

क्षेत्रीय कार्यालय / Regional Office

पंचदीप भवन, नन्दानगर,इंदौर-452011(म.प्र.) ISO 9001:2015 Certified/बार्च रच.बो. 9001:2015 प्रमाणिव Phone /Fax:: 0731-2550485

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18-A/36/30/DR/MTS/2022-Estt.

NOTICE

SCHEDULE OF VERIFICATION OF ADDITIONAL SHORTLISTED CANDIDATES FOR THE POST OF MTS

The additional list of candidates shortlisted for verification of documents for the post of MTS for Madhya Pradesh region is herewith declared. The schedule of verification of shortlisted candidates for the post of MTS is appended below at Annexure I.

The shortlisted candidates are required to submit **ORIGINAL** as well as <u>Self-Attested</u> 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,
- 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 below 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 Performa 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.

- 6) No Objection Certificate (NOC) in original from present employer if applicable.
- 7) Copy of email made by this office on the registered email id of shortlisted candidate.

The detailed instructions and other relevant details will be sent by this office shortly on the registered email id of the shortlisted candidates. No hard copy of document verification letter will be sent by this office. Candidates are advised to regularly visit official webpage https://romp.esic.gov.in/ & website www.esic.gov.in recruitment section for latest updates/information.

SCHEDULE OF VERIFICATION OF ADDITIONAL SHORTLISTED CANDIDATES FOR THE POST OF MTS

| VENUE OF VERIFICATION | ESIC Regional Office, Establishment Branch (1st Floor), Nanda |
|-----------------------|---|
| VENUE OF VERIFICATION | Nagar, MR-9 Road, Indore (M.P)-452011 |

| SI. No. | Roll Number | Reg. No. | Name of the Candidate | Date of Birth | Date of Verification | Reporting Time |
|------------|-------------|-----------|-----------------------|------------------|------------------------------|-------------------|
| 1 | 2173000001 | 120215805 | ROSHAN SINGH | 16-01-2000 | | |
| 2 | 2613001118 | 119659396 | VIVEK KUMAR SINGH | 27-11-1999 | | |
| 3 | 2843000363 | 119063247 | ANUJ KUMAR | 08-12-1997 | | |
| 4 | 2183000462 | 120073382 | DEVENDRA DHANGAR | 02-07-2003 | | |
| 5 | 2143003406 | 120018186 | GAURAV SEN | 10-10-1997 | 23 rd May | 10:00 |
| 6 | 2143002429 | 119797993 | NIKITA RATHUR | 12-08-2000 | 23 rd May 2023 | A.M |
| 7 | 2133000028 | 120031295 | ADITI PANDEY | 14-08-1998 | | |
| 8 | 2153000760 | 119426884 | AMBAR SAHU | 29-08-1999 | | |
| 9 | 2163000476 | 120241602 | SACHIN PRAJAPATI | 23-10-1995 | | |
| 10 | 2123001107 | 119524846 | ANJALI DONGRE | 01-05-1995 | | |

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

| This i | is to | certify that | Shri/Smt./Kumari | son/daughter |
|--------------------|-----------------|------------------------|---|--|
| of | | | of village/ | /town in |
| District, | /Divisi | on | in the | State/Union Territory |
| | | | _ belongs to the | Community which is recognized as a |
| backwa | rd clas | ss under the Gove | ernment of India, Ministry | y of Social Justice and Empowerment's Resolution |
| No | | | | * |
| Shri/Sm the | nt./Kur | nari | and/o District/Division | or his/her family ordinarily reside(s) in n of the |
| Training March, | g OM I 2004, | No. 36012/22/93- | Estt. (SCT,) dated 08.09.1 3/2004-Estt. (Res) dated | overnment of India, Department of Personnel & 1993**. OM No. 36033/3/2004Estt. (Res) dated 9th 14th October, 2008 and O.M. No. 36033/1/2013- |
| Date | | | | District Magistrate/ Deputy Commissioner etc. |
| Seal of | | | | |
| | *_ | - | - | have to mention the details of Resolution of of candidate is mentioned as OBC. |
| | **_ | As amended fr | om time to time. | |
| N | Note: | | narily reside(s) used here wi n of the People Act, 1950. | ill have the same meaning as in section 20 of the |
| List of a | uthorit | ies empowered to | issue Caste/Tribe Certificat | te Certificates: |
| i. | Dy | | Stipendiary Magistrate / Sub-D | ollector/ Deputy Commissioner / Additional Deputy Commission/ Divisional Magistrate / Extra-Assistant Commissioner/ Taluka |
| ii. | Cł | ief Presidency Magis | trate / Additional Chief Preside | ency Magistrate / Presidency Magistrate. |
| iii. | Re | evenue Officers not be | elow the rank of Tehsildar. | |
| iv. | Sı | b-Divisional Officers | of the area where the applican | nt 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 / Ist Class Stipendary Magistrate / Sub-Divisional Magistrate / Taluka
 Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st 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-I

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.

Note-III 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)

| Iresident of village/town/city |
|--|
| district statehereby declare that I belong to thecommunity 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: 27 th 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 FO | R THE YEAR | | |
| | Shri/Smt./Kumari | | | |
| | , Village/Street | | | |
| the State/Union Territory | Pin Code | whose photograph | is attested below be | elongs to |
| Economically Weaker Sec | tions, since the gross annual | income* of his/her family* | * is below Rs. 8 lakh | (Rupees |
| Eight Lakh only) for the following assets***: | financial year | . His/her family does not | own or possess an | y of the |
| I. 5 acres of agricultural II. Residential flat of 1000 | | | | |
| III. Residential plot of 100 | sq. yards and above in notific | ed municipalities; | | |
| · · | sq. yards and above in. areas | • | unicipalities. | |
| 2. Shri/Smt./Kumari Tribe and Other Backward | belongs to the caste value of the caste value | which is not recognized as a | a Scheduled Caste, So | cheduled |
| | | Signature with seal | of Office | |
| | | | Name | |
| | | Desig | gnation | |
| | | | | |

^{*}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 Exservicemen (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.) | |

ANNEXURE 'F'

Form of Certificate for serving Defence Personnel

| 1 | hereby | certify | that, | according | to | the | information | available | with | me | (No.) |
|----|-------------|-----------|----------|-----------|-------|--------|-----------------|--------------|--------|--------|---------|
| _ | | | | | | (Ran | nk) | | | (| Name) |
| _ | | | | is due to | o con | nplete | the specified t | erm of his e | ngagem | nent w | ith the |
| Αı | rmed Force | es on the | (Date) _ | | | · | • | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Ρl | ace: | | | | | | | | | | |
| (S | ignature o | f Comma | nding O | fficer) | | | | | | | |
| D | ate: | | | | | | | | | | |
| 0 | ffice Seal: | | | | | | | | | | |

Certificate regarding physical limitation in an examinee to write

| This is to co | ertify | y that, I h | ave (| examined | Mr/N | √ls/N | /Irs | | | (nam | e of | the |
|----------------|--------|--------------|--------|---------------|--------|-------|---------|----------------|--------|----------------|-------|--------|
| candidate w | /ith | disability), | a p | erson wi | th _ | | | | | (na | ture | and |
| percentage | of | disability | as | mention | ed | in | the | certificate | of | disability), | S/o | /D/o |
| | | | | | | J | | а | ı | resident | | of |
| | | | | (Village | e/Dist | rict/ | State) | and to stat | e tha | at he/she has | s phy | /sical |
| limitation wh | ich h | nampers his | /her \ | writing cap | abilit | ies o | wing | to his/her dis | abilit | y. | | |
| | | | | | | | | | | | Signa | ature |
| | | | | Chief Me | edical | Offi | cer/Ci | | | cal Superinter | | |
| | | | | | Nar | ne & | Desig | | | Health Care I | | |
| | | Na | me o | f Governm | | | | | | with Seal | | |
| | | | | | | | | | | | | |
| Place: | | | | | | | | | | | | |
| Date: | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Note: | | | | | | | | | | | | |
| Certificate sh | ould | he given h | , a sn | ecialist of t | the re | leva | nt stre | eam/disabilit | v (e s | Visual Impa | irme | nt- |

Certificate should be given by a specialist of the relevant stream/disability (e.g. Visual Impairment-Ophthalmologist, Locomotor Disability-Orthopedic specialist/PMR)