# Annexure-A

### EXPERIENCE CERTIFICATE FOR CANDIDATES WORKING IN THE ICMR PROJECTS

(To be produced on the Letter Head of the Institute/Centre and to be filled by the Head of the Department in which the candidate is working)

It is certified that Shri/Smt/Kum is working at as per the details given below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SI. No. | Period (Initial to  latest) | | Designation | Name  of the ICMR | Emoluments  Drawn (Rs.) | Remarks |
|  |  | |  | funded |  |  |
|  |  | |  | Project |  |  |
|  | From | To |  |  |  |  |
|  |  |  |  |  |  |  |

Please state whether the candidate has entered into the project service within the prescribed age limit for the post for which the candidate is applying: \_\_\_\_\_\_\_\_\_\_\_\_\_

(YES/NO)

### There is no objection to his appearing for the post of and

document verification for the said recruitment.

Note:- Please attach copies of the appointment letters and joining orders in r/o of each of the above mentioned work experience.

Signature

Name

Designation

Tele No:

# Office Seal

## Annexure-B

Ref. No: Date:

**NO OBJECTION CERTIFICATE**

## It is certified that Shri/Smt/Kum ………………………………………. working in the project

Entitled……………………………………………………………………………………..from

……………………….. onwards. The particulars furnished by him/her in the application form for filling up technical post in ICMR Institutes/ Centers have been noted and he/she possesses requisite educational qualifications and experience mentioned in the vacancy notification. This institute has no objection in him/her applying to the post as mentioned in the notification provided one month notice need to be served in case of selection.

Signature:

Name:

Designation:

Seal of the office: \_

### Annexure-C

(Format of certificate to be submitted by Central/ State Government Employees seeking age relaxation)

(To be produced on the Letter Head of the Department and to be filled by the Head of the Department in which the candidate is working)

1. It is certified that Shri/Smt/Kum. is a

Central / State Government employee holding the post of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in the Pay Scale/Pay Level of Rs.

with 03 years regular/continuous service in

the grade as w.e.f.

## There is no objection to his/her appearing for the post of \_\_\_and document verification for the said recruitment.

Signature Name Designation Tel No Office Seal

### Annexure D

Form—V

Certificate of Disability

(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 …………………. P.O…….

………………. District……………….. State whose

photograph is affixed above, and am satisfied that :

(A) He/ She is a case of .......................................................................

…………………………………………………………………...

…………………………………………………………………...

(B) The diagnosis in his/ her case is ………………………………………….

(C) He/ She has ….........% (in figure).........................,...........................

Percent (in words) ………………………………………………..

(Describe the disability)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 document as proof of residence:-

|  |  |  |
| --- | --- | --- |
| Nature of  Document | Date of Issu | 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.