





17 **Total experience** (in months).(Attach photocopy of experience certificate. Use separate sheet if needed)

Name & Address of employer	Period of Employment		Nature of work done	Monthly Salary drawn	Whether Permanent/ Temporary
	From	To			

18 **Only for BRO labour/CPL experience** (Attach photocopy of experience certificate duly signed by OC unit, countersigned by TF Cdr and verified by AO concerned. Use separate sheet if needed.)

Unit/Formation	Period of Employment		Total		Trade	Present Status
	From	To	Months	Years		

19 Contact Mobile Number (Aadhaar linked): \_\_\_\_\_

Alternate Mobile Number \_\_\_\_\_

20 Aadhar Card No.  
(copy attached) \_\_\_\_\_

21 Contact E-Mail id : \_\_\_\_\_@\_\_\_\_\_  
(in CAPITAL LETTERS)

22

**DECLARATION**

- i) I have not submitted any other application for the same post. I am aware that if I contravene this rule, my application will be rejected summarily by GREF Centre and candidature will be cancelled at any stage.
- ii) I have read the provisions of the General instructions of the advertisement carefully and I hereby undertake to abide by them.
- iii) I further declare that I fulfill all the eligibility conditions regarding age limit, essential qualification, physical standards etc, as prescribed for recruitment. I have enclosed self attested photocopies of certificates in support of my claim for essential qualifications, age, category (EWS/SC/ST/OBC/ESM/CPL/PH) and age relaxation.
- iv) I also declare that I do not stand debarred by GREF as on date on any disciplinary grounds and have never been convicted by any court of law.
- v) I also declare that I do not stand terminated/removed/dismissed from GREF service.
- vi) I hereby further declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found suppressed/false or incorrect or ineligibility being detected before or after the examination, or after the appointment my candidature/appointment is liable to be cancelled.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
\*\*Signature of candidate

\_\_\_\_\_  
\*\*Left hand thumb impression

**\*\*If any one or both left blank (not filled), application will be rejected.**

**NOTE :** (1) CANDIDATES ARE ADVISED TO POST THE APPLICATION WELL BEFORE THE CLOSING DATE SO AS TO REACH GREF CENTRE, DIGHI CAMP PUNE 411015 BEFORE THE CLOSING DATE. APPLICATIONS RECEIVED AFTER THE CLOSING DATE WILL **NOT** BE ACCEPTED UNDER ANY CIRCUMSTANCES. DEPARTMENT WILL NOT BE RESPONSIBLE FOR POSTAL DELAYS.

(2) DEPARTMENTAL CANDIDATES MAY SEND THEIR APPLICATIONS IN FORMAT AS PRESCRIBED IN ROI 1/98 THROUGH PROPER CHANNEL. HOWEVER THEY MUST ENSURE THAT THE APPLICATION COMPLETED IN ALL RESPECTS SHOULD REACH GREF CENTRE, PUNE BEFORE THE CLOSING DATE. APPLICATION SHALL BE REJECTED IF RECEIVED LATE AND IS NOT COMPLETE IN ALL RESPECTS AS APPROVED IN RULES.

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Contd...P/4

ADMIT CARD  
**ADVT NO. 01/2026**

Paste (do not pin or staple) your recent colour passport size photograph of size 4 cm x 5cm. The colour photograph should not be more than 1 months old from the date of Advt and same as attached in (App'A') application form.

(For Office use only)

(To be filled by candidate)  
Communication address

Name \_\_\_\_\_

S/o \_\_\_\_\_

House Name/No \_\_\_\_\_

Village \_\_\_\_\_

Tehsil \_\_\_\_\_

State \_\_\_\_\_

Post Office \_\_\_\_\_

District \_\_\_\_\_

Pin Code 

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Aadhar No \_\_\_\_\_

Contact Nos. \_\_\_\_\_

At the time of submission of application form

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Left hand thumb impression

Applying for the trade/post

\_\_\_\_\_

**NO ENTRY TO BE MADE AT THE TIME OF SUBMITTING APPLICATION**

1 At the time of written examination

_____	_____	_____
PO	M1	M2
	Signature	Left hand thumb impression

2 At the time of PET

_____	_____	_____
PO	M1	M2
	Signature	Left hand thumb impression

3 At the time of TT

_____	_____	_____
PO	M1	M2
	Signature	Left hand thumb impression

4 At the time of PME

_____	_____	_____
PO	M1	M2
	Signature	Left hand thumb impression

5 At the time of joining of service

_____	_____
Signature	Left hand thumb impression

**\* Please read instructions enclosed**

**FROM 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 O.M. No  
36012/22/93-Estt (SCT) dated 8.9.1993 \*\*.

Dated:

District Magistrate

Deputy Commissioner etc

Seal

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\* 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.

Note:- The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

**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 Nicobar 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 & 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 Orders (Amendment) Act 2002
- @ The Constitution (Scheduled Castes) Order (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes and 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)  
State/Union Territory\*

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/1st Class Stipendiary Magistrate/† Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.  
†(not below of the rank of 1st 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)

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

**INCOME & ASSETS CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS**

Certificate No. \_\_\_\_\_

Dated: \_\_\_\_\_

**VALID FOR THE YEAR \_\_\_\_\_**

1. 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 agricultural 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 recognised as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Recent Passport size  
attested photograph of  
the applicant

\* Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

\*\*Note 2: The terms "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 properly holding test to determine EWS status.

**SELF-DECLARATION BY CANDIDATE  
SEEKING RESERVATION AS OBC 'NCL'**

"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 08-09-1993. It is  
also declared that I do not belong to persons/sections (Creamy layer) mentioned in  
column 3 of the Schedule to the above referred Office Memorandum dated 8-9-1993."

Date:

Signature of Individual

Department of Empowerment of Persons with Disabilities,  
Ministry of Social Justice and Empowerment, Government of India

Form-V

Disability Certificate  
(In case of Single Disability)

[See rule 18(1)]

(Name and Address of the Medical Authority Issuing the Certificate)

Recent passport  
size photograph  
(Showing face  
only) of the  
person with  
disability

Certificate/UDID No.

Date of Issue :

This is to certify that I/we have carefully examined <Name of the applicant>, Son/Daughter/Care of < name of father/mother/guardian> , Date of Birth (DD/MM/YYYY), Gender < Male/Female/Transgender> , Registration No. <UDID Enrolment No.> Resident of < address of PwD> whose photograph is affixed above, and I am /we are satisfied that:

(A) He/She is a case of (Any one of the following disabilities):

- i. Locomotor Disability
- ii. Muscular Dystrophy
- iii. Leprosy Cured

- iv. Dwarfism
- v. Cerebral Palsy
- vi. Acid Attack Victim
- vii. Low Vision
- viii. Blindness
- ix. Hearing Impairment
- x. Speech and Language Disability
- xi. Intellectual Disability
- xii. Specific Learning Disabilities
- xiii. Autism Spectrum Disorder
- xiv. Mental Illness
- xv. Chronic Neurological Conditions
- xvi. Multiple Sclerosis
- xvii. Parkinson's Diseases
- xviii. Haemophilia
- xix. Thalassemia
- xx. Sickle Cell Disease

(B) Name of affected body part:

(C) The diagnosis in his/her case is \_\_\_\_\_

(D) He/She has \_\_\_\_\_% (in figure) \_\_\_\_\_ percent (in words) disability and the nature of certificate is {Permanent / temporary and valid till (DD/MM/YYYY) } as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide <Notification No> dated (DD/MM/YYYY).

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Member(s):

Signature:

Name and Address of the Medical Authority Issuing the Certificate:

Logo of Government of India	Logo of Department of Empowerment of Persons with Disabilities, GoI	Logo of Respective State or Union Territory
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**Department of Empowerment of Persons with Disabilities,  
Ministry of Social Justice and Empowerment, Government of India**

**Form-VI**

**Disability Certificate**

(In case of Multiple Disabilities)

[See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport size photograph (Showing face only) of the person with disability

Certificate/UDID No. \_\_\_\_\_

Date of Issue: \_\_\_\_\_

This is to certify that we have carefully examined <Name of the applicant>, Son/Daughter/Care of <write name of father/mother/guardian>, Date of Birth (DD/MM/YYYY), Gender < Male/Female/Transgender >, Registration No. <UDID Enrolment No.> Resident of < address of PwD> whose photograph is affixed above, and we are satisfied that:

(A) He/She is a case of **Multiple Disabilities**. His/her extent of physical impairments/ disabilities have been evaluated as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide <Notification No> dated (DD/MM/YYYY) for the disabilities below:

S. No.	Disability	Name of Affected Body Part	Diagnosis	Disability Percentage
1.	Locomotor Disability			
2.	Muscular Dystrophy			
3.	Leprosy Cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid Attack Victim			
7.	Low Vision			
8.	Blindness			
9.	Hearing Impairment			
10.	Speech and Language Disability			
11.	Intellectual Disability			
12.	Specific Learning Disabilities			
13.	Autism Spectrum Disorder			
14.	Mental Illness			
15.	Chronic Neurological Conditions			
16.	Multiple Sclerosis			
17.	Parkinson's Diseases			
18.	Haemophilia			
19.	Thalassemia			
20.	Sickle Cell Disease			

(Note: Only the disabilities diagnosed will be listed)

(B) He/She has \_\_\_\_\_% (in figure) \_\_\_\_\_ percent (in words) overall disability and the nature of certificate is { permanent/ temporary and valid till (DD/MM/YYYY) }

Signature / Thumb impression of the Person with Disability: \_\_\_\_\_

Signature of notified Medical Authority Members: \_\_\_\_\_

Signature: \_\_\_\_\_

Name and Address of the Medical Authority Issuing the Certificate: \_\_\_\_\_