Through Blogspot/ Regd.

No-ES-10/Apptt/Elem Edu/2020(C& V)/OT-Comm.

27214-64

Office of the Dy. Director of Elementary Education, District Sirmaur at Nahan (HP)

Dated Nahan-173001.

Phone & Fax: 01702-224249

29/09/2022

To

All concerned candidates from S. No. 01 to 50 (As per list Enclosed)

Subject:

Counselling for the post of OTs

Memo:

Your name has been sponsored by the HPSSC Hamirpur vide letter No.HPSSC-

C-(2)-49/20-(R-1)-1881 dated 26-09-2022. for counselling to the post of OT (on contractual basis.)

You are, therefore, informed to appear before the interview board for counselling, according to schedule given below, in the office of the undersigned along with the following documents (in original) and one set of self attested photocopies of all certificate (s) may also be attached with the Bio-Data Form (attached herewith).

The Bio-Data Form alongwith Check List of Documents/Testimonials are also available on our Blog Spot: ddeesirmour.blogspot.in.

No TA/DA will be paid for appearing in the said interview. The guidelines of Covid-19, issued by the MHA (Govt. of India), may strictly be adhered.

Schedule/Date of counselling :- OT: 30--09-2022, at 10. A.M.

Place :-: Office of the Dy. Director of Elementary Education Nahan (Sirmour)-HP

Endst. No. and dated: As above,

Copy to:

The Director of Elementary Education, H.P Shimla-1 for information please.

Dy. Director Elementary Education District Sirmaur at Nahan,(HP)

| Sr.<br>No. | Roll No.  | Name of the candidate | Father/Husban<br>d Name | Permanent Address                                 |
|------------|-----------|-----------------------|-------------------------|---|
| 1          | 813004608 | KIRAN KUMARI          | GAYAN SINGH             | VILLAGE SAIL PAB PO<br>KULAG TEHSIL KUPVI         |
| 2          | 813004542 | VIKAS SHARMA          | VIRENDER<br>SINGH       | VILLAGE NEHAR PAB PO<br>CHURWADHAR TEH<br>RAJGARH |
| 3          | 813004842 | RAKESH<br>SHARMA      | KALTU RAM               | VILLAGE PANJOR PO<br>HALLAN TEH SHILLAI           |
| 4          | 813004832 | LOKESH<br>SHARMA      | Dev Dutt                | Vill. Bhanog, P.o.Dimber,<br>Teh .Rajgarh,        |
| 5          | 813004198 | SANJAY<br>SHARMA      | Babu Ram                | Tehsil- Shillai vpo-Kharkan<br>(180) Sirmaur      |
| 6          | 813004719 | ARUN SHARMA           | Som Dutt                | VILLAGE NEHAR PAB PO<br>CHURWADHAR TEH<br>RAJGARH |
| 7          | 813004646 | ANITA SHARMA          | MANGAT RAM              | V.P.O.RAMA, TEH.NAHAN,                            |
|            | 813004789 | PRADEEP<br>KUMAR      | MOHAN SINGH             | VILLAGE CHHAMLA PO<br>BANETHI TEHSIL NAHAN        |

| 9  | 813004538 | VINEET<br>GAUTAM  | BISHAN DUTT        | VILL.NAWAL,PO.BHELAN,T                             |
|----|-----------|-------------------|--------------------|--|
|    |           |                   |                    |  |
| 10 | 813003451 | PRAGYA DEVI       | Tek Ram            | Vill Jajyan, PO Tiyali                             |
| 11 | 813004448 | NEEMA DEVI        | Lal Singh          | Village shawdi ,po<br>shauga,tehsil kamrau,        |
| 12 | 813004825 | RAJENDER<br>SINGH | S/O: Hira Singh    | Village KAMOTA p.o.Kando<br>Bhatnaul (230) Sirmaur |
| 13 | 813005150 | SUBHASH<br>SHARMA | Rattan Dutt        | Vill Pab PO Wasni                                  |
| 14 | 813004469 | ANIL KUMAR        | JAGDISH            | VILL NAI LOTHAN TEHSIL<br>PACHHAD                  |
| 15 | 813003347 | SOM DUTT          | Bansi Lal          | Village Kanda PO Kanda<br>Banah                    |
| 16 | 813004681 | ARTI THAKUR       | BAHADUR<br>SINGH   | VPO NAINIDHAR TEH<br>SHILLAI                       |
| 17 | 813003662 | RAKESH<br>SHARMA  | HARI RAM<br>SHARMA | VILL PADOUTH PO BAGRI                              |

| 18 | 813003750 | RAJEEV KUMAR        | MOHAN LAL               | LEH LHEOG AILT AN RAKOG                          |
|----|-----------|---------------------|-------------------------|--|
| 19 | 813005024 | GURUDEV<br>NAUTIYAL | KUSHLA NAND<br>NAUTIYAL | PURANA SHIV MANDIR  WARD NO 11 KOTLA NALA  SOLAN |
| 20 | 813004358 | MEENAKSHI<br>SHARMA | Shyam Lal               | Village Bajhog P/O Sarog<br>tehsil theog         |
| 21 | 813004484 | BABLI               | KANTHI RAM              | VILL. MANDWATCH PO<br>SANGNA TEHSIL SANGRAH      |
| 22 | 813004470 | ROSHAN LAL          | BASTI RAM               | VPO KHARKHAN TEHSIL<br>SHILLAI                   |
| 23 | 813004754 | BALAK RAM           | JALAM SINGH             | Village kuna P.O barol ST<br>haripurdhar         |
| 24 | 813004441 | MANOJ               | SUNDER SINGH            | VILL.KANDO,P.O.KANDO<br>BHATNOL,TEH.SHILLAI      |
| 25 | 813004841 | SUNIL KUMAR         | Mitter singh            | v p o tatiyana teh kamrou                        |
| 26 | 813004567 | NIDHI               | Multan Singh<br>Panwar  | Village Baunal, PO Rajana                        |

| 27 | 813005352 | SUNIL KUMAR       | Ramanand      | C/O Shirgul scommunication pucca tank nahan    |
|----|-----------|-------------------|---------------|--|
| 28 | 813004821 | DHANVEER<br>SINGH | MANGA RAM     | VPO BHATGARH TEHSIL S<br>DADAHU                |
| 29 | 813004352 | MANOJ KUMAR       | CHAMAN LAL    | VILL BHOLARI P.O BALAG S                       |
| 30 | 813004614 | SARITA DEVI       | JALAM SINGH   | VILL.KHADECH,P.O.HALLAN S<br>,TEH.SHILLAI      |
| 31 | 813004516 | SUNIL SHARMA      | BHEEM SINGH   | VILLAGE SUNARLI PO BOUR                        |
| 32 | 813004802 | DAVENDER<br>DUTT  | Chet Ram      | V.P.O dhatuali teh KUPVI<br>DISTT SHIMLA       |
| 33 | 813001136 | DEEP RAM          | Gopal chand   | Village Sarsa, P/O Loharghat, Tehsil Ramshahr, |
| 34 | 813003395 | NARENDER<br>KUMAR | GOPAL SINGH   | VILLAGE PELAN POST<br>OFFICE NARAIN            |
| 35 | 813003297 | RAVI DUTT         | Sohan Singh   | Vill. Jasot P.O. Sarain Teh.<br>Chopal         |
| 36 | 813005089 | KAJAL SHARMA      | Govind sharma | Vill:-Dhanach-chukhriya,<br>P/O:-Sanora        |

| 37 | 813003335 | SONIKA<br>KUMARI | KEDA RAM           | VILL. BARO, P.O.<br>SUNGRA, TEH. NICHAR,              |
|----|-----------|------------------|--------------------|---|
| 38 | 813000500 | CHHINDU<br>KUMAR | DESO               | VILLAGE KAILA, PO<br>PALHUIEN                         |
| 39 | 813000453 | ASHOK KUMAR      | GURDHYAN           | VILL TUNGLI PO RAJPURA<br>TEH. CHAMBA                 |
| 40 | 813004740 | VATSALA          | Gian Chand         | Village Katola Post office<br>Sainwala teh Nahan      |
| 41 | 813004725 | HEENA            | BALVINDER<br>SINGH | NEAR PETROAL PUMP<br>HOUSE NO 407/11 NAHAN            |
| 42 | 813004676 | SHIVANI          | SURENDER<br>KUMAR  | VILLAGE SIKARDI PO SURLA<br>TEHSIL NAHAN              |
| 43 | 813004445 | PRIYANKA RANI    | Naresh Kumar       | tokiyon Sainwala<br>Mubarakpur (151) Sirmaur          |
| 44 | 813003618 | PAWAN KUMAR      | KANSHI RAM         | VILL.KUTMALI, PO.KIARTOO, TEH. THEOG, DISTT.SHIMLA HP |
| 45 | 813004326 | SUNIL KUMAR      | Bablu              | Samoli (136) Shimla                                   |
| 46 | 813002181 | BHASKAR          | Ami Chand          | Vill. Chouka Post Office<br>Kothi Tehsil Anni         |

| 47 | 813002839 | PURAN CHAND       | Nettar singh | Vill Thach .PO Kalhani<br>Dhar.Teh Thunag .                |
|----|-----------|-------------------|--------------|--|
| 48 | 813003397 | VIKAS             | SATISH KUMAR | VILL- DUDHBALI PO-JAHOO                                    |
| 49 | 813000026 | DEEKSHA<br>KUMARI | Nikka ram    | Village targhel post office tarun tehsil ghumarwin         |
| 50 | 813005166 | MAMTA DEVI        | Sita Ram     | W/o Sh. Hemender Kumar<br>VPO Pattabrawari Tehsil<br>Solan |

## **BIO-DATA FORM**

| 1                              |  |  |                                       |                 | DV THE                         | CANDII               | DATE                                   | APPEA       | RING             | IN I      |          |                        |                                  | UKELI                         | JIN SEE         |
|--------------------------------|--|--|---------------------------------------|-----------------|--------------------------------|----------------------|--|-------------|------------------|-----------|----------|------------------------|----------------------------------|-------------------------------|-----------------|
| OR                             | M OF BIO-E   | DATA TO                                  | BE FI                                 | LLED            | BA THE (                       | CANDII               | 01                                     | DATE        | D                |           |          |                        | arrest !                         | OILLI (                       |                 |
| OK                             | THE POST   | OF                                       |                                       |                 |                                |                      |  |             |                  |           |          |                        |                                  |                               |                 |
|                                |  |  |                                       | Firet           | Name                           |                      |  | Midd        | le Name          | -         |          |                        | Las                              | t Name                        |                 |
|                                | Name in Blo  | ock                                      | TT                                    | First           | T T                            |                      |  |             | II- Mami         |           |          |                        | Las                              | st Name                       | T-T-            |
| 200                            | Letters<br>Fathers/Hus   | hand                                     |                                       | First           | Name                           |                      |  | Midd        | lle Name         |           |          |                        |                                  |                               |                 |
| !                              | Name (as reg   | gistd )                                  |                                       |                 |                                |                      |  |             | 1                |           |          |                        |                                  | Please past                   | e your          |
|                                |  | 1  |                                       | ٦               |                                |                      |  |             |                  |           |          |                        |                                  | Passport<br>photo (s          |                 |
| 3                              | Post (please specify)  | 1  |                                       |                 |                                |                      |  | `           |                  |           |          |                        |                                  | atteste                       |                 |
|                                |  | IANCE                                    | T                                     |                 |                                |                      |  |             |                  |           | f Bir    | th                     |                                  |                               |                 |
|                                | EMP. EXCI  | HANGE                                    | -                                     |                 |                                |                      |  | 5           | DD               | MM        | +        | TT                     |                                  |                               |                 |
|                                | Date of Re   | 9.                                       |                                       |                 |                                |                      |  |             |                  |           |          |                        |                                  |                               |                 |
|                                |  |  |                                       |                 |                                |                      |  |             |                  |           |          | - 4                    | 4 No                             |                               |                 |
|                                | Himachali  | Yes                                      | No                                    | Atta            | ch an att                      | ested                |  | 7           |                  | _         |          | Cont                   | act No                           |                               |                 |
| 6                              | Bonafide   | 163                                      | 110                                   | сор             | y of certif                    | icate                |  | 0           |                  |           |          |                        |                                  |                               |                 |
| 7                              |  |  |                                       |                 | OPC                            | Attach               | an atte                                | ested co    | opy of           | the       | certifi  | cate fro               | om the N                         | Magistrator of SC/S           | te<br>T(OBC)    |
| 3                              | Category<br>(please specify)   | Gen                                      | SC                                    | ST              | OBC                            | 1 <sup>st</sup> clas | s of illa                              | aqua or     | the p            | resc      | ribed    | form (                 | in case                          | of SC/S                       | 170007          |
|                                | (please specify)   |  |                                       |                 |                                |                      |  |             |                  |           |          | At                     | tach an                          | attested                      | copy of         |
|                                | Are you an   | Rank                                     |                                       | riod of         | f Date                         | of Enro              | Iment                                  | fro         | te of D<br>m Arm | y wit     | th rar   |                        | rtificate                        |                               |                 |
|                                | EXM, If Yes  | 3  | Se                                    | rvice           | in Arr                         | ny with              | Idin                                   | - 110       |                  |           |          |                        |                                  |                               | 1               |
| _                              | (please specify)   |  | Laurench M.                           | a#7.5           |                                |                      |  |             |                  |           |          | 4 la                   | Attac                            | ch an att                     | ested           |
| 1                              | Are you a  | WFF. (W                                  | ard of                                | 1               | res No                         |                      |  | reedo       | m R              | elati     | on w     | in<br>ighter           | copy                             | of certif                     | ficate.         |
| 0                              | Freedom f  | ighter), I                               | fYes                                  |                 | 10                             | Fig                  | hter                                   |             | -                | CCU       | OIII I   | 19                     |                                  |                               |                 |
|                                | (please specify  | with full det                            | ail)                                  |                 |                                | 100                  | _                                      |             |                  |           |          | 0.00                   |                                  |                               |                 |
| 1                              | Do you belo<br>income (fro   | ong to the                               | IRDP/                                 | SIOM K          | 5- 40,000                      | - UI as I            | 31000112                               | T. C. C.    | es               | No        | Ce       | rtificate              | e latest<br>e, issue<br>of the a | prescrib<br>d by the<br>area. | ed<br>competent |
| 26                             | by the Govt  | ong to the<br>m all sour<br>i. from time | IRDP/                                 | SIOM K          | 5- 40,000                      | - UI as I            | th full deta                           | Addr        | ess for          | r         | ce       | rtificate              | e, issue                         | d by the                      | ed<br>competent |
| 200                            | by the Govt  | ong to the<br>m all sour<br>i. from time | IRDP/                                 | SIOM K          | 5- 40,000                      | - UI as I            | 31000112                               | Addr        |                  | r         | ce       | rtificate              | of the a                         | d by the                      | Competent       |
| 200                            | Permane Home Address   | ong to the<br>m all sour<br>i. from time | IRDP/<br>ces) be<br>e to tim          | SIOM K          | 5- 40,000                      | specify wit          | 13                                     | Addre Corre | ess for          | r<br>deno | ce<br>au | rtificate              | e, issue                         | d by the                      | Date of         |
| 12                             | Permane Home Address   | ong to the<br>m all sour<br>from time    | IRDP/<br>ces) be<br>e to tim          | SIOM K          | es (please s                   | specify wit          | th full deta                           | Addre Corre | ess for          | r<br>deno | ce       | rtificate              | of the a                         | Marks                         | Date o          |
| 12                             | Permane Home Address   | ong to the<br>m all sour<br>from time    | IRDP/<br>ces) be<br>e to tim          | SIOM K          | es (please s                   | specify wit          | 13                                     | Addre Corre | ess for          | r<br>deno | ce<br>au | rtificate              | of the a                         | Marks                         | Date of         |
| 12                             | Permane Home Address  Qualification  | ong to the m all sour in from time       | IRDP/<br>ces) be<br>e to tim          | elow Rene, If Y | es (please s                   | ional                | 13 Addit (if an                        | Addre Corre | ess for espond   | r<br>deno | ce<br>au | rtificate              | of the a                         | Marks                         | Date of Passing |
| 12                             | Permane Home Address  Qualification  Board/Univ  | ersity fro                               | IRDP/<br>ces) be<br>e to time<br>onal | elow Rene, If Y | Profess                        | ional                | 13 Addit (if an                        | Addre Corre | ess for espond   | TE Ex     | ce at    | rtificate ithority Rol | of the a                         | Marks (Obt/Total)             | Date of Passing |
| 12                             | Permane Home Address  Qualification  Board/Univ  | ersity fro                               | IRDP/<br>ces) be<br>e to time<br>onal | elow Rene, If Y | es (please s                   | ional following Year | 13 Addit (if an Regulation course)     | Addre Corre | ess for espond   | TE Ex     | ce at    | rtificate ithority     | of the a                         | Marks (Obt/Total)             | Date o          |
| 12                             | Permane Home Address  Qualification  Board/Univ  | ersity fro                               | IRDP/<br>ces) be<br>e to time<br>onal | elow Rene, If Y | Profess ssed the Date &        | ional following Year | 13 Addit (if an Regularity Regularity) | Addre Corre | ess for espond   | TE Ex     | ce at    | rtificate ithority Rol | of the a                         | Marks (Obt/Total)             | Date o Passing  |
| 12<br>14<br>16.<br>Exa         | Permane Home Address  Qualification  Board/Univ  | ersity fro                               | IRDP/<br>ces) be<br>e to time<br>onal | elow Rene, If Y | Profess ssed the Date & of Pas | ional following Year | 13 Addit (if an Regulation course)     | Addre Corre | ess for espond   | TE Ex     | ce at    | rtificate ithority Rol | of the a                         | Marks (Obt/Total)             | Date o Passing  |
| 11 12 14 16.<br>Exa            | Permane Home Address  Qualification  Board/Univ  | ersity fro                               | IRDP/<br>ces) be<br>e to time<br>onal | elow Rene, If Y | Profess ssed the Date & of Pas | ional following Year | 13 Addit (if an Regulation course)     | Addre Corre | ess for espond   | TE Ex     | ce at    | rtificate ithority Rol | of the a                         | Marks (Obt/Total)             | Date of Passing |
| 12<br>14<br>16.<br>Exa         | Permane Home Address  Qualification  Board/Univ  | ersity fro                               | IRDP/<br>ces) be<br>e to time<br>onal | elow Rene, If Y | Profess ssed the Date & of Pas | ional following Year | 13 Addit (if an Regulation course)     | Addre Corre | ess for espond   | TE Ex     | ce at    | rtificate ithority Rol | of the a                         | Marks (Obt/Total)             | Date o Passing  |
| 12<br>14<br>16.<br>Exa         | Permane Home Address  Qualification  Board/Univ  | ersity fro  Boar Univ                    | IRDP/<br>ces) be<br>e to time<br>onal | elow Rene, If Y | Profess ssed the Date & of Pas | ional following Year | 13 Addit (if an Regulation course)     | Addre Corre | ess for espond   | TE Ex     | ce at    | rtificate ithority Rol | of the a                         | Marks (Obt/Total)             | Date of Passing |
| 12<br>14<br>16.<br>Exa         | Permane Home Address  Qualification  Board/Universe  Matric  | ersity fro  Boar Univ                    | IRDP/<br>ces) be<br>e to time<br>onal | elow Rene, If Y | Profess ssed the Date & of Pas | ional following Year | 13 Addit (if an Regulation course)     | Addre Corre | ess for espond   | TE Ex     | ce at    | rtificate ithority Rol | of the a                         | Marks (Obt/Total)             | Date of Passing |
| 12<br>14<br>16.<br>Exa         | Permane Home Address  Qualification  Board/Univ am  Matric  10+2 or equivalent   | ersity fro  Boar Univ                    | IRDP/<br>ces) be<br>e to time<br>onal | elow Rene, If Y | Profess ssed the Date & of Pas | ional following Year | 13 Addit (if an Regulation course)     | Addre Corre | ess for espond   | TE Ex     | ce at    | rtificate ithority Rol | of the a                         | Marks (Obt/Total)             | Date of Passing |
| 12<br>14<br>16.<br>Exa         | Permane Home Address  Qualification  Board/Universe  Matric  | ersity fro  Boar Univ                    | IRDP/<br>ces) be<br>e to time<br>onal | elow Rene, If Y | Profess ssed the Date & of Pas | ional following Year | 13 Addit (if an Regulation course)     | Addre Corre | ess for espond   | TE Ex     | ce at    | rtificate ithority Rol | of the a                         | Marks (Obt/Total)             | Date of Passing |
| 12<br>14<br>16.<br>Exa         | Permane Home Address  Qualification  Board/Univ am  Matric  10+2 or equivalent  BA/B.Sc./ B.Com.   | ersity fro  Boar Univ                    | IRDP/<br>ces) be<br>e to time<br>onal | elow Rene, If Y | Profess ssed the Date & of Pas | ional following Year | 13 Addit (if an Regulation course)     | Addre Corre | ess for espond   | TE Ex     | ce at    | rtificate ithority Rol | of the a                         | Marks (Obt/Total)             | Date o Passing  |
| 12<br>14<br>16.<br>Exa         | Permane Home Address  Qualification  Board/Univ am  Matric  10+2 or equivalent   | ersity fro  Boar Univ                    | IRDP/<br>ces) be<br>e to time<br>onal | elow Rene, If Y | Profess ssed the Date & of Pas | ional following Year | 13 Addit (if an Regulation course)     | Addre Corre | ess for espond   | TE Ex     | ce at    | rtificate ithority Rol | of the a                         | Marks (Obt/Total)             | Date o Passing  |
| 112<br>14<br>16.<br>Exa        | income (from by the Govt by th | ersity fro  Boar Univ                    | IRDP/<br>ces) be<br>e to time<br>onal | elow Rene, If Y | Profess ssed the Date & of Pas | ional following Year | 13 Addit (if an Regulation course)     | Addre Corre | ess for espond   | TE Ex     | ce at    | rtificate ithority Rol | of the a                         | Marks (Obt/Total)             | Date of Passing |
| 12<br>14<br>16.<br>Exa<br>(i)  | Permane Home Address  Qualification  Board/Univ am  Matric  10+2 or equivalent  BA/B.Sc./ B.Com.   | ersity fro  Boar Univ                    | IRDP/<br>ces) be<br>e to time<br>onal | elow Rene, If Y | Profess ssed the Date & of Pas | ional following Year | 13 Addit (if an Regulation course)     | Addre Corre | ess for espond   | TE Ex     | ce at    | rtificate ithority Rol | of the a                         | Marks (Obt/Total)             | Date of Passing |
| 12<br>14<br>16.<br>Exa<br>(ii) | income (from by the Govt by th | ersity fro  Boar Univ                    | IRDP/<br>ces) be<br>e to time<br>onal | elow Rene, If Y | Profess ssed the Date & of Pas | ional following Year | 13 Addit (if an Regulation course)     | Addre Corre | ess for espond   | TE Ex     | ce at    | rtificate ithority Rol | of the a                         | Marks (Obt/Total)             | Date o Passin   |

|        |   |           |            |          |                    |           |  |           | belong to                    | Land •        | Yes        | N.C.        | 0           |
|--------|---|-----------|------------|----------|--------------------|-----------|--|-----------|------------------------------|---------------|------------|-------------|-------------|
|        |   | Voc       | No         | if ye    | es, N              | lame      | 18   |           |                              |               |            | -           |             |
| 17     | Do you belong to notified Backward Area or                        | Yes       | -          | of F     | anc                | hayat     | -  | less tha  | an 1 necta                   | ued from      |            |             | Recorded to |
|        | Panchayat, as the case may be                                     |           |            |          |                    |           |  | compete   | nt revenue a                 |               |            | es          | No          |
|        | may so  |           |            |          |                    | T         | Ara V  | ou a NS   | S (at leas                   | t one year    | .)   1     | 65          | 140         |
|        | to Non Emp  | lovmen    | tY         | es       | No                 | 20        | Are y  | icate hol | ders in NO                   | CC / The      |            |             |             |
| 19     | Do you belong to Non-Emp<br>family, if yes (Attach Non-em         |           |            |          |                    | -         | Bhar   | at Scout  | and Guid                     | e Medai       |            |             |             |
|        | a disease to the effect that no                                   | 110 01    | 9          |          |                    |           | winn   | er in Nat | tional leve                  | ch certifica  | ate)       |             |             |
|        | family members is in Govt./ Se<br>Government.)                    | imi       |            |          |                    |           | comp   | etitions  | (If yes, atte                |               | andificate | e, issu     | ed by       |
|        | Government  |           |            |          | 16 V               | es, wi    | h %  | Attach    | the latest p                 | dical Office  | er (Govt.  | CMO         | ) in        |
|        | Do you belong to Differently                                      | Ye        | s N        | lo       | VI                 | HI        | ОН   | the cor   | npetent Me<br>t thereof or   | the disab     | ility & na | ture of     | f           |
|        | abled persons with more that                                      | 11        | Market St. | -        | VI                 |           |  | disabil   | t thereof or<br>ity with per | centage (V    | I/HI/OH)   |             |             |
| 21     | 40% impairment / disability /                                     |           |            | 1        | . National Control |           |  | dio       |                              |               |            |             |             |
|        | infirmity (VI/HI/OH) Yes/No                                       |           |            | V-18     |                    |           |  | estitute  | Single                       | Attach        | the cert   | ificate     | e to        |
|        |   |           | V          | Vidow    | D                  | ivorce    | d D  | eşilidle  | Ollingin                     | this eff      | ect, issu  | Jed Tr      | ority       |
| 22     | Are you a Widow/Divorced. Destitute or Single Woman               | 2 if Ye   | es         |          |                    |           |  |           |                              | the cor       | mpetent    | autin       | Officy.     |
|        | (please specify in the particular column                          | n)        |            |          |                    |           |  |           |                              |               |            |             |             |
|        | (please specity in the particular documents)                      |           |            | E. S.    | 18                 |           |  |           | Please Atta                  | ch the cert   | ficate to  | this e      | ffect,      |
|        |   | if Yes    | Is         | ingle    | Dau                | ghter     | Orp  | nan       | Please Atta<br>ssued from    | the compe     | etent auth | nority.     |             |
| 23     | Single Daughter/ Orphan.  | n)        | F          | 2564     | N.                 |           |  |           |                              |               |            |             |             |
|        | (please specify in the particular column                          |           |            |          |                    |           |  |           |                              |               |            |             | o this      |
|        |   |           |            |          |                    |           |  | Yes N     | lo Pleas                     | se Attach t   | he certifi | cate to     | etent       |
| 2.4    | Status of Training (if any) a                                     | at least  | 6 mor      | nths d   | lurati             | ion       | -  | . 00      | effec                        | t, issued fr  | OIII the C | , o, i, p o |             |
| 24     | Status of Training (If any) a related to the post applied         | for fron  | n a rec    | cogniz   | zea                | ar colum  | nn)  |           | auth                         | ority.        |            |             |             |
|        | related to the post applied<br>University/ Institution, if Ye     | S (please | specify    | in the p | articui            | ai coluit | ,  |           |                              | D-1- of       | To         | tal Pe      | eriod       |
| 100    | 表现是是一个人的,但是一个人的,但是一个人的,但是是一个人的。                                   |           |            | -        | es                 | No        | if ves   | , Name    | Post                         | Date of       | of         | Expe        | rience      |
| 25     | Are you claiming Adhoc/Ter  | ure/Vo    | nuntee     | "        |                    |           | of Ins   | stitution |                              | Apptt.        |            |             | Months      |
|        | Tachore Service Expellell   | COI       |            |          |                    | A TANK    |  |           |                              |               |            |             |             |
|        | Experience in a Govt./ aided                                      | ore.      |            |          |                    |           |  |           |                              |               |            |             |             |
|        | recognized school on or bef<br>15.07.96 against the post for      | r which   | the        |          |                    |           | P  |           |                              |               |            |             |             |
|        |   |           |            |          |                    |           |  |           |                              |               |            | 1           |             |
|        | A Later And Add All All All All All All All All Al                | allau     | 00.00      |          |                    |           |  | - 11      |                              |               |            | 1           |             |
|        | copy of certificate duly C/Sig                                    | gned b    | y the      |          |                    |           | 100  |           |                              | -             |            |             |             |
|        | DDEE.   |           |            |          |                    |           | 100  |           |                              |               |            | 11 40       | d con       |
|        |   |           |            | LA       | lame               | of        |  | Relati    | on with                      | Atta          | ch an a    | tteste      | ed cop      |
|        | Are you a Ward of Sports  | Yes       | No         | 0   N    | norte              | s Pers    | on   | Sports    | sperson                      | of c          | ertificate | е.          |             |
|        | persons. If so (please specify                                    | 3300      |            | 0        | port               | 31010     | 337  |           |                              |               |            |             |             |
| 26     | with full detail )  |           |            |          |                    |           |  |           |                              |               |            |             |             |
|        |   |           |            |          |                    |           | Carlon-  | 48        | .ee. 11 A                    | a Cub         |            | Yes         | No          |
|        | Are you willing to serve con                                      | tinuous   | sly for    | five v   | ears               | s in the  | e scho   | ols in D  | ifficult Are                 | a Jub-        |            |             |             |
| 27     | Are you willing to serve con Cadre, if offered appointme          | nt as I   | T?(P       | lease s  | pecify             | Yes or N  | No), if ye   | es, pleas | se sign th                   | E IQIIOWIII   | 9          |             |             |
|        | Cadre, it offered appointme                                       | 00 2      |            |          |                    |           | Contract of the Contract of th |           |                              |               |            |             |             |
| THE CO | undertaking.  |           |            |          | 188                |           |  |           |                              |               |            |             |             |
|        |   |           |            |          |                    | ERTA      |  |           |                              |               |            |             |             |
|        |   |           |            |          |                    |           |  |           | .cc.cl-                      |               |            |             |             |
|        | I   |           |            |          |                    | Son       | /Daug  | hter/W    | ite of Sh                    |               |            |             | 1 1         |
|        |   |           |            |          | rry _ 1            |           |  |           | DISCU.                       |               |            |             |             |
| /ill:  | nge PO  |           |            |          | 1 61               | 1311      |  |           | la                           | of HD. if     | offered    | appo        | intme       |
|        |   |           |            |          |                    |           |  |           |                              |               |            |             |             |
|        |   |           |            |          |                    |           |  |           |                              |               |            |             |             |
| s L    | ertake in writing that I am wi<br>T. I am further to give this wr | itten ui  | iderta     | King     | Liidt              |           |  |           | the Diffic                   | ult Area S    | ub-Cadr    | e of t      | IP.         |
|        | T. I am further to give this wr<br>request for transfer during fi | st five   | years      | of my    | ser                | vice w    | hile se  | erving in | the Dillic                   | ult I II cu o |            | ESE.        |             |
| or     | request for transfer during                                       |           | 33/5013    |          |                    |           |  |           | 100                          | 20            |            |             |             |
|        |   |           |            |          | WALL STREET        |           |  |           |                              |               |            |             |             |
|        |   |           |            |          |                    |           |  |           |                              |               |            |             |             |
| ate    | 2   |           |            |          |                    |           |  | Cib       | o of the c                   | andidate      |            |             |             |
| ate    | 2   |           |            |          |                    |           |  |           | re of the ca                 |               |            |             |             |
|        |   |           |            |          |                    |           |  |           | re of the cand               |               |            |             |             |
|        | No. of Encl :   |           |            |          | 2/2                |           |  |           |                              |               |            |             |             |

## Annexure-'A'

| Form of certificate to be fu<br>be considered against the p | osts reserved for Ex-servicemen.   |
|---|--|
| 医皮肤皮肤 医乳质 医皮肤 医皮肤 医皮肤 医皮肤 医皮肤 医皮肤 医皮肤 医皮肤                   | 医多种性性 经工工工程 医多种性 医多种性 医多种性 医多种性 医皮肤 医皮肤 经收益 医皮肤 经收益 医皮肤 经收益 医皮肤 经收益 医皮肤 经收益 医皮肤 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基   |
| It is certified   | that Sh./ Smt./ Kumari   |
| Resident of village   |  |
| 10 POLAL STATE  | Ex-servicemen No   |
| Rank W  | ho has not been rehabilitated through employment against the emen with the H.P. Govt./Corporation/Board/Autonomous Body  |
| post reserved for Ex-service                                | and other State/Union Territory Government or Public Sector  |
| of H.P. as well as Central                                  | and other State/Omon Territory Control of the said Central or other  |
|   | Body/Banks, etc. under the control of the said Central or other  |
| State/Union /Territory Gove                                 | rnment.  |
|   | Patwari/Pradhan of Gram Panchayat/<br>President of Municipal Committee or<br>Notified Area Committee/Executive<br>Officer of the Municipal Corporation<br>of the area. |
| Date  |  |
| Place   |  |
|   | Countersigned by   |
|   | Tehsildar/Sub-Divisional Officer (Civil) of the area.  |
|   |  |

## Annexure-'B'

| Af   | <u>fidavit</u>    |             | •                         |
|--|-------------------|-------------|---------------------------|
| I,   | Son/Dau           | ghter/wife  | of Shri                   |
| Ex-servicemen No   | Rank              |             |                           |
| Resident of village  |                   |             | PO                        |
| TehsilDistrict   | Himachal          | Pradesh,    | do hereby Solemniy        |
| declared and affirm that no other ward   | (i.e. son/daughte | er or wife) | of my father/husband has  |
| been provided employment against the   | vacancies reserve | ed for Ex-S | Servicemen under the H.P. |
| Govt./Corporation/ Board/ Autonomou  | is Body of H.P.   | as well as  | Central and other State   |
| Union Territory Government or Publi  | c Sector Underta  | aking/Auto  | nomous Body/Banks, etc    |
| under the control of the said Central or   | other State /Unio | n Territory | Government.               |
|  |                   |             |                           |
| ALL CONTROL OF THE PROPERTY OF |                   |             |                           |
|  |                   |             | Deponent                  |
| Date   |                   |             |                           |
| Place  |                   |             |                           |
| Counters   | signed by         |             |                           |
| Tehsilda   | r/Sub-Divisional  | Officer (C  | Civil)                    |

of the area.

## **Check List of Testimonials**

| S.<br>No | Detail of Document/Testimonials  (to be submitted by the candidate before the counseling committee)  |
|----------|--|
| 1        | Bio-Data Form (in original), it should be submitted in single paper.   |
|          | (page No-2 must be printed on back side of page No-1)  |
| 2        | Employment Registration Card (Self Attested Copy).   |
| 3        | Certificate of Himachali Bonafide (Self Attested Copy).  |
| 4        | Certificate showing Category SC/ST/OBC (if any) (Self Attested Copy).  |
| 5        | Certificate of EXM (Applicable for ward of EXM only), if any (Self Attested Copy).   |
| 6        | Certificate on Annexure-'A' & Affidavit as Annexure-'B' (Applicable for ward of EXM only), if any  |
| 7        | Certificate of WFF (if any) (Self Attested Copy).  |
| 8        | Certificate of BPL/IRDP (if any) (Self Attested Copy).   |
| 9        | Detail Marks List of Matriculation Exam (Self Attested Copy).  |
| 10       | Detail Marks List of 10+2 Exam (Self Attested Copy).   |
| 11       | Detail Marks List of BA/B.Com/B.Sc. Exam (Self Attested Copy).   |
| 12       | Detail Marks List of B.Ed. Exam (Self Attested Copy).  |
| 13       | Certificate of TET Exam (Self Attested Copy).  |
| 14       | Detail Marks List of MA/M.Sc. Exam (if any), (Self Attested Copy).   |
| 15       | Certificate of Backward Area or Panchayat (if any). (Self Attested Copy).  |
| 16       | Certificate regarding Land less family/ family having less than 1 hectare, (if any). (Self Attested Copy).   |
| 17       | Certificate of Non-Employment Family (if any) (Self Attested Copy).  |
| 18       | Certificate of Disability (VI/HI/OH) with more than 40% (if any) (Self Attested Copy).   |
| 9        | Certificate of NSS (at least one year), Certificate holders in NCC / The Bharat Scout and Guide Medal winner in National level sports competitions (if any) (Self Attested Copy).                                      |
| 0        | Certificate of Widow/Divorced/Destitute or Single Women (if any) (Self Attested Copy).   |
| 1        | Certificate of Single Daughter/Orphan (if any) (Self Attested Photocopy)   |
| 2        | Certificate of Training (if any) at least 6 months duration related to the post applied for from a recognized University/ Institution. (Self Attested Copy).   |
| 3        | Teaching Experience Certificate in Original, duly C/Signed by the DDEE (i any) & valid only if the same is issued from a Govt./ aided Govt. recognize school on or before 15.07.96 against the post for which applied. |
|          |  |

| 22 | Certificate of Training (if any) at least 6 months duration related to the post applied for from a recognized University/ Institution. (Self Attested Copy). |
|----|--|
| 23 | Teaching Experience Certificate in Original, duly C/Signed by the DDEE (if any) & valid only if the same is issued from a Govt./ aided Govt. recognized      |
|    | school on or before 15.07.96 against the post for which applied.   |
|    | school on or before 15.07.96 against the post for which applied.  Signature of Candidate   |