

List of additional documents to be produced at the time of joining for the post of Office Assistant (Multipurpose)

1. To execute at your own cost prescribed agreement of service on Stamp Paper of Rs. 100/- **(To be filled at the time of joining)**.
2. To sign declaration of Fidelity and Secrecy.
3. To furnish names of two respectable persons preferably known to the Bank and not related to you for reference.
4. If you are presently in the service of Government or Public Sector Undertaking or Government Undertaking/Corporation or any other Organization, you will have to resign from your present employment and submit a satisfactory discharge certificate at the time of joining Bank's duty. In no circumstances, the Bank will allow you to retain lien, or join on transfer/deputation. Besides, you will have to submit Certificate of Performance and Conduct in a Sealed Envelope from your present Employer.
5. To submit self attested copies of all testimonials and certificates for our record.
6. To Produce Medical Fitness Certificate issued by a Chief Medical Officer not below the rank of Civil Surgeon of Government Hospital. **The X-ray plate of your chest and Radiologist Report must be brought at the time of joining.**
7. **Four sets of Attestation Form** with photograph affixed on each form for verification of your character and antecedents from the Police Authorities.
8. To submit character Certificates, from the Principal or Head of the Department of the college/Institute last attended by you and/ or Gazetted Officers or Bank Officers. Certificates given by relatives will not be acceptable.
9. To execute, before joining the Bank, a Bond for **Rs. 1,50,000/- (Rs. One lakh Fifty Thousand only)** with surety, for serving the Bank for a minimum period of **02 years, before joining the Bank** as per **Annexure-I**. In case, you resign from or leave/abandon the service and/or display negligence in the performance of the duty assigned to you leading to termination of your service as per Rules and Regulations laid down by the Bank before specified period of **two years**, for all losses, charges and expenses, you will indemnify the Bank upto the extent of Bond amount of Rs. 1,50,000/-, as stated above. The Indemnity Bond must be Notarized on Stamp paper as per rate prevailing in the respective States, where the Indemnity Bond is to be executed. For example, in State of Haryana, the Indemnity Bond shall be executed at Stamp Paper of Rs. 150/- as per rates prevailing in the Candidate's State.
10. Relevant Certificate if relaxation in age is claimed.
11. To submit Assets & Liabilities statements

Note:- Candidates will not be allowed to join Bank's service if he/ she fails to produce the relevant eligibility documents as mentioned above.

Data for HRMS (In capital Letters only)					
Name					
Father Name					
Mother Name					
Designation					
Category					
Gender					
Date of Birth					
Aadhar Card No.					
Pan Card No.					
Mother Tongue					
Religion					
Marital Status		Married/Single			
Spouse Name if applicable			Date of Marriage		
Nominee & Relation			Nominee's Date of Birth		
Address Permanent					
Address Present					
Email Address					
Contact No.		Self		Other Contact No. with Name & Relation	
Qualification	Stream	Regular/Correspondence	Marks %	Name of College	University
Candidate Signature					

Medicaid Data

[illegible]

Name:

Signature:

Date:

Format of the Candidate Declaration

To,

Sarva Haryana Gramin Bank

I, _____ (Full Name of candidate) hereby submit the photocopy and original documents for verification for the Pre Joining Formalities under CRP RRB XIII (Reserve List Phase ____) for the post of _____ (Name of Post).

I am submitting the following documents:

(The candidate should write the list of documents submitted by him/her)

I understand that in case I am found ineligible for the above mentioned post during the verification, my candidature will stand cancelled.

Full Name of candidate:

Roll No.:

Date of birth:

Signature:

Place :

Date :

Sarva Haryana Gramin Bank,
Head Office, Rohtak.

Specimen Signature of the Employee

Date: _____

Name of Employee: _____

Father's Name: _____

Designation: _____

Date of Joining the Bank: _____

Date of Birth: _____

Specimen Signature:

Unique Id No. _____

The General Manager,
Sarva Haryana Gramin Bank
Head Office: Rohtak.

Respected Sir,

Reg: Reporting for completion of Pre joining formalities for the post of Office Assistant (MP).

In compliance to your office letter No. HO/HRD/___/... ..
dated....., I hereby, report at SHGB, Head Office, Rohtak on
today i.e. for the post of **Office Assistant**.

Kindly allow me to complete the pre-joining formalities.

Thanking you,

Yours faithfully,

(Signature)

Date:

Name:

S/o.W/o.D/o.....

Address

**LETTER OF ACCEPTANCE OF APPOINTMENT
IN SARVA HARYANA GRAMIN BANK**

The General Manager,
Sarva Haryana Gramin Bank,
Head Office, SHGB House,
Plot No.-1, Sector-3
Rohtak – 124001 (Haryana).

Respected Sir,

Ref: Your Letter of Offer for Appointment bearing No. HO/HRD/_____/..... dated
.....

**Reg: Offer of appointment in Sarva Haryana Gramin Bank on the post of
Office Assistant (MP).**

I acknowledge your above letter offering me appointment as **Office Assistant (MP)**
in your Bank.

I, hereby, accept all the terms and conditions laid down in the appointment letter,
which I have thoroughly read and understood. I also agree to abide by the Sarva
Haryana Gramin Bank (Officers and Employees) Service Regulation, 2010 and
amendments made therein for the staff from time to time.

Thanking you,

Yours faithfully,

(Signature)

Date:

Name:

S/o.W/o.D/o.....

Address

CERTIFICATE OF CONDUCT & PERFORMANCE

Ref.No :

Date : _____

The Chairman,
Sarva Haryana Gramin Bank,
Plot No.-1,Sec-3,
Head Office, Rohtak-124001.

Dear Sir,

Reg: Shri/ Mrs/ Miss _____

This is to certify that Shri/Mrs./Miss _____ working as
_____ With us from _____ to _____
bears a good moral character. His/Her conduct has been good and his/her performance has
been good/satisfactory/average/unsatisfactory during the period he/she remained with us.

Signature & Seal of the Competent
Authority to issue such Certificate

Postal Address: _____

Landline: _____

Mob No.: _____

Email Id: _____

N.B.: Candidate must bring this Certificate in a Sealed Cover from his/her present employer and submit the same to us at the time of joining along with other joining formalities.

AGREEMENT OF SERVICES

(To be stamped as per State Stamp Rules)

This Agreement made at this day of 20__ between Sarva Haryana Gramin Bank, a body corporate constituted under the Regional Rural Bank Act, 1976 and Gazette Notification dated 29th Nov., 2013 issued by the Government of India, Ministry of Finance, Department of Economic Affairs (Banking Division), New Delhi having its Head Office at Rohtak, hereinafter referred to as the 'Bank' of the First Part and Shri/Ms. _____ S/o/D/o/W/o Sh. _____ Resident of _____ particulars of whose identity and photograph are given in the identity form, attached hereto (hereinafter called the employee) of Second Part.

Whereas on the application of the employee the, Bank has agreed to take the employee Sh./Ms. _____ S/o/D/o/W/o Sh. _____ into its service on the terms and conditions hereinafter mentioned and subject to the general Rules and Regulations of the Bank.

Contd.....2

Now, this Agreement witnessth as under:-

1. **COMMENCEMENT:** This Agreement shall commence from the date hereof or the date on which the employee assumes charge of his/her duties whichever is earlier, and shall remain in force until it is duly terminated.
2. **REMUNERATION:** The employee will receive such salary and allowances as may be fixed for him/her from time to time by the Bank generally or specifically.
3. **DUTIES:**
 - a) The employee will attend office regularly during the working hours as fixed by the Bank and perform the duties entrusted to him/her faithfully and honestly. He/She further agrees to work outside the working hours whenever called upon to do so by his/her superior officers.
 - b) The bank shall have the right to allot any duties to the employee for which he/she may be considered fit and competent and shall have the right to transfer him/her to any branch of the Bank or to send him/her to any other place, where the business of the Bank may need his/her services.
 - c) The employee shall not either during the continuance of his/her employment hereunder, or thereafter, except in the course of his/her duties as such employee, divulge to any person whatsoever, and shall use his/her best endeavor to prevent the publication or disclosure of any information as to the practices, business dealings or affairs of any of its customers with the Bank or any other matter

which may come to his/her knowledge by reason of his/her employment under this Agreement.

That the employee shall devote the whole of his/her time, attention and abilities, etc., to the business of the Bank and shall obey all Orders issued from time to time or given to him/her by his/her superior officers in all respects, and conform to and comply with the directions given and Regulations made by the Bank and shall diligently and faithfully serve the Bank and use his/her utmost endeavor to promote its interests.

- d) That the employee shall be a whole time servant of the Bank and shall not; so long he/she holds any appointment in the Bank, engage directly or indirectly either in any employment, business, trade or speculation of any kind.

4. TERMINATION:

- (1) (a) No employee shall leave or discontinue his service in the Bank without first giving notice in writing to the Appointing Authority of his/her intention to leave or discontinue his/her service or resign;
 - (b) The period of Notice required shall be three months, in case of confirmed employee and one month, in case of employee who is on probation.
 - (c) In case of breach of clause (b) (1) above, an employee shall be liable to pay to the Bank as compensation, a sum equal to his/her pay for the period of notice required of him/her.
- (2) Notwithstanding any thing to the contrary contained in sub-regulation (1) above, an employee against whom disciplinary

proceedings are pending, shall not leave, discontinue or resign from his/her service in the Bank without the prior approval in writing of the Appointing Authority and any notice of resignation given by such employee before or during the disciplinary proceedings shall not take effect unless it is accepted by the Competent Authority.

Explanation:

Disciplinary proceedings shall be deemed to be pending against an employee for the purpose of this Regulation, if he/she has been placed under suspension or any notice has been issued to him to Show Cause why disciplinary proceedings should not be instituted against him/her until final Orders are passed by the Competent Authority.

- (3) a) The Bank will be entitled to dispense with the employee's services, where during the period of probation, including the period of extension of probation, if any, the Appointing Authority is of the opinion that the employee is not fit for confirmation, after giving one month's notice or pay in lieu thereof.
- b) If an employee remains absent from duties or be late in attendance without having obtained the permission of the Competent Authority and in case of sickness or accident without submitting a proper Medical Certificate from a Medical Practitioner acceptable to the Bank or absents himself/herself from duty without leave or overstays his/her leave or is habitually unpunctual in attendance or is negligent in performance of his/her duties or is guilty of misconduct or dishonesty to the Bank, shall be liable to such disciplinary measure as the Competent Authority may impose.

Further, if an employee commits breach of any of the terms and conditions of this Agreement, the Bank shall have the right to terminate his/her service without notice and without paying him/her any salary in lieu thereof.

- c) The decision of the Board of Directors or Chairman or any other Competent Authority appointed by the Bank for his/her purpose, shall on any matter mentioned in sub-clause (b) above, be conclusive and binding on the employee and shall not be questioned by him/her.
- 5. **LEAVE, ETC.** The employee undertakes to be bound by all Rules and Regulations in force from time to time in all matters including promotion, transfer, travelling and other allowances, leave, security, Provident Fund, etc.
- 6. **SECURITY:**
 - a) The employee shall give such security as the Board of Directors or the Chairman or any other Competent Authority of the Bank appointed in this behalf may determine from time to time, for due performance of this Agreement and for recoupment of any loss caused to the Bank due to his/her negligence, misconduct, fraud or violation of any terms of this Agreement.
 - b) That the Bank shall have a first lien on all dues of the employee including security as well as salary and the Bank shall have the right to recover all losses suffered by it through fraud, negligence or misconduct of the employee from such dues.
 - c) The security given by the employee shall remain under the control of the Bank during the entire period of service of the employee with the Bank and till the settlement of all claims of the Bank for loss of damage, if any, caused on account of breach of any of the terms and conditions of the agreement by the employee.
 - d) Subject to the rights of the Bank reserved under clause (b) and (c) above, the security held shall become refundable to the employee on the expiry of 90 days after termination of his/her service.

e) If the Bank suffers any loss on account of non-performance of any of the conditions of this Agreement or on account of any act or omission of the employee or by reason of negligence, fraud, misconduct or dishonesty in the discharge of his/her duties, the Bank shall be entitled to recover the loss from the cash security of the employee and to recover the deficiency, if any, from his/her personal and other property.

7. **DURATION OF AGREEMENT:** This Agreement shall remain in force as long as the employee continues in the service of the Bank notwithstanding any change in his/her designation, status, salary or the duties and responsibilities entrusted to him/her.

8. **SUSPENSION:**

The employee on his/her dismissal from service for misconduct shall not be entitled to any emolument for the period of his/her suspension except a subsistence allowance.

9. **DISABILITY OF EMPLOYEE:** After the termination of his/her employment for any reason whatsoever, the employee will not at any time or for any purpose, use the name of the Bank in connection with his/her name or any other name in any way calculated to suggest that he/she is or has been connected with the Bank business nor in any way holds himself/herself out as having or having had any such connection any customer of the Bank which he/she may have acquired in the course of or as incident to this employment hereunder for his/her own benefit or to the detriment or intended or probable detriment of the Bank.

10. On the termination of his/her services for whatever cause, the employee shall surrender to the Bank complete charge of all articles assets, books of the Bank, keys and all other things on which he/she may have control or be in his/her charge and shall also surrender documents papers, etc., over which he/she may have any dominion while as an employee of the Bank.
11. The Power of Attorney of the employee shall become inoperative and he/she shall surrender the same to the Bank for cancellation. If the employee commits any default in respect of any of the terms and conditions mentioned in this clause, he/she shall be liable to forfeit security.
12. In case the employee is covered by any Award/Settlement in force from time to time, any terms in this Agreement against the provisions of such Award shall not be binding on the employee during the operation of the Award.

IN WITNESS WHEREOF the parties hereto have set their hands in the presence of witnesses,

WITNESSES:

Signature of the Employee

1.....

.....

SARVA HARYANA GRAMIN BANK

2.....

.....

GENERAL MANAGER

INDEMNITY BOND WITH SURETY

(TO BE STAMPED AS PER STATE STAMP RULES)

This Indemnity is made and executed at _____ on _____ day of _____ 20____ by Shri _____ S/o Shri _____ a permanent resident of _____ herein called "**Employee**", the party of the First Part,

AND

Shri _____ S/o Shri _____ a permanent resident of _____

hereinafter called "**Surety**", the party of the Second Part, in favour of Sarva Haryana Gramin Bank, a body corporate constituted under the Regional Rural Banks Act, 1976 (21 of 1976) and Gazette Notification dated 29th Nov., 2013 issued by the Government of India, Ministry of Finance, Department of Economic Affairs (Banking Division) having its Head Office at Rohtak hereinafter called "**Employer Bank**".

The terms '**Employee**', '**Surety**' and the '**Employer Bank**' unless repugnant to the context shall mean and include their heirs, legal representatives, successors, executors and administrators.

WHEREAS the Employee has been selected for appointment as **Office Assistant (Multipurpose) in the service of the Employer Bank.**

WHEREAS an Offer of Appointment containing the terms and conditions of the appointment has already been issued to the Employee vide letter No.HO/HRD/_____/_____ dated _____ of the Employer Bank.

WHEREAS the acceptance of the terms and conditions of the appointment has already been communicated to the Employer Bank on _____ by the Employee.

Contd.....2.

WHEREAS one of the terms and conditions of the appointment is the Employee has to serve the Employer Bank i.e. **Sarva Haryana Gramin Bank for minimum period of Two Years after appointment, has to execute an indemnity with surety in favour of Employer Bank.**

NOW THIS INDENTURE WITNESSETH as under:

1. In compliance of the aforesaid condition in Offer of Appointment subject to which the Employer Bank has agreed to give appointment to the Employee, the Employee hereby undertakes to serve the Employer Bank for a minimum period of **Two Years**.
2. The party of the second part i.e. Sh. _____ S/o Sh. _____ agrees to stand as **Surety** for the due performance of the obligation of the Employee under this agreement of indemnity. **In case of breach of the terms of this indemnity by the Employee and failure to indemnify the Bank, the Surety shall be jointly and severally liable to pay the amount of Rs. 1,50,000/- (Rs. One Lakh Fifty Thousand only) plus GST as applicable from time to time to Employer Bank immediately on demand.**
3. **The Employee further agrees and undertakes that in case he/she commits breach of the above condition and resigns from or leaves/abandons the service and/or neglects in performance of the duty assigned to him leading to termination of his/her service as per Rules and Regulations by the Employer Bank for all losses, costs, charges and expenses upto extent of Rs. _____ lakh and pay an amount of Rs. _____ (Rs. _____) only with the interest thereon @ 12 per cent per annum from the date of breach of the above till payment as liquidated damages/cost of training including on the job training, the employee at his/her place, and also on account of business loss suffered/to be suffered by Employer Bank during intervening period. The employee and surety agrees that assessment of liquidated damages as assessed at Rs. _____ are reasonable, which they both agree to pay jointly and severally in case demand is made by the Employer Bank.**

4. Notwithstanding anything contained herein above, furnishing of this indemnity will not create any right in favour of the **Employee** to continue in the service of Employer Bank for the aforesaid term of two years, and the **Employer Bank** shall always have the right to take appropriate action against the **Employee** as per terms of the appointment letter and/or the Rules and Regulations of the **Employer Bank** as applicable, in case of commission of any misconduct by the **Employee**.
5. The amount specified above shall constitute a debt owing to the Employer Bank and shall be recoverable from the Employee and the Surety jointly and severally with interest thereon at the rate specified above till payment.

IN WITNESS whereof, the **EMPLOYEE** and the **SURETY** have put their signatures in the presence of the witnesses.

Signed and delivered by the Party of the First Part i.e. the Employee having perused and understood the contents terms of this Agreement .

Signed and delivered by the Party of the Second Part i.e. the Surety having perused and understood the contents/terms of the Agreement.

1. WITNESS:

EMPLOYEE SIGNATURE

NAME & ADDRESS:

NAME & ADDRESS

2. WITNESS:

SURETY SIGNATURE

NAME & ADDRESS:

NAME & ADDRESS

SCHEDULE – I

Declaration of Fidelity and Secrecy

Date.....

Place.....

I, do hereby declare that I will faithfully, truly and to the best of my skill and ability execute and perform the duties required of me as **Office Assistant (MP)** of the Sarva Haryana Gramin Bank, Head Office, Rohtak and which properly relate the office or position held by me in the said Bank.

I further declare that I will not divulge or allow to be divulged to any person not legally entitled thereto any information relating to the affairs of the said Bank or to the affairs of any person having any dealing with the said Bank and nor will I allow any such person to inspect or have access to any books or documents or electronic records belonging to or in possession of the said Bank and relating to the business of the said Bank or the business of any person having any dealing with the said Bank.

Signature

Name in Full:

Designation:

Signed before me,

Signature of Witness:

Name in Full:

Designation:

SCHEDULE – II

Declaration to be obtained from every Employee on First Appointment.

1. Mr./Ms..... S/o.W/o.D/o

declare as under:

(i) That I am unmarried/a widower/widow.

(ii) That I am married and have only one spouse living.

(iii) That I have entered into or contracted a marriage with a person having spouse living. Application for grant of exemption is enclosed.

(iv) To be modified.

2. I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Signature

Name:

Place.....

S/o.W/o.D/o.....

Date:

Address

SCHEDULE-III
Form B
Declaration of Domicile

Place.....

Date.....

(1) I, the undersigned, having been appointed in the service of Sarva Haryana Gramin Bank, Head Office, Rohtak hereby declare..... (Place) in..... (District) as my place of domicile.

(2) *The above is my place of birth

Or

*The above is not my place of birth. My place of birth is..... (Place) in (District) but..... (Place) has been declared as my place of domicile for the reasons given below:

.....

.....

Signature

Name in full

Designation.....

Nature of appointment.....

Date of appointment.....

*Strike out whichever is not applicable.

SARYA HARYANA GRAMIN BANK

HEAD OFFICE: ROHTAK

Name of Post: _____

Name of the Candidate: _____

Father's Name: _____

Please furnish Name and Address of two respectable persons, preferably known to the Bank and not related to you for reference:-

(1) _____

(2) _____

Acceptance of Information Security Policy

I have read and understood the Information Security Policies and Procedures of the bank hosted at circular site.

If I have any queries concerning the meaning or application of the Information Security Policies or Procedures as applicable to me for my job, I know I can consult my manager or the Chief Information Security Officer, knowing that my questions or reports to these sources will be maintained in confidence.

I understand the standards and policies contained in the Information Security Policy. I further agree to comply with the Information Security Policy and shall accept any management decision as a disciplinary process if I fail to comply with the same.

Employee Name:

Employee Number:

Signature:

Date:_____

Please sign and return this form to the Human Resources Department.

Received & Accepted.

(CM - HRD)

MEDICAL REPORT

A. To be filled in by the Examinee himself

NAME : _____

FULL NAME IN BLOCK LETTERS

ADDRESS _____

1. Have you ever had any serious illness or Surgical operations? _____
2. Have you or has any member of your family ever been under treatment for tuberculosis? _____
3. Have you or has any member of your family ever suffered from medical disease, fits or epilepsy or been treated in an institution for any kind of these diseases? _____
4. Have you or has any member of your family ever been under treatment for trachoma? _____

State if “Normal” – if not give particulars of any departure from Normal :

Husband or single man

Wife or single woman

Date of Birth :

Date of Birth :

(Signature of the Examinee)

B. (To be filled in by the Examining Doctor)

Max. Min. Max. Min.

- a) Heart
- b) Blood Pressure
- c) Lungs
- d) Nervous System
- e) Mental condition & Intelligence
- f) Digestive Organs
- g) Skelton Bones & Joints
- h) Skin
- i) Hearing

Contd.....2..

j) Sight (i) Without Glass	R	L	R	L
(ii) With Glass (if worn)	R	L	R	L
Cause of defect of sight				
k) Genito Urinary Organ				
l) Urine Albumen or Sugar Present				
m) Teeth				
n) Deformities				

HEIGHT

WEIGHT

REMARKS: In case where the Medical Examiner is unable to describe the examinee as being in perfect health and development, he/she should state the exact nature of the defect which he finds and whether it is of a permanent nature or temporary nature.

Certify that I have this day examined the above named and that the results are as set forth and I certify that in my opinion, subject to any special observations under 'Remarks' the above named is in good health and of sound constitution and not suffering from any mental or bodily defect.

(Signature & Qualifications)

Address: _____

DATE:

SARYA HARYANA GRAMIN BANK
HEAD OFFICE: ROHTAK

(To be filled by the Candidate on the date of reporting for duty)

INSTRUCTIONS:

1. Filled in this form in your own handwriting.
2. Give complete answers to all questions. Check () where necessary.

Reporting for joining as _____
P E R S O N A L D A T A

Full Name (in block Letters)

Present Address

Permanent Address

Contact Telephone No./Fax No. _____

Age (Years)

Date of Birth

State to which you belong

Male / Female

Nationality

Religion

Height

Weight

Do you belong to Scheduled Caste or Scheduled Tribe/Other Backward Caste (OBC):
Yes / No

If Yes, State the Caste _____

MARITAL-STATUS

Unmarried/ Married /Widowed /Divorced

Number of Dependent Children Male _____ Female _____

Number of other Dependents and their Relationships:

- 1.
- 2.
- 3.
- 4.

Particulars of major illness, operation or accident, if any:

Defects in sight, hearing or speech, if any:

What is your total indebtedness, if any?

Have you ever been prosecuted (omit traffic offences) or involved in Yes / No

Any court proceedings? If yes, give details.

Have you ever been debarred/disqualified by any institution from appearing at its examination, rusticated by any University or any other educational authority/institution? If yes, give details. Yes / No

Is any case pending against you in any University or any other educational authority/institution at the time of filling up this attestation form? Yes / No

If yes, give details.

Have you ever been abroad (If yes, give name of country visited and purpose thereof) Yes / No

Name of Father/Husband:

Occupation, if employed give exact Designation and Name of Employer:

Monthly Income /Rs.

Address for purpose of emergency:

Tel. No:

E D U C A T I O N

Give Particulars of all examinations passed from Matriculation to University level.

Exam/Degree	Subjects	% Marks	Class/Div.	Position at Board/ University level	Years	School/ College	Board/ University

RESEARCH - Publication of Books, Articles, etc:

Participation in Training Camps/Seminars:

Professional/Vocational qualifications, if any:

Scholastic Honours – Fellowships and Scholarship, i f any:

What subject in college interested you most and why?

L A N G U A G E S

Underline your Mother-tongue and proficiency in other Languages:

Speak

Read

Write

EXTRA CURRICULAR ACTIVITIES

LEADERSHIP QUALITIES

Were you a captain of a college team? Yes / No

Were you a member/captain of a University team? Yes / No

Were you an under officer or above in NCC? Yes / No

Were you a secretary/president of a University Union? Yes / No

Name your hobbies and membership of professional organizations.

If employed, give the name & address of your present & past employer (s), including SHGB. Also, give your avocation, business or otherwise including employment after completion of your education upto the date of your joining the Bank.

Position held, exact designation and nature of work

Nature of business

Period	From	To
Total Salary per month	At start (Rs.)	At present (Rs.)

Note: If you have worked with more than one employer, give your employment history as above in a separate sheet of paper.

May we refer to your present employer Yes / No

List two persons **other than relatives and former employers**, personally known to you for more than three years, preferably known to the Bank.

1. Name	:	_____
Exact Address	:	_____
Occupation	:	_____
Status/Designation	:	_____
Business/Employment	:	_____
Period known	:	_____
2. Name	:	_____
Exact Address	:	_____
Occupation	:	_____
Status/Designation	:	_____
Business/Employment	:	_____
Period known	:	_____

GENERAL

Are you related to any present or ex-member of the staff? Yes / No

If yes, give name, designation, office where he is working or was last employed.

Are you connected with or related to any of the Directors of this Bank? Yes / No

Have you ever applied for working here before? Yes / No

Have you ever worked here before? Yes / No

State here any other facts about yourself that you would like to give us in support of your application. Attach a separate sheet, if required.

I certify that the information given by me in this form is correct and complete to the best of my knowledge and belief. I understand and agree that misrepresentation, falsification, or omission of material fact may be cause for rejection of my application or termination of service after employment. The statements made in this Form may be verified from each of my former employers and any other persons who may have information concerning me.

Place:

Signature of Applicant

Date:

SARYA HARYANA GRAMIN BANK
HEAD OFFICE : ROHTAK

ATTESTATION FORM
(To be submitted 4 copies)

The furnishing of false information or suppression of any factual information in the Attestation Form would be a disqualification and is likely to render the candidate unfit for the appointment in the Bank. If the fact that false information has been furnished or there has been suppression of any factual information in the Attestation Form comes to notice any time during the service of a person, his/her services would be liable to be terminated.

Affix Latest passport
size photograph
duly self attested.

NAME OF POST:DATE OF REPORTING:

PLACE OF REPORTING:

		SURNAME	NAME
1. Name in full (in Block Letters) with aliases, if any, (Please indicate if you have added or dropped at any stage any part of your name or surname).			
2. Present address in full (i.e.Village, Thana and District Or House No., Lane/ Street/Road and Town).			
3. (a) Home address in full (i.e.Village, Thana and District Or House No, Lane/Street/ Road, Town and name of the Distt. H.O.)			
(b) If originally a resident of Country other than India,the address in that country and the date of migration to Indian Union.			
4. Particulars of places (with period of residence) where you have resided for more than one year at a time during the preceding five years:-			
From	To	Residential address in full (i.e. Village, Thana and Distt. Or House No. Lane/Street/Road and Town mentioned in the preceding Column)	Name of the Distt H.Q. of the place

- 5.1 (a) Father's Name in full with alias, if any:
- (b) Present postal address (if dead, give last address):
- (c) Permanent Home Address:
- (d) Profession:
- (e) If in service, give designation and official address:

5.2 (a) Husband's name in full:

(b) Profession:

(c) Designation and office address:

6. Nationality of

Father:

Mother:

Husband/Wife:

7. Exact date of birth:

Present age:

Age at Matriculation:

8. (a) Place of Birth:

(b) Distt. and State in which situated :

(c) Distt. and State to which you belong :

9. (a) Your Religion:

(b) Are you a member of Scheduled Caste/Scheduled Tribe? Yes No

If yes, state the name thereof:

10. Educational qualifications showing place of education with years in schools and colleges since 15th year of age:

Name of School/College with full address	Date of entering	Date of leaving	Examination Passed	Year of Passing
---	------------------	-----------------	--------------------	-----------------

11. If you have, at any time, been employed, give details :

Designation of Post held or description of work	From	To	Full address of the Office, firm or Institution	Reason for leaving the job
--	------	----	--	-------------------------------

12. Have you ever been arrested or kept under detention or bound down/fined/convicted by a Court of law for any offence, or debarred/disqualified by the Public Service Commission from appearing at its examination selections or debarred from taking any examination or restricted by authority/institution?

If answer is 'Yes' full particulars of the case detention, fine, conviction, sentence, etc. should be given.

13 Have you ever been convicted or any offences committed against woman, including conviction for dowry offences under the Dowry Prohibition Act, 1961, or under Section 304 B of IPC?

If answer is 'Yes' full particulars of the case, detention, fine, conviction, sentences, etc. should be given.

DECLARATION

I, certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances, which might impair my fitness for employment in the Bank. I have/will have no objection to the Bank making enquiries at any time (immediately/in the near future) regarding the statements made by me in the application, in any matter they decide to do so inclusive of police enquiry into my antecedents.

SIGNATURE OF CANDIDATE

PLACE: _____

DATE: _____

SARVA HARYANA GRAMIN BANK

HEAD OFFICE: ROHTAK

IDENTITY FORM

1. Full Name:
2. Designation:
3. Academic & Vocational Qualification:
4. Father's Name and Occupation:
4(i) Name of spouse, if married:
5. Caste:
6. Complete Home Address:
7. Present Address:
8. Date of Birth:
9. Height:
10. Mark of Identification:
 - a) Colour:
 - b) Built:
11. Relationship with any Employee or Director of the Bank (give names and relationship in vernacular)
12. Date of Appointment with pay:
13. Date of signed photograph:
14. Left hand thumb impression:
15. Signature of employee:
16. PAN:
17. Aadhar No.
18. Initial of the employee:

Affix Latest
passport size
Photograph
duly self
attested

Place:

Date:

FORM FOR GIVING INTIMATION FOR TRANSACTIONS IN SHARES, SECURITIES, DEBENTURES AND INVESTMENT IN MUTUAL FUND SCHEMES ETC.

- 1 Name & Designation:
2. Scale of pay & present pay:
3. Details of each transaction made in shares, securities, debentures, mutual funds schemes etc. during the period 01.04.____ to 31.03.____
4. Particulars of the party/firm with whom transaction made
 - a) Is party related to the Applicant.
 - b) Did the applicant have any dealing with the party in his official capacity at any time or is the applicant likely to have any dealings with him in the near future.
5. Source or sources from which financed:-
 - a) Personal savings
 - b) Other sources giving details
6. Any other relevant fact which applicant may like to mention.

DECLARATION

I hereby declare that the particulars given above are true.

PLACE:

SIGNATURE

DATE:

DESIGNATION

Annexure - II OBC Declaration Performa

DECLARATION/UNDERTAKING - FOR OBC (Non Creamy Layer) CANDIDATES ONLY

I, Mr./Ms. _____ 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
(Creamy Layer) mentioned in Column 3 of the Schedule to the above
referred Office Memorandum, dated 8/9/1993, which is modified vide
Department of Personnel and Training Office Memorandum
No.36033/3/2004 Estt.(Res.) dated 9/3/2004 and further modified vide OM
No 36033/3/2004-Estt.(Res.) dated 14/10/2008 or the latest notification of
the Government of India.

I also declare that the condition of status/annual income for 'Non Creamy
Layer' of my parents is within prescribed limits as on financial year ending
on March 31, _____.

Signature of the Candidate

Place:

Date:

Declaration/undertaking not signed by Candidate will be rejected

NOTE:

"The Appointment is provisional and is subject to the community certificate being verified through the proper channels. If the verification reveals that the claim of the candidate to belong to Other Backward Classes or not to belong to the creamy layer is false, his/her service will be terminated forthwith without assigning any further reasons and without prejudice to such further action as may be taken under the provisions of the Indian Penal Code for production of false certificates."

**FORM FOR APPOINTMENT OF BENEFICIARY
UNDER RULE 6 OF THE GRATUITY FUND
OFFICE OF THE TRUSTEES OF SARVA HARYANA GRAMIN BANK
EMPLOYEES GRATUITY FUND, H.O. ROHTAK**

Name of Employee : Shri/Smt./Km. _____

Date of joining the service : _____

I hereby nominate the person/persons mentioned below to be beneficiary/beneficiaries in the manner shown against the respective names.

The amount due to any beneficiary who is a minor at the time of my death should be paid to the person whose name appears in column 5.

Name and address of the beneficiary or beneficiaries	Relationship with the Employee	Whether major or minor (State date of birth in case of minor)	Proportion of benefit	Name and full address of the person to whom payment is to be made on behalf of the minor beneficiary	Sex & parentage of person mentioned in Column 5	Signature of person mentioned in Column 5 in token of consent to receive benefit on behalf of minor beneficiary
1	2	3	4	5	6	7

The Trustees will be absolved from all liability in respect of my Gratuity Account on Paying the amount to me if I am alive or the person or persons named in column No.1 above after my death. My marriage or the remarriage or the marriage or remarriage of any one of my nominees will not affect the Trustee's right to get a full and final discharge from me if I am alive and in case of my death from my nominee as mentioned in column 1 above.

Contd.....2

This nomination is in cancellation of any earlier nomination I have made under the Rules

Signature of Employee

Signed in our presence

Witness No. 1

Name _____

Signature _____

Occupation _____

Designation _____

Address _____

Witness No. 2

Name _____

Signature _____

Occupation _____

Designation _____

Address _____

FORM – SC/ST

FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE BELONGING TO SCHEDULED CASTE OR SCHEDULED TRIBE IN SUPPORT OF HIS / HER CLAIM.

1. This is to certify that Sri / Smt / Kum* _____
son / daughter* of _____ of village /
town* _____ in District / Division* _____ of the
State / Union Territory* _____ belongs to the _____ Caste/Tribe*
which is recognized as a Scheduled Caste/ Scheduled Tribe* under :

- * The Constitution (Scheduled Castes) Order, 1950 ;
- * The Constitution (Scheduled Tribes) Order, 1950 ;
- * The Constitution (Scheduled Castes)(Union Territories)Orders, 1951 ;
- * The Constitution (Scheduled Tribes)(Union Territories)Order, 1951 ;

[as amended by the Scheduled Castes and Scheduled Tribes lists Modification) Order,1956; the Bombay Reorganisation Act, 1960; the Punjab Reorganisation Act 1966, the State of Himachal Pradesh Act, 1970, the North-Eastern Areas (Reorganisation)Act, 1971, the Constitution (Scheduled Castes and Scheduled Tribes) Order (Amendment) Act,1976, The State of Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Reorganization) Act,1987]:

- * The Constitution (Jammu and Kashmir) Scheduled Castes Order,1956 ;
- * The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976 ;
- * The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962 ;
- * The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order, 1962 ;
- * The Constitution (Pondicherry) Scheduled Castes Order 1964;
- * The Constitution (Uttar Pradesh) Scheduled Tribes Order,1967;
- * The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968 ;
- * The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968 ;
- * The Constitution (Nagaland) Scheduled Tribes Order, 1970 ;
- * The Constitution (Sikkim) Scheduled Castes Order, 1978 ;
- * The Constitution (Sikkim) Scheduled Tribes Order, 1978 ;
- * The Constitution (Jammu and Kashmir) Scheduled Tribes Order, 1989 ;
- * The Constitution (Scheduled Castes) Orders (Amendment)Act, 1990;
- * The Constitution (ST) Orders (Amendment) Ordinance, 1991 ;
- * The Constitution (ST) Orders (Second Amendment) Act,1991 ;
- * The Constitution (ST) Orders (Amendment) Ordinance, 1996;
- * The Scheduled Caste and Scheduled Tribes Orders (Amendment)Act 2002;
- * The Constitution (Scheduled Castes) Order (Amendment) Act, 2002;
- * The Constitution (Scheduled Caste and Scheduled Tribes) Order (Amendment) Act, 2002;
- * The Constitution (Scheduled Caste) Order (Second Amendment) Act, 2002.

.....2

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

This certificate is issued on the basis of the Scheduled Castes / Scheduled Tribes* Certificate issued to Shri. / Smt. / Kumari* _____ Father /Mother* of Sri / Smt. / Kumari* _____ of village / town _____ in District/Division* _____ of the State/Union Territory* _____ who belong to the _____ Caste / Tribe* which is recognized as a Scheduled Caste/Scheduled Tribe* in the State/Union Territory* issued by the _____ [Name of the authority] vide their order No. _____ dated _____.

3. Shri/Smt/Kumari* _____ and/or* his/her* family ordinarily reside(s) in village/town* _____ of _____ District / Division* of the State / Union Territory* of _____

Signature _____

Designation _____

Place:

Date :

[With seal of Office]

State/Union Territory

Note: The term "Ordinarily resides" used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.

* Please delete the words which are not applicable.

Delete the paragraph which is not applicable.

List of authorities empowered to issue Caste / Tribe Certificates:

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector/I Class Stipendiary Magistrate / Sub-Divisional Magistrate / Extra-Asst. Commissioner / Taluka Magistrate / Executive Magistrate.
2. Chief Presidency Magistrate/ Additional Chief Presidency Magistrate / presidency Magistrate.
3. Revenue Officer not below the rank of Tehsildar.
4. Sub-Divisional Officers of the area where the candidate and / or his family normally resides.
5. Administrator/Secretary to Administrator/Development Officer Lakshadweep).

Note : The Certificate is subject to amendment/modification of Scheduled Castes and Scheduled Tribes lists from time to time as per Government of India Guidelines.

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Note : The prescribed proforma shall be subject to amendment from time to time as per Government of India Guidelines.

OBC Certificate Format

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

This is to certify that Sri / Smt. / Kum* _____ Son / Daughter* of
Shri / Smt.* _____ of village/Town* _____
District/Division* _____ in the _____ State belongs to the
_____ community which is recognized as a backward class under :

- (i) Resolution No.12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary Part I Section I No.186 dated 13/09/93.
- (ii) Resolution No.12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary Part I Section I No.163 dated 20/10/94.
- (iii) Resolution No.12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary Part I Section I No.88 dated 25/05/95.
- (iv) Resolution No.12011/96/94-BCC dated 09/03/96.
- (v) Resolution No.12011/44/96-BCC dated 06/12/96 published in the Gazette of India Extraordinary Part I Section I No.210 dated 11/12/96.
- (vi) Resolution No.12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No.12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No.12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No.12011/88/98-BCC dated 06/12/99 published in the Gazette of India Extraordinary Part I Section I No.270 dated 06/12/99.
- (x) Resolution No.12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary Part I Section I No.71 dated 04/04/2000.
- (xi) Resolution No.12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary Part I Section I No.210 dated 21/09/2000.
- (xii) Resolution No.12015/9/2000-BCC dated 06/09/2001.
- (xiii) Resolution No.12011/1/2001-BCC dated 19/06/2003.
- (xiv) Resolution No.12011/4/2002-BCC dated 13/01/2004.
- (xv) Resolution No.12011/9/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No.210 dated 16/01/2006.
- (xvi) Resolution No.12011/9/2004-BCC dated 12/03/2007 published in the Gazette of India Extraordinary Part I Section I No.67 dated 12/03/2007.
- (xvii) Resolution No.12015/2/2007-BCC dated 18/08/2010.
- (xviii) Resolution No.12015/13/2007-BCC dated 08/12/2011.

Shri/Smt./Kum. _____ and/or his/her family ordinarily reside(s)
in the _____ District/Division of _____ State. This is also to certify
that he/she does not belong to the persons/ sections (Creamy Layer) mentioned in column 3 of the
Schedule to the Government of India, Department of Personnel & Training O.M. No.36012/22/93-
Estt.[SCT], dated 08/09/93 which is modified vide O.M. No.36033/3/2004 Estt.(Res.) dated
09/03/2004, further modified vide O.M. No.36033/3/2004-Estt.(Res.) dated 14/10/2008 or the latest
notification of the Government of India.

Dated :

District Magistrate /

Deputy Commissioner /

Competent Authority

Seal

***Please delete the word(s) which are not applicable.**

NOTE :

- (a) The term 'Ordinarily resides' 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 Certificates are indicated below :
 - (i) District Magistrate / Additional Magistrate / Collector / Deputy 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).
 - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
 - (iii) Revenue Officer not below the rank of Tehsildar and
 - (iv) Sub-Divisional Officer of the area where the candidate and/or his family resides.

Note : The prescribed proforma shall be subject to amendment from time to time as per Government of India Guidelines.

FORM- EWS

Government of

(Name & Address of the authority issuing the certificate)

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No.

Date :

VALID FOR THE YEAR

This is to certify that Shri/Smt./Kumari son/daughter/wife of permanent resident of Village/Street Post Office..... District... in the State/Union Territory Pin Code..... whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her family** is below 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

Recent Passport size
attested photograph
of the applicant

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

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

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

NOTE :-

The Income and Asset Certificate issued 'by anyone of the following authorities in the prescribed format as given above shall only be accepted as proof of candidate's claim as 'belonging to EWS : -

- (i) District Magistrate/Additional District Magistrate/ Collector/ Deputy Commissioner/Additional Deputy Commissioner/1st Class Stipendiary Magistrate/ Sub-Divisional Magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner,
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/ Presidency Magistrate,
- (iii) Revenue Officer not below the rank of Tehsildar and
- (iv) Sub-Divisional Officer or the area where the candidate and/or his family normally resides.

Note: The Prescribed proforma shall be subject to amendment from time to time as per Government of India Guidelines.

FORM-I

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in cases of blindness)
(Prescribed proforma subject to amendment from time to time as per Government of India Guidelines)
(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 :

(A) he/she is a case of:

- locomotor disability
- Dwarfism
- Blindness

(Please tick as applicable)

(B) The diagnosis in his/her case is _____

(A) He/She has _____ % (in figure) _____ percent (in words) permanent
locomotor disability/ dwarfism /blindness in relation to his/her _____ (part of body) as per guidelines
(.....number and date of issue of the guidelines to be specified)

2. The applicant has submitted the following documents as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Signature/Thumb
impression of the person
in whose favour
disability certificate is
issued.

FORM – II

Certificate of Disability

(In case of multiple disabilities)

(Prescribed proforma subject to amendment from time to time as per Government of India Guidelines)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent PP 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 table below :

Sr. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Dwarfism			
5	Cerebral Palsy			
6	Acid Attack Victim			
7	Low vision	#		
8	Blindness	#		
9	Deaf	£		
10	Hard of Hearing	£		
11	Speech and Language Disability			
12	Intellectual Disability			
13	Specific Learning Disability			
14	Autism Spectrum disorder			
15	Mental-illness			
16	Chronic Neurological Conditions			
17	Multiple sclerosis			
18	Parkinson's disease			
19	Haemophilia			
20	Thalassemia			
21	Sickle Cell disease			

- (B) In the light of the above, his/her over all permanent physical impairment as per guidelines (..... number and date of issue of the guidelines to be specified), is as follows :-

In figures :- _____ percent

In words :- _____ percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is :

(i) not necessary,

Or

(ii) is recommended / after _____years _____months, and therefore this certificate shall be valid till (DD / MM / 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 documents as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

5. Signature and Seal of the Medical Authority

Name and seal of Member	Name and seal of Member	Name and seal of Chairperson

Signature/Thumb
impression of the
person in whose
favour disability
certificate is issued.

FORM - III

Certificate of Disability

(In cases other than those mentioned in Form I and II)

(Prescribed proforma subject to amendment from time to time as per Government of India Guidelines)

(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 _____

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 :

Sr. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Cerebral Palsy			
5	Acid Attack Victim			
6	Low vision	#		
7	Deaf	€		
8	Hard of Hearing	€		
9	Speech and Language Disability			
10	Intellectual Disability			
11	Specific Learning Disability			
12	Autism Spectrum disorder			
13	Mental-illness			
14	Chronic Neurological Conditions			

15	Multiple sclerosis			
16	Parkinson's disease			
17	Haemophilia			
18	Thalassemia			
19	Sickle Cell disease			

(Please strike out the disabilities which are not applicable.)

2. The above condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is :

(i) not necessary,

Or

(ii) is recommended / after _____ years _____ months, and therefore this certificate shall be valid till (DD / MM / YY) _____

@ - e.g. Left/Right/both arms/legs

- e.g. Single eye / both eyes

£ - e.g. Left / Right / both ears

4. The applicant has submitted the following documents as proof of residence :-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)
(Name and Seal)

Countersigned

{Countersignature and seal of the
CMO/Medical Superintendent/Head of
Government Hospital, in case the
certificate is issued by a medical
authority who is not a government
servant (with seal)}

Signature/Thumb
impression of the
person in whose
favour disability
certificate is
issued.



आस्तियों एवं देयताओं का वार्षिक विवरण (अधिकारियों के लिए)
ANNUAL STATEMENT OF ASSETS & LIABILITIES
(For Office Assistant)

As on _____ को

क्षेत्रीय/ मुख्य कार्यालय-Regional/Head Office : _____

अधिकारी का नाम /Name of the Employee : _____

पदनाम /Designation : _____

विशिष्ट पहचान संख्या /Unique ID : _____

शाखा कार्यालय/Branch Office : _____

आस्तियाँ/ **ASSETS**
(क) अचल सम्पत्तियों का विवरण
(a) Statement of Immovable Properties

(अ) (भूमि)/ LAND

भूमि की स्थिति अर्थात् राज्य/जिला/गांव Location of Land viz. State/Distt./ Village	सर्वेक्षण संख्या Survey No.	सीमा Extent	वर्गीकरण Classification	कब ली गई When Acquired	कैसे ली गई How Acquired	खरीद/बाजार मूल्य Purchase/Market value	टिप्पणी Remarks
1	2	3	4	5	6	7	8



(आ) (भवन) / BUILDING

भवन की स्थिति अर्थात् राज्य/जिला/गांव Location of Building viz. State/Distt./ Village	गली एवं मकान नं Street & No. of the House	भवन का वर्गीकरण Classification of Building *	प्लिन्थ एरिया Plinth Area	कब ली गई When Acquired	कैसे ली गई How Acquired **	खरीद/बाजार मूल्य Purchase/ Market value	मासिक किराया, यदि कोई मिला Monthly rent if any received	टिप्पणी Remarks
1	2	3	4	5	6	7	8	9

* रहने का मकान, व्यवसायिक भवन

Dwelling House, Commercial Building :

**विरासत में आय से खरीदी गई

By inheritance, purchased out of earnings:

हस्ताक्षर / Signature

आस्तियों एवं देयताओं का वार्षिक विवरण
ANNUAL STATEMENT OF ASSETS & LIABILITIES

(1) (क) चल सम्पत्ति का विवरण

(1) (A) Statement of Movable Property

कितनी राशि का बीमा है Total Amount Involved	बीमा की वार्षिक किस्त Annual Insurance Premium	बीमा कम्पनी का नाम Name of Insurance Company	टिप्पणी Remarks
(1)	(2)	(3)	(4)



स्टॉक एवं शेयर / STOCK & SHARES

कितने शेयर हैं Number of Shares held	शेयर का विवरण Description of Share	कम्पनी का नाम Name of Company	प्रत्येक शेयर का खरीद मूल्य Purchase value of each Share	शेयरों का खरीद मूल्य Total purchase value of Shares	टिप्पणी Remarks
1	2	3	4	5	6
जमा / Deposits					
बैंकों / वित्तीय संस्थाओं, कम्पनियों आदि में साविध जमा के रूप में कुल राशि Total Amount of way of fixed deposits in banks, financial institutions, companies etc.					
आभूषण / Jewellery					
कुल अनुमानित मूल्य / Estimated Total Value (इसमें आभूषण के रूप में चांदी और अन्य बहुमूल्य नग शामिल हैं। (This will include silver and other precious metals, precious stones forming part of jewellery.) अनुमानित भार / Approx. Weight वर्तमान अनुमानित बाजार मूल्य Approx present market value					
रु. 25000/- प्रति वस्तु से अधिक की कीमत की अन्य वस्तुएँ Other Items costing over Rs. 25000/- per piece.					
विवरण Description	कब खरीदी गई When Purchased	खरीद मूल्य Purchase Value	वित्तीय स्रोत Source of Finance		
(जैसे रेफ्रिजरेटर, टेप रिकार्डर, एअर कंडीशनर, टीवी सैट, कार्पेट्स, मोटरसाइकिल, स्कूटर, रेडियोग्राफ) (e.g. Refrigerator, Tape Recorder, Air Conditioner, T.V. Set, Carpets, Motor Car, Motor Cycle, Scooter etc.)					
हस्ताक्षर / Signature					



आस्तियों एवं देयताओं का वार्षिक विवरण
ANNUAL STATEMENT OF ASSETS & LIABILITIES
देयताएँ
LIABILITIES

ऋण/DEBTS

हस्ताक्षर/Signature_____

दिनांक/Date_____

नाम/Name_____

पदनाम/Designation_____



अंशों, प्रतिभूतियों, ऋणपत्रों तथा पारस्परिक निधि सम्बन्धी योजनाओं आदि में किए गए निवेश संव्यवहारों की सूचना देने वाला फार्म

FORM FOR GIVING INTIMATION FOR TRANSACTIONS IN SHARES, SECURITIES, DEBENTURES AND INVESTMENT IN MUTUAL FUND SCHEMES ETC.

1	नाम एवं पदनाम/Name & Designation	
2	Providend Fund Account No.	
3	वेतनमान एवं वर्तमान वेतनमान/Scale of Pay and Present Pay	
4	01.04.....से 31.03..... की अवधि के दौरान अंशों, प्रतिभूतियों, ऋणपत्रों तथा पारस्परिक निधियों सम्बन्धी योजनाओं आदि में किये गये प्रत्येक संव्यवहार का ब्यौरा Details of each transaction made in shares, securities, debentures, mutual funds schemes etc. during the period 01.04..... to 31.03.....	
5	उस पार्टी/फर्म का ब्यौरा जिसके साथ संव्यवहार किया गया Particulars of the firm/party with whom transaction made	
	अ) क्या आवेदक के साथ पार्टी का कोई सम्बन्ध है ? a) Is party related to the Applicant	
	ब) क्या आवेदन का आधिकारिक रूप से पार्टी के साथ कोई संव्यवहार था अथवा क्या आवेदक का उसके साथ निकट भविष्य में कोई संव्यवहार होने की संभावना है ? Did the applicant have any dealing with the party in his official capacity at any time or is the applicant likely to have any dealings with him in the near future.	
6	स) किस स्रोत अथवा स्रोतों से वित्त उपलब्ध कराया गया। Source or Sources from which financed	
	अ) निजी बचतों से/Personal Savings	
	ब) अन्य स्रोतों से (ब्यौरा दें)/ Other Sources giving details	
7	अन्य कोई सम्बन्धित तथ्य, आवेदक जिनका उल्लेख करना चाहता हो। Any other relevant fact which applicant may like to mention.	

घोषणा/DECLARATION

मैं, एतद्वारा घोषणा करता हूँ कि उपर्युक्त विवरण सही है।

I hereby declare that the particulars given above are true.

दिनांक/Date:

स्थान/Place :

हस्ताक्षर/Signature :

पदनाम/Designation: