

Undertaking/ Declaration by the Applicant**(Applicant should complete the proforma)****Warning**

(After signing this declaration, if the candidate is found guilty of any wrong declaration, the Institute is authorized to initiate judicial and criminal proceedings including debarring the candidature for future employment in the Institute)

I, hereby undertake the following facts related to my candidature for employment in IISER Bhopal for the post of :

SN.	Items	Description	Annexure No.
1.	Name of the candidate		
2.	Father's Name		
3.	Mother's Name		
4.	Date of Birth		
5.	Service Certificate / NOC No. & date in the requisite proforma		
6.	IDA to CDA Equivalency Certificate (if applicable) No. & dt. issued by Corp. Office	1) Certificate No: Dt. 2) Pay Scale: (Start – End) 3) Basic Pay: 4) IDA: 5) Equivalent GP/Level in 7 th CPC:	
7.	Caste Certificate, issuing authority & dt.		
<i>*Note: Mention only the details of such Bachelor's/ Master's degree on the basis of which the eligibility is being claimed for the post applied.</i>			
	Particular's	Bachelor's Degree	Master's Degree
			Annexure No.
8.	UGC's approvals vide the Gazette Notification dated July 5, 2014 (enclosed to the advt.) 1. Name of the Degree 2. Sl. No. in the Gaz. Notification		
9.	Mode of Study (Regular/ Distance/ Private/ Part-time/ others, pl. specify)		
10.	Name of University/ Institute		

11.	Type of University (State/ Deemed/ Private / Through Act of Parliament/ others, pl. specify)			
12.	Territorial Jurisdiction as per UGC No. F.27- 1/2012(CPP-II) Notification dt. June 27, 2013 (encl. to the advt.) limited to the state in which located for other than Central Universities.			
13.	1. Name and Code No. of the Study Centre/College (should not be a private franchisee other than own/ govt. study centre) 2. Place of Study 3. State			
14.	Duration of program should not be less than the UGC approved: (Mention from-to and the No. of years)			
15.	Program approved by 1. UGC 2. UGC – DEB 3. DEC 4. AICTE/UGC/ DEC 5. Act of Parliament 6. Others, Pl. specify			

2. That, I understand that the UG / PG Diplomas are not considered as Bachelor's or Master's Degrees without specific notification by the UGC or through an Act of Parliament / State Legislature, which should be provided by the undersigned in support of the claim. No certification of any other agency shall be considered valid.
3. That the degrees obtained by me are recognized by UGC/ DEB and appropriate authorities of Government Agencies, as applicable. Also, there is no contravention of territorial jurisdiction with respect to my course/ degrees and the same are duly in consonance with the mandates of UGC for distance education issued by from time to time.

4. That, I understand that the Institute shall not be able to consider the IDA scales equivalent to Central Govt. pay scales, without submission of the relevant portion / certified extracts of Pay Revision Commission Report of my organization, alongwith the NOC / Service Certificate confirming my claims to this extent. The burden of providing proof in the enclosed model PRC document of (Annexure) lies on me only as a claimant.
5. That, I hereby undertake that any failure to abide by the instructions and submission of any incomplete application shall render my application invalid and I am personally responsible for any deficiency or discrepancy in submitting the application.
6. That, The Caste Certificate / Experience / Service Certificates have been issued by the competent authority only and subject to verification by IISER Bhopal.
7. That, I declare that I served in Armed Forces from to for years and, I have not claimed reservation in civil employment after my discharge for Armed Forces.
8. That, I understand that, any wrong declarations / mis-representation of facts / wrong claims / submission of forged or fake documents shall render the candidature ineligible for the post applied / selected / appointed, if any. The Institute shall initiate the legal and disciplinary proceedings under the appropriate law for misleading the Institute with wrong declarations, if any. The Institute may declare such candidates ineligible / debarred from applying against future advertisements.

Date:

Place

.....

Signature of the Candidate

APPENDIX-2

**PROFORMA OF CERTIFICATE FOR SERVING OFFICIALS
OF INDIAN ARMED FORCES**

(ARMY/NAVY/AIR FORCE)

I hereby, certify that with the information available in records, that
Shri _____ (Name) Service/Personal No. _____
Rank _____ has joined the service on _____ (Date) and
would complete the prescribed period of appointment on _____ (Date).

Place:
Dated:

Signature
Name:
Rank:
Commanding Officer
Office Seal

APPENDIX-3

**FORM OF UNDERTAKING TO BE GIVEN BY CANDIDATES
APPLYING FOR CIVIL POSTS UNDER EX-SERVICEMEN CATEGORY**

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. I have joined (Army/Navy/Air Force) on _____ (date) and have been (released/retired/discharges) on _____ (date) from the Indian Armed Forces and that I am entitled to the benefits admissible to ex-servicemen in terms of the Ex-servicemen (Re-employment in Central Civil Services and Posts) Rules, 1979, as amended from time to time.

2. I also understand that I shall not be eligible to be appointed to a vacancy reserved for Ex-servicemen in regard to the recruitment covered by this examination, if I have at any time prior to such appointment, secured any employment on the civil side (including Public Sector Undertaking, Autonomous Bodies/Statutory Bodies, Nationalized Banks, etc.), by availing of the concession of reservation of vacancies admissible to Ex-servicemen.

Place:

Signature of Candidate

Dated:

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL

Certificate No. _____

Date _____

DISABILITY CERTIFICATE

Recent Photograph
of the candidate
showing the
disability duly
attested by the
Chairperson of the
Medical Board.

This is certified that Shri / Smt / Kum _____ son/wife/daughter of
Shri _____ age _____ sex _____
identification mark(s) _____ is suffering from permanent disability of following category:

A. Locomotor or cerebral palsy:

- (i) BL-Both Legs affected but not arms.
- (ii) BA-Both arms affected
 - (a) Impaired reach
 - (b) Weakness of grip
- (iii) BLA-Both legs and both arms affected
- (iv) OL-One leg affected (right or left)
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (v) BH-stiff back and hips (Cannot sit or stoop)
- (vi) MW-Muscular weakness and limited physical endurance.

B. Blindness or Low Vision:

- (i) B-Blind
- (ii) PH-Partially Blind

C. Hearing impairment:

- (i) D-Deaf
- (ii) PH-Partially Deaf
(Delete the category whichever is not applicable)

2. This condition is progressive / non-progressive / likely to improve / not likely to improve. Re-assessment of this case is not recommended / is recommended after a period of _____ years _____ months.*

3. Percentage of disability in his / her case is percent.

4. Sh./Smt./Kum..... meets the following physical requirements for discharge of his/her duties:-

- | | |
|--|--------|
| (i) F-can perform work by manipulating with fingers. | Yes/No |
| (ii) PP-can perform work by pulling and pushing. | Yes/No |
| (iii) L-can perform work by lifting. | Yes/No |
| (iv) KC-can perform work by kneeling and crouching. | Yes/No |
| (v) B-can perform work by bending. | Yes/No |
| (vi) S-can perform work by sitting. | Yes/No |
| (vii) ST-can perform work by standing. | Yes/No |
| (viii) W-can perform work by walking. | Yes/No |
| (ix) SE-can perform work by seeing. | Yes/No |
| (x) H-can perform work by hearing/speaking. | Yes/No |
| (xi) RW-can perform work by reading and writing. | Yes/No |

(Dr. _____)
Member
Medical Board

(Dr. _____)
Member
Medical Board

(Dr. _____)
Chairperson
Medical Board

Countersigned by the
Medical Superintendent / CMO / Head of
Hospital (with seal)

* Strike out which is not applicable.

Annexure-4

Certificate is to be submitted by Employees of Central / State Govt. or similar organized services / Govt. Autonomous organizations / Govt. Universities / Govt. Institutes Seeking Age-Relaxation

(To be filled by the employer in which the candidate is working)

It is certified that Shri/Smt./Km. _____ S/o, D/o, W/o Shri _____ is an employee of (Central / State Govt. or similar organized services / Govt. Autonomous organizations / Govt. Universities / Govt. Institutes) _____ since _____ and _____ holding the post of _____ in the Pay Level/Pay scale _____ with not less than 3 years regular service in the grade as on **10.05.2026**.

Signature of the Employer

Name: _____

Designation _____

Official Seal _____

Place:

Date:

**6th CPC / 7th CPC Pay equivalence Certificate for Non Central Govt. pay scales held by
PSU / Autonomous Body Employees**
(To be submitted along with a copy / extracts of pay revision document by the
Corporate cadre controlling / Personnel Officer only)

Certificate No:

Date:

Advertisement No: and Post applied for :

SN	Item	Description
1	Name of the employee	
2	Employee Code	
3	Name of the organisation	
4	Type of organisation	_____ { (1) Central Govt. (2) State Govt. (3) Centrally funded Educational Institutes (CEI) (4) Central Autonomous Body / PSU (5) State Autonomous Body / PSU (6) Private University / Organisation (7) International Organization (8) Others (please specify) }
5	Date of Birth	
6	Type of employment	_____ {(1)Regular (2) Contract (3) Ad-hoc (4) Temporary (5) Project (6) Outsourced Job (7) Deputation (8) Others specify) }
7	Current and Previous positions held with pay scale, in the organization.	

SN	Positions held	Type of Employment	Full IDA Pay Scale		IDA GP / Pay Level	IDA Basic Pay	IDA %	Gross (Pay + DA)	Equivalent 6 th CPC / 7 th CPC pay scales of GOI (Pay Band /GP / Level)	Duration	
			Start	End						From	To

Certified that the above information is verified from the corporate pay structure and compared with the Central Govt. Pay Structure in 6th CPC /7th CPC as on 01/01/2006 or 01/01/2016 and the undersigned is competent to issue the equivalence certificate for considering the experience gained by the employee as equivalent to the Central Govt. Pay Structure and hierarchy.

Signature :

Name of the Cadre Controlling Officer / Personnel Officer of the Corporate Office / Head Office of PSU / Autonomous Bodies / Banks / Insurance Companies etc. of State or Central Govt. :

Designation :

Office Seal :