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कर्मचारी राज्य बीमा निगम (क्या कर्न केन्यान संस्थान क्यान के

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



🔉 क्षेत्रीय कार्यालय,

पंचदीप भवन, सर्वोदय नगर, कानपुर — 208005 Panchdeep Bhawan, Sarvodaya Nagar, Kanpur – 208005 Ph : 0512-2217957, Fax : 0512-2224061 Email: rd-up@esic.nic.in

NOTICE

SCHEDULE OF VERIFICATIOIN OF SHORTLISTED CANDIDATES FOR THE POST OF MTS

The list of candidates shortlisted for verification for the post of MTS for Uttar Pradesh Region has been declared on 10.06.2024 and the same is available on ESI Website <u>www.esic.nic.in</u>. 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 Self-Attested** copies of the following certificate/documents on the day of verification at the venue in support of their eligibility for the post as detailed hereunder:

1) Matriculation or equivalent certificate in support of proof of Date of Birth,

- 2) Certificates/Mark Sheets etc. in support of Essential Educational Qualification for the post.
- 3) Category Certificate issued by Competent Authority in the prescribed proforma in respect of candidates belonging to SC, ST, OBC, EWS, PWD, Ex-Servicemen and other categories. The prescribed proforma are annexed at Annexure – A to Annexure – G of the detailed advertisement and are also appended 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 exserviceman 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 and a copy of online application form.
- 5) Photo bearing Identification Proof (self-attested photocopy along with Original thereof) The candidates are required to bring at least one currently valid Photo identity proof in original and a photocopy of the same.

Note: Currently valid photo identity proof may be PAN Card/Passport/Permanent Driving Licence/Voter's Card/Bank Passbook with photograph/Photo Identity proof issued by a Gazetted Officer on official letterhead alongwith photograph/Photo Identity proof issued by a People's Representative on official letterhead alongwith photograph/Valid recent Identity Card issued by a recognised College/University/Aadhaar Card/E-Aadhaar Card with a photograph/Employee ID/Bar Council Identity card with photograph. **Important:** Ration Card and Learner's Driving License will NOT be accepted as valid ID proof.

Dated: 11.06.2024

(Anurag Kumar) Dy. Director(Estt.I)

SCHEDULE OF VERIFICATION OF SHORTLISTED CANDIDATES FOR THE POST OF MTS

VENUE OF VERIFICATION	Regional Office, Employees' State Insurance Corporation, Panchdeep Bhawan, Sarvodaya Nagar, Kanpur(U.P.) – 208005

SI. No.	Roll Number	Reg. No.	Name of the Candidate	Date of Birth	Date of Verification	Reporting Time
1	2593001115	119195704	PIYUSH ASIWAL	08-09-1994	20.06.2024	09:30 A.M
2	1533000010	119415542	SAHIL BANDUNI	11-08-2001	20.06.2024	09:30 A.M

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								mzeu as a Dackw
class un	ider th	ie Go	vernment	of India,	Ministry of Social	Justice and Empowerr	nent's Resolution	
No							dated	*.
Shri/Sm	nt./Kur	nari_			and/o	or his/her family ordinant of the	arily reside(s) in	
(SCT,) da	ated 0	8.09	.1993**. C	OM No. 3	6033/3/2004Estt.	Department of Person (Res) dated 9th Marc 2013-Estt. (Res) dated	n, 2004, O.M. No. 36	6033/3/2004-Estt.
Data						Distri	t Magistrate/ Depu	ity Commissioner
	*_			-	-	ay have to mention the	details of Resolution	of Government of
	*_ **_			hich the C	Caste of candidate is	ay have to mention the s s mentioned as OBC.	details of Resolution	of Government of
			India, in wh As amende The term o	hich the C d from tir rdinarily r	Caste of candidate is me to time. reside(s) used here	-		
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	**- Note: uthorit C E C C	District collecto xecuti chief P evenu	India, in wh As amende The term o the People mpowered t Magistrate / or / 1 st Class S ve Magistrate residency Ma	hich the C d from tir rdinarily r Act, 1950 to issue Ca Additional Stipendiary e. gistrate / A t below the	Caste of candidate is me to time. reside(s) used here b. aste/Tribe Certifica I District Magistrate/ V Magistrate / Sub-Div Additional Chief Presid e rank of Tehsildar.	s mentioned as OBC. will have the same mear te Certificates: Collector/ Deputy Commiss isional Magistrate / Extra-A	ing as in section 20 of ioner / Additional Deput ssistant Commissioner/ ncy Magistrate.	f the Representatior ty Commission/ Dy.
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Form of declaration to be submitted by the OBC candidate (in addition to the community certificate)

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

Signature:.....

Full Name:.....

Address

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

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No.

Date:

VALID FOR THE YEAR

This is to	certify that	Shri/Smt./Kumari		son/daug	hter/wi	fe of		
permanent	resident	of,	Village/Street_		Post.	Office		
District	in	the State/Union Ter	ritory	Pin Cod	e		whose pl	notograph
is attested	below below	ngs to Economically	Weaker Sections	, since the	gross	annual	income*	of his/her
family** is	below Rs. 8	B lakh (Rupees Eight	Lakh only) for the	e financial	year		His/	her family
does not ov	wn or posses	ss any of the followin	g assets*** :					

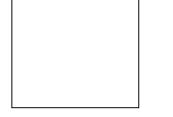
- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- Ill. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in. areas other than the notified municipalities.

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 appointment in Armed Forces _____

b) Date of discharge _____

c) Length of service in Armed Forces _____

d) M	/ 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	e of	 with	3 years r	egula	ar serv	ice
in	the	grade as o	on clo	sing date.						
Sig	Inat	ure								
Na	me									
Off	ice	seal								
Pla	ce:									
Da	te :									
(*/	Plea	se delete	the wo	ords which are not	applicable.)					

ANNEXURE 'F'

Form of Certificate for serving Defence Personnel

Ι	hereby	certify	that,	according	to	the	information	available	with	me	(No.)
					(Rank)						
	is due to complete the specified term of his engagement w										nt with
th	e Armed I	orces on	the (Da	te)							

Place: (Signature of Commanding Officer)

Date:

Office Seal:

Certificate regarding physical limitation in an examinee to write

This is to certify that, I have examined Mr/Ms/Mrs						me of the
candidate with disability), a person with _					(na	ature and
percentage of disability as mentioned	in	the	certificate	of	disability),	S/o/D/o
		_/	а		resident	of
(Villag	Je/Dis	trict/S	tate) and t	o st	ate that he	/she has
physical limitation which hampers his/her write	ting ca	apabili	ties owing to	o his/	her disability	<i>'</i> .
						<u></u>
Chief Medica	al Offic	cer/Civ	. .			

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)