the pay scale of _____ with 3 years regular service
in the grade as on **closing date**.

Signature _____

Name _____

Office seal

Place:

Date :

(*Please delete the words which are not applicable.)

Form of Certificate for serving Defence Personnel

I hereby certify that, according to the information available with me (No.)
_____ (Rank) _____ (Name)
_____ is due to complete the specified term of his engagement with
the Armed Forces on the (Date) _____.

Place:

(Signature of Commanding Officer)

Date:

Office Seal:

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 (e.g. Visual Impairment-Ophthalmologist, Locomotor Disability-Orthopedic specialist/PMR)