

# **Society for Applied Microwave Electronics Engineering and Research**

(An Autonomous Body under the administrative control of  
Ministry of Electronics and Information Technology, Government of India)

## **Advertisement No. 04 /2021**

Society for Applied Microwave Electronics Engineering and Research (SAMEER)) invites applications from eligible candidates for filling up a **post of Accounts Officer II**. The post carries the pay scale of **Level- 10 in the Pay Matrix (Rs. 56100 - 177500)** and is proposed to be filled on Direct Recruitment / Deputation/ Absorption basis. If the post is filled through Deputation mode, the tenure would be upto three years. **The post is unreserved.**

### **Eligibility Criteria**

#### **1. Educational Qualifications and Post Qualification Experience**

##### **A. For Direct Recruitment**

- a) Degree in commerce from a recognized University and competence in computer operation.
- b) 10 years' working experience in Finance & Accounts, Auditing, Finalization of Accounts, Settlement of Staff Benefits, Income Tax TDS and related work in Government office/PSU/Autonomous Institute or a Public Body or a commercial organization of repute.
- c) Knowledge of Government rules and regulations.

##### **Desirable:**

Post Graduate Diploma in Finance Management from a recognized institution/university.

##### **B. For Deputation/Absorption**

Officers of the Central Government or State Government or Public Sector Undertakings or Autonomous Bodies:-

- a) (i) holding analogous post on regular basis  
or  
(ii) with at least 5 years' service rendered after appointment to the post of Accounts Officer on a regular basis in Level-7 of the Pay Matrix (Rs. 44900-142400) or equivalent in the parent cadre or department; and
- b) Possessing the qualification and experience prescribed for direct recruitment.

**Note 1:** The maximum age limit for appointment by deputation/ absorption shall not be exceeding 56 years as on the closing date of receipt of applications.

Note 2: Period of deputation including the period of deputation in another ex-cadre post held immediately preceding this appointment in the same or some other Organisation or Department of the Central Government shall not ordinarily exceed three years.

## **2. AGE LIMIT FOR DIRECT RECRUITMENT: 35 years**

Note 1: Age relaxation to be given to Government Servants would be governed in accordance with DoPT's instructions issued from time to time.

Note 2: Five years' age relaxation in Direct Recruitment mode to the serving employees of Autonomous Societies under MeitY.

Note 3: The crucial date of determining the age limit shall be the closing date for receipt of applications from candidates in non-remote areas of India and not the closing date prescribed for those residing in remote areas such as Assam, Meghalaya, Arunachal Pradesh, Mizoram, Manipur, Nagaland, Tripura, Sikkim, Union Territory of Ladakh, Lahaul and Spiti District and Pangi Sub-Division of Chamba District of Himachal Pradesh, the Union Territory of Andaman and Nicobar Islands or the Union Territory of Lakshadweep.

## **3. PROCEDURE OF APPLICATION:**

The application, complete in all respects, in the prescribed proforma (available on this website), along with the self-attested copies of certificates relating to qualifications, experience, date of birth etc., should reach by or before the last date. For this purpose, last date **for receipt of application would be the working day falling after 30 days from the date of publication of the advertisement** in the **Employment News**.

The application in the proforma should be accompanied by a cover letter of the applicant, addressed to Registrar, SAMEER, clearly mentioning therein whether the applicant wants to be considered under direct recruitment or deputation or absorption. The envelope containing the application should be superscribed as **"Application for the post of Accounts Officer II"** and sent by speed post to the Registrar, Society for Applied Microwave Electronics Engineering and Research, IIT Campus, Powai, Mumbai 400076.

For applicants from Assam, Meghalaya, Arunachal Pradesh, Mizoram, Manipur, Nagaland, Tripura, Sikkim, Lahaul and Spiti District and Pangi Sub-Division, Chamba District of Himachal Pradesh, the Union Territory of Ladakh, the Union Territory of Andaman Nicobar Islands or the Union Territory of Lakshadweep, the last date will be **15 days beyond the last date of receipt of application for the applicants residing in other parts of India**.

Those who are working in Government / PSUs / Autonomous Bodies are required to send their application through proper channel. However, if they anticipate that forwarding the application through proper channel may cause delay, they may send an advance copy of their application. Their application will be treated to have been received in time, even if their advance copy is reached by the last date.

The applications of those, who are applying on deputation/ absorption are required to be forwarded by their office along with **(a)** photocopies of APARs of the last five years, duly attested by an officer not below the rank of Under Secretary or equivalent, **(b)** Vigilance/ Disciplinary Clearance, **(c)** Certificate of Integrity **(d)** a statement of minor/ major penalty, if any, imposed on the applicant.

Upper age limit will be relaxed for ex-servicemen and persons with disabilities as per the orders of Government of India, issued from time to time.

**Application Fee:** The candidates will have to pay the application fee as mentioned below: -

| <b>SCs/STs, persons with disabilities and ex-servicemen</b> | <b>Other Candidates</b> |
|---|-------------------------|
| Rs. 50/-  | Rs. 200/-               |

The payment of fees is to be made through through a bank draft or pay order, drawn in favour of **Society for Applied Microwave Electronics Engineering and Research**, payable at Mumbai.

The candidates are advised to produce the caste certificates etc., if any, in the prescribed proformas, as mentioned below: -

| <b>The candidates belonging to</b>                       | <b>Applicable Proforma</b> |
|--|----------------------------|
| Scheduled Castes and Scheduled Tribes                    | Proforma-I                 |
| Other Backward Class                                     | Proforma-II                |
| Form of declaration to be submitted by the OBC Candidate | Proforma-III               |
| Serving/Retired Released Armed Forces Personnel          | Proforma-IV                |
| Persons with Disability (ies)                            | Proforma-V                 |
| Economically Weaker Sections                             | Proforma-VI                |

#### **4. GENERAL INFORMATION:**

1. The selected person shall be on probation for two years. He/ she will be considered for confirmation, on the basis of his/ her performance and conduct during the probation period. The probation period may be extended, at the discretion of the appointing authority.
2. Incomplete applications, applications without photocopies of the certificate self attested and applications received after last date shall not be considered. The Society will not take responsibility for transit, postal and other delays.

3. Candidates must ensure that they fill in the correct information. Candidates who furnish false information will stand disqualified. The services of such persons shall be liable to be terminated, even if they are selected and join SAMEER.
4. Degree/ certificate should be from recognized institutions/universities.
5. Candidates should possess the prescribed experience in the relevant fields as mentioned under the column "Experience". The experience possessed before acquiring the essential qualifications will not be counted. In such cases, the required experience will be counted only from the date the essential qualifications are acquired. The prescribed Essential Qualifications/experience are bare minimum and mere possession of the same does not entitle candidates to be called for the written test/ interview.
6. In case a large number of applications are received for the post, SAMEER may, screen the applications, on the basis of parameters to be decided by it.
7. Canvassing in any form will lead to disqualification of the candidate.
- 8. Selection will be made on the basis of a written examination, followed by interview. The written examination will be of descriptive type and will test the applicants' writing ability and accounting ability. The venue of written examination and interview will be Mumbai.**
9. SAMEER strives to have workforce which reflects gender balance. Women candidates are encouraged to apply.
10. The initial place of posting will be Mumbai. However, the post carries all-India transfer liability.

**The form of certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under the Government of India**

This is to certify that Shri/Shrimati/Kumari\*.....son/daughter\* of .....of Village/Town\*.....in District/Division\*..... of the State/ Union Territory\*..... belongs to the .....caste/tribe\* which is recognised as a Scheduled Caste/Scheduled Tribe\* under: -

- @ The Constitution (Scheduled Castes) Order, 1950
- @ The Constitution (Scheduled Tribes) Order, 1950
- @ The Constitution (Scheduled Castes) Union Territories Order, 1951
- @ The Constitution (Scheduled Tribes) Union Territories Order, 1951

[as amended by the Scheduled Castes and Scheduled Tribes List (Modification) Order, 1956; the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Order (Amendment ) Act, 1976, the State of Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Reorganisation) Act, 1987.]

- @ The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956
- @ The Constitution (Andaman and Nikobar Islands) Scheduled Tribes Order, 1959 as amended by the

Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976

- @ The Constitution (Dadar and Nagar Haveli) Scheduled Castes Order, 1962
- @ The Constitution (Dadar and Nagar Haveli) Scheduled Tribes Order, 1962
- @ The Constitution (Pondicherry) Scheduled Castes Order, 1964
- @ The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967
- @ The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968
- @ The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968
- @ The Constitution (Nagaland) Scheduled Tribes Order, 1970
- @ The Constitution (Sikkim) Scheduled Castes Order, 1978
- @ The Constitution (Sikkim) Scheduled Tribes Order, 1978
- @ The Constitution (Jammu and Kashmir) Scheduled Tribes Order, 1989
- @ The Constitution (SC) Order (Amendment) Act, 1990
- @ The Constitution (ST) Order (Amendment) Act, 1991
- @ The Constitution (ST) Order (Second Amendment) Act, 1991
- @ The Scheduled Castes and Scheduled Tribes Order (Amendment) Act 2002
- @ The Constitution (Scheduled Castes) Order (Amendment) Act 2002
- @ The Constitution (Scheduled Castes Scheduled Tribes) Orders (Amendment) Act 2002
- @ The Constitution (Scheduled Castes) Orders (Second Amendment) Act 2002

%2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration to another

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes certificate issued to Shri/Shrimati\* .....Father/Mother of Shri/Shrimati/Kumari..... of village/town\*.....in District/Division\*..... of the State/Union Territory\*.....who belongs to the caste/tribe\* which is recognised as a Scheduled Caste/Scheduled Tribe in the State/Union Territory\* of ..... issued by the ..... dated .....

%3. Shri/Shrimati/Kumari\*..... and/or\* his/her\* family ordinarily resides in village/town\*.....of ..... District/Division\* of the State Union Territory\* of .....

Signature.....  
\*\* Designation.....

(With Seal of Office)

Place.....

Date.....

\*Please delete the words which are not applicable.

@ Please quote specific Presidential Order.

% Delete the paragraph which is not applicable.

NOTE: The term 'ordinarily reside (s)' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

\*\*List of authorities empowered to issue Scheduled Caste/Scheduled Tribe certificate.

- i. District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1<sup>st</sup> Class Stipendiary Magistrate /+ Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/ Extra Assistant Commissioner.  
+ (not below the rank of 1<sup>st</sup> Class Stipendiary Magistrate).
- ii. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate
- iii. Revenue Officers not below the rank of Tehsildar.
- iv. Sub-Divisional Officer of the area where the candidate and/or his/her family normally resides.
- v. Administrator Secretary to Administrator/Development Officer (Lakshadweep)\_\_\_\_\_

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri/Smt./Kumari.....son/daughter of .....of village/town .....in District/Division ..... in the State/Union Territory.....belongs to the .....community which is recognised as a backward class under the Government of India, Ministry of Social Justice and Empowerment's Resolution No. .... dated.....\*. Shri/Smt./Kumari..... and/or his/her family ordinarily reside(s) in the ..... District/Division of the ..... State/Union Territory. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in column 3 of the Schedule to the Government of India, Department of Personnel & Training OM No. 36012/22/93-Estt.(SCT) dated 8.9.1993, OM No.36033/3/2004-Estt.(Res) dated 9<sup>th</sup>March 2004, OM No. 36033/3/2004-Estt. (Res) dated 14<sup>th</sup> October, 2008 and OM No. 36033/1/2013-Estt. (Res) dated 27<sup>th</sup> May, 2013\*\*.

Signature.....  
Designation.....\$

Dated.....

Seal

---

\*- The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

\*\* - As amended from time to time.

\$- List of authorities empowered to issue Other Backward Classes Certificate will be the same as those empowered to issue Scheduled Caste/Scheduled Tribe Certificates.

Note: the term 'ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

**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’s Office Memorandum No.  
36102/22/93-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 9<sup>th</sup> March, 2004 and O.M. No. 36033/3/2004-Estt. (Res.) Dated 14<sup>th</sup> October, 2008.

Signature .....  
Full Name .....  
Address .....  
.....



**CERTIFICATE TO BE PRODUCED BY SERVING/RETIRED RELEASED ARMED FORCES PERSONNEL FOR AVAILING THE AGE CONCESSION FOR POSTS FILLED BY DIRECT RECRUITMENT**

**A. Form of Certificate applicable for Released/Retired Personnel**

It is certified that No ..... Rank  
..... Name  
..... whose date of birth is .....  
has rendered service from ..... to..... in  
Army/Navy/Air Force.

2. He has been released from Military Service

%a. on completion of assignment otherwise than

- i) By way of dismissal, or
- ii) By way of discharge on account of misconduct or inefficiency, or
- iii) On his own request but without earning his pension, or
- iv) He has not been transferred to the reserve pending such release

%b. on account of physical disability attributable to Military Service

%c. on invalidment after putting in at least 5 years of Military Service

3. He is covered under the definition of Ex-Serviceman (Re-Employment in Central Civil Services and Posts) Rules, 1979 as amended from time to time

Place .....

Date .....

Signature, Name and Designation of the  
Competent Authority\*\*  
SEAL

% Delete the Paragraph which is not applicable

**B. Form of Certificate for Serving Personnel**

(Applicable for serving personnel who are due to be released within one year)

It is certified that No.....  
Rank..... Name..... is  
serving in the Army/Navy/Air Force from.....

2. He is due for release retirement on completion of his specific period of assignment on .....

3. No disciplinary case is pending against him.

Place .....

Date .....

Signature, Name and Designation of the  
Competent Authority\*\*

SEAL

**Candidate (Serving Personnel) furnishing certificate B as above will have to give the following undertaking:**

**Undertaking to be given by Service/Armed Force Personnel who are due to be released within one year**

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 the Central Civil Service and Posts) Rules, 1979 as amended from time to time.

Place .....

Date .....

Signature and Name of Candidate

**C. Form of Certificate applicable for serving ECOs/SSCOs who have already completed their initial assignment and are on extended assignment**

It is certified that No..... Rank ..... Name ..... whose date of birth is ..... is serving in the Army/Navy/Air Force from .....

2. He has already completed his initial assignment of five years on ..... and is on extended assignment till .....

3. There is no objection to his applying for Civil Employment and he will be released on three months notice on selection from the date of receipt of offer of appointment.

Place.....

Date.....

Signature Name and Designation of the  
Competent Authority\*\*

SEAL

\*\*Authorities who are competent to issue certificate to Armed Forces Personnel for availing age concessions are as follows: -

- (a) In case of commissioned officers including ECOs/SSCOs
  - Army -- Military Secretary Branch, Army Hqrs., New Delhi
  - Navy -- Directorate of Personnel, Naval Hqrs., New Delhi
  - Air Force -- Directorate of Personnel Officers, Air Hqrs., New Delhi
  
- (b) In case of JCOs/ORs and equivalent of the Navy and Air Force
  - Army – By various Regimental Record Offices
  - Navy – BABS, Mumbai
  - Air Force – Air Force Records, New Delhi

Form-V

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)

[See Rule 18(1)]

(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 ..... Post Office

..... District..... State

..... whose photograph is affixed above, and am satisfied that:

(A) he/she is a case of:

- Locomotor disability
- Dwarfism
- Blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is

.....

(A) He/She has .....% (in figure) ..... Percent (in words) permanent Locomotor Disability/dwarfism/blindness 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 Issue | Details of authority issuing certificate |
|--------------------|---------------|--|
|                    |               |  |

(Signature and Seal of Authorised Signatory  
of notified Medical Authority)

|   |
|---|
| Signature/Thumb<br>Impression of the<br>Person in whose<br>favour certificate<br>of disability<br>is issued |
|---|

Form-VI

Certificate of Disability

(In case of multiple disabilities)

[See Rule 18(1)]

(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 we 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 .....

Post Office ..... District ..... State ..... whose photograph is affixed above, and are satisfied that:

(A) He/she is a Case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) for the Disabilities ticked below, and shown against the relevant disability in the table below:

(Please strike out the disabilities which are not applicable.)

@ - e.g. Left/ Right / Both arms / legs

|  | Disability                      | Affected part of body | Diagnosis | Permanent physical impairment/mental disability (in %) |
|--|---------------------------------|-----------------------|-----------|--|
|  | Locomotor disability            |                       |           |  |
|  | Muscular Dystrophy              |                       |           |  |
|  | Leprosy cured                   |                       |           |  |
|  | Dwarfism                        |                       |           |  |
|  | Cerebral Palsy                  |                       |           |  |
|  | Acid attack Victim              |                       |           |  |
|  | Low vision                      |                       |           |  |
|  | Blindness                       |                       |           |  |
|  | Deaf                            |                       |           |  |
|  | Hard of Hearing                 |                       |           |  |
|  | Speech and Language Disability  |                       |           |  |
|  | Intellectual Disability         |                       |           |  |
|  | Specific Learning Disability    |                       |           |  |
|  | Autism Spectrum Disorder        |                       |           |  |
|  | Mental illness                  |                       |           |  |
|  | Chronic Neurological Conditions |                       |           |  |
|  | Multiple sclerosis              |                       |           |  |
|  | Parkinson's disease             |                       |           |  |
|  | Haemophilia                     |                       |           |  |
|  | Thalassemia                     |                       |           |  |
|  | Sickle Cell disease             |                       |           |  |

# - e.g. Single eye/Both eyes

\$ - e.g. Left/ Right/ Both ears

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (.....number and date of issue of the guidelines to be specified), is as follows: -

In figures: - ..... percent

In words: - .....percent

2. This condition is progressive / non-progressive / likely to improve / not likely to improve.

3. Reassessment of disability is :

(i) not necessary,

Or

(ii) is recommended/ after ..... years..... months, and therefore this certificate shall be valid till .....(DD/MM/YY)

4. The applicant has submitted the following document as proof of residence: -

| Nature of Document | Date of Issue | Details of authority issuing certificate |
|--------------------|---------------|--|
|                    |               |  |

5. Signature and seal of the Medical Authority.

|                         |                         |                                  |
|-------------------------|-------------------------|----------------------------------|
|                         |                         |                                  |
| Name and seal of Member | Name and seal of Member | Name and seal of the Chairperson |

|   |
|---|
| Signature/Thumb impression of the person in whose favour certificate of disability is issued. |
|---|



Form-VII  
Certificate of Disability  
(In cases other than those mentioned in Forms V and VI)  
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)  
[See rule 18(1)]

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 ..... Post Office .....  
District ..... State ..... whose  
photograph is affixed above, and am satisfied that he/she is a case of  
..... disability. His/her extent of percentage physical  
impairment/disability has been evaluated as per guidelines (to be specified) and  
is shown against the relevant disability in the table below: -

| S. No. | Disability                      | Affected part of body | Diagnosis | Permanent physical impairment/mental disability (in %) |
|--------|---------------------------------|-----------------------|-----------|--|
|        | Locomotor disability            |                       |           |  |
|        | Muscular Dystrophy              |                       |           |  |
|        | Leprosy cured                   |                       |           |  |
|        | Cerebral Palsy                  |                       |           |  |
|        | Acid attack Victim              |                       |           |  |
|        | Low vision                      |                       |           |  |
|        | Deaf                            |                       |           |  |
|        | Hard of Hearing                 |                       |           |  |
|        | Speech and Language Disability  |                       |           |  |
|        | Intellectual Disability         |                       |           |  |
|        | Specific Learning Disability    |                       |           |  |
|        | Autism Spectrum Disorder        |                       |           |  |
|        | Mental illness                  |                       |           |  |
|        | Chronic Neurological Conditions |                       |           |  |
|        | Multiple sclerosis              |                       |           |  |
|        | Parkinson's disease             |                       |           |  |
|        | Haemophilia                     |                       |           |  |
|        | Thalassemia                     |                       |           |  |
|        | Sickle Cell disease             |                       |           |  |

(Please strike out the disabilities which are not applicable.)

@ - e.g. Left/ Right / Both arms / legs

# - e.g. Single eye/Both eyes

\$ - e.g. Left/ Right/ Both ears

2. The above condition is Progressive / non- progressive / likely to improve / not likely to improve.

3. Reassessment of disability is:

(i) not necessary

Or

(ii) is recommended after ..... years .....months and  
therefore this certificate shall be valid till  
.....(DD/MM/YY)

4. The applicant has submitted the following document as proof of residence: -

| Nature of Document | Date of Issue | Details of authority issuing certificate |
|--------------------|---------------|--|
|                    |               |  |

(Authorised Signatory of notified Medical Authority)  
(Name and Seal)

Countersigned

(Countersignature and seal of the  
Chief Medical Officer/Medical Superintendent/  
Head of Government Hospital, in case the  
certificate is issued by a medical  
Authority who is not a government  
Servant (with seal)

Signature/Thumb  
impression of the  
person in whose favour  
certificate of disability  
is issued.

**Note 1:** In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.

**Note 2:** The principal rules were published in the Gazette of India by Ministry of Social Justice and Empowerment vide notification number 489, dated 15.6.2017.

---

**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/daughter/wife of  
.....permanent resident of,  
..... Village/Street,

..... Post Office .....  
District.....in the State/Union  
Territory..... Pin Code ..... whose

photograph is attested below belongs to Economically Weaker Sections, since the gross 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 agriculture land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. 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.....

|  |
|--|
| Resent<br>passport size<br>attested<br>photograph<br>of<br>the applicant |
|--|

\* Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc.  
\*\* Note 2: The term 'Family' for this purpose includes 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,

\*\*\*\*\*