

5. Name of the Father (In Block Capitals)

First Name	Middle Name	Family Name

6. (a) Date of Birth as recorded in the Matriculation/S.S.L.C./H.S.C./H.S.S.C./
Indian School Certificate/All India Higher Secondary Certificate.

Day	Month	Year
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

In words

(b) Age as on the qualifying date indicated in the advertisement.

Year	Month	Days
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(c) Nationality ..

7. Sex Male(M)/Female(F) ..

8. (a) The community to which you belong
S.C., S.T., S.E.B.C., U.R. ..

(b) Name of your Sub-Caste ..

(c) If you belong to S.C./S.T./S.E.B.C. (of Odisha only) by birth, attach certificate from competent authority. ..

(i) Designation of issuing authority

(ii) Misc. case No. and date of issue

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(d) Category of vacancy against which applied for
(S.C., S.T., S.E.B.C., U.R.) ..

9. Are you an Ex-Serviceman ? Yes(Y)/No(N) ..

If so, (a) State period of War Service rendered. ..

From

To

(b) Enclose evidence from competent authority. ..

(i) Designation of issuing authority

(ii) Date of issue

<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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10. Whether a Physically Handicapped Person ? ..
 Y/N

If so, (a) Indicate category – ..
 Orthopedically Handicapped (O.H.) ..
 Visually Handicapped (V.H.)
 Hearing Handicapped (H.H.)

(b) Percentage of disability ..

(c) Enclose certificate (i) from the .. (i) Designation of issuing authority
 concerned District Social Welfare Officer and (ii) Certificate from the ..
 concerned Medical Board.
 Date of issue

 (ii) Designation of issuing authority

 (ii) Date of issue

11. (a) Are you a Sports Person ? ..
 Y/N

(b) If so, ..
 (i) Have you represented the State in ..
 National Sports/Championship?
 Y/N

(ii) Furnish a copy of Identity Card .. Date of issue
 from Director of Sports, Odisha.

12. (a) Whether claiming age relaxation ? ..
 Y/N

(b) If yes, indicate category - ..
 SC, ST, SEBC, Ex-Serviceman, PH, Woman.

(c) Any other category (e.g. Assistant Surgeon/ ..
 Junior Teacher, Medical College).

13. Marital status : ..
 Married(M)/Unmarried(U)

14. Mother tongue : ..
 If you did not have Odia as M.I.L. or as Language .. Designation of issuing authority
 Subject in Matriculation or onward, please indicate, ..
 if you have passed M.E. Standard Examination in ..
 Odia or passed a Special Test in Odia of that ..
 standard conducted by the Board of Secondary ..
 Education, Odisha/School & Mass Education ..
 Department, Government of Odisha (attach copy ..
 of such certificate). .. Date of issue

(b) Whether you have attached the required experience certificate as per terms of the Advertisement ? Y/N

Designation of issuing authority

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Date of issue

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18. (a) Have you ever been a candidate for any Post/Service/Examination advertised by the Odisha Public Service Commission ? Y/N
If so, give particulars –

Name of Examination/Post	Whether appeared in the written test or interview	Roll No. and Year of examination	Whether recommended for appointment

(b) Number of attempts already made for this service/post. ..

19. (a) Have you paid the Examination Fee as per terms of the advertisement ? Y/N ..
If so, furnish the particulars and enclose original Challan/I.P.O./Bank Draft/Pay Order.

Name of the Treasury/ Sub-Treasury/ Post Office/ Bank	No. of T.C./I.P.O./ Bank Draft/Pay Order	Date of issue	Amount

(b) If not, indicate the ground of remission. S.C., S.T. ..

20. Have you ever been debarred by the U.P.S.C./O.P.S.C./any other State P.S.C. from appearing in any examination ? Y/N ..
If so, furnish particulars –

Name of the P.S.C.	Name of Post/Service Examination	Year of Examination	Period of debarment

ANNEXURE – I**Advertisement No..... of****Name of the candidate.....****List of enclosures submitted by the candidate****(as required under Sl.No.24 of Application Form)**

Sl. No	Certificates	Yes/ No	Assign No. like 1,2,3, onwards	Sl. No	Certificates	Yes/ No	Assign No. like 1,2,3, onwards
1	2	3	4	1	2	3	4
1.	H.S.C./Matriculation issued by the Board/Council.			13.	Any other certificates of higher qualification or academic excellence		
2.	+2/Intermediate issued by the Board/Council.				Mark Sheets		
3.	Diploma/Degree issued by the Board/Council.			14.	H.S.C./Matriculation issued by the Board/Council.		
4.	Post-Graduation issued by the University			15.	+2/Intermediate issued by the Board/Council.		
5.	Caste Certificate issued by the competent authority in the prescribed form			16.	(a) Diploma/Degree-All mark sheets from 1 st year/semester to final year/semester issued by the University. (b) Combined mark sheet of all year/semester issued by the University		
6.	Ex-Serviceman – (a) Discharge certificate issued by the competent authority (b) Identity Card			17.	(a) P.G. mark sheets from 1 st year/semester to final year/semester issued by the University. (b) Combined mark sheet of all year/semester issued by the University.		
7.	Physically Handicapped- (a) D.S.W.O. (b) Medical Board			18.	Conversion formula of Grade marks, if any, along with percentage of marks, from concerned University.		
8.	Sportsman- (a) Director, Sports (b) Identity Card				Other documents		
9.	Character Certificates 3 Nos.			19.	T.C./I.P.O./Bank Draft/Pay Order		
10.	Odia Pass Test Certificate.			20.	Photograph 3 Nos.		
11.	Service Experience Certificate			21.	Self-addressed envelope (23 cm x 10 cm)		
12.	Registration Certificate issued by Odisha Medical Council/ Odisha Dental Council/Odisha Veterinary Council/Odisha Bar Council, etc.			22.	Acknowledgement Card.		

Total No. of documents submitted

Place.....

Date

Full Signature of the Candidate

N.B.-The candidate must mention "Yes" or "No" at Column No.3. He/She must assign specific number on each certificate/mark sheet/document as indicated at Column No.4.

Continued

Annexure I (Continued)

**Additional documents to be submitted by the candidate for the post of
Assistant Surgeon/Junior Teacher (Lecturer) in Medical Colleges**

Sl. No.	Certificates	Yes/No	Assign No. like 1,2,3, onwards
1	2	3	4
1.	Housemanship Completion Certificate issued by the Principal.		
2.	Service Continuity Certificate issued by the competent authority.		
3.	Screening Test Certificate conducted by the National Board of Examinations, New Delhi (in case of Foreign Medical Qualification)		
4.	Certificate containing equivalent percentage of marks of the Grade Marks (in case of Foreign Medical Qualification, etc.)		
5.	Chance Certificate for completion of MBBS Degree issued by the Principal.		
6.	P.G. Certificate in Super Specialities (like D.M., M.Ch) issued by the University.		

Total No. of documents submitted

Place.....

Date

Full Signature of the Candidate

N.B.-The candidate must mention "Yes" or "No" at Column No.3. He/She must assign specific number on each certificate/mark sheet/document as indicated at Column No.4.