

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



क्षेत्रीय कार्यालय / Regional Office पंचटीप भवन, नन्दानगर, इंदौर-452011(म.प्र.) ISO 9001:2015 Certified/ard एक.बो. 9001:2015 प्रणाणिव Phone /Fax:: 0731-2550485 E-mail : rd-mp@esic.nic.in Website : www.esic.gov.in

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

Page 1 of 10

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.
- 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.

Regional Di

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

ESIC Regional Office, Establishment Branch (1st Floor), Nanda 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	23 rd May		
4	2183000462	120073382	DEVENDRA DHANGAR	02-07-2003			
5	2143003406	120018186	GAURAV SEN	10-10-1997	23 rd May 2023 ·	10:00 A.M	
6	2143002429	119797993	NIKITA RATHUR	12-08-2000			
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			

Page **3** of **10**

-				OTHER BACKWARD CLASSES APPLYING FO					
	NTMEN	IT TO POSTS UNDER	THE GOVERNMENT OF	INDIA)					
This	is to	certify that S	Shri/Smt./Kumari	son/daught					
of			of village/to	own					
				State/Union Territo					
				Community which is recognized as					
				of Social Justice and Empowerment's Resolution					
No			·	dated					
				his/her family ordinarily reside(s) in					
the			District/Division	of the					
State/L	Union T	erritory. This is also	to certify that he/she do	oes not belong to the persons/sections (Creamy					
Layer) r	mentic	ned in column 3 of t	he Schedule to the Gov	ernment of India, Department of Personnel &					
• •				93**. OM No. 36033/3/2004Estt. (Res) dated 9th					
March,	2004,	O.M. No. 36033/3/2	004-Estt. (Res) dated 1	4th October, 2008 and O.M. No. 36033/1/2013-					
Estt. (P	Res) da	ted 27th May, 2013*	**.						
Date				District Magistrate/ Deputy Commissioner e					
Seal of	Office								
	*_	-		nave to mention the details of Resolution of f candidate is mentioned as OBC.					
	**_	As amended from							
1	Note:	The term ordinari	erm ordinarily reside(s) used here will have the same meaning as in section 20 of the						
			f the People Act, 1950.	,					
List of a	uthorit	ies empowered to issu	ue Caste/Tribe Certificate	Certificates:					
i.				ector/ Deputy Commissioner / Additional Deputy Commissic visional Magistrate / Extra-Assistant Commissioner/ Taluka					
		agistrate / Executive Mag							
ii.	Cł	ief Presidency Magistrate	e / Additional Chief Presidend	cy Magistrate / Presidency Magistrate.					
iii.	Re	Revenue Officers not below the rank of Tehsildar.							
iv.	Su	b-Divisional Officers of th	ne area where the applicant a	and or his family normally resides.					
Note-I	a.		used here will have the same	meaning as in Section 20 of the Representation of the People					
	b.	Act, 1950. The authorities compe	tent to issue Caste Certificate	e are indicated below:-					
	υ.	•		/ Collector / Dy. Commissioner / Additional Deputy					
		-	· · ·	ass Stipendary Magistrate / Sub-Divisional Magistrate / Ta					
				ra Assistant Commissioner (not below the rank of 1st C					
		Stipendiary Ma	-						
		ii. Chief Presiden	cy Magistrate /Additional Ch	ief Presidency Magistrate/ Presidency Magistrate.					
			er not below the rank of Tehs						
				e candidate and/or his family resides.					
Note-I		-	ate for receipt of application	n will be treated as the date of reckoning for OBC status o					
			1 C						
Note-III	·			candidate does not fall in the creamy layer. Tate in the format prescribed for Central Government					

E

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

Signature:....

Full Name:.....

Address

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

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Date:

VALID FOR THE YEAR

This is to certify that Shri/Smt./Kumari_	son/daughter/wife of
permanent resident of, Village/Sti	reet Post. Office District in
the State/Union TerritoryPin Co	de whose photograph is attested below belongs to
Economically Weaker Sections, since the gros	s 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;

Ill. 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 an	pointment in	Armed Forces	s

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.)
						(Ran	k)			(Name)
is due to complete the specified term of his engageme									ent w	ith the	
Ar	med Force	es on the	(Date) _								

Place:

(Signature of Commanding Officer)

Date:

Office Seal:

Annexure- G

Certificate regarding physical limitation in an examinee to write

e examined Mr	/Ms/	Mrs			(I	name of	f the
person with						(nature	and
as mentioned	in	the	certificate	of	disabilit	y), S/c)/D/o
	,		а		resident		of
(Village/D	istrict	/State) and to stat	e tha	at he/she	has phy	ysical
2	a person with as mentioned	a person with as mentioned in,	a person with as mentioned in the,	as mentioned in the certificate, a	a person with as mentioned in the certificate of , a	a person with as mentioned in the certificate of disabilit , a resident	a person with (nature as mentioned in the certificate of disability), S/c

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)