Sl.No..... Roll No.....

ORISSA PUBLIC SERVICE COMMISSION

APPLICATION FORM

(To download, please visit Website of the Commission, i.e. "http://opsc.nic.in.")

WARNING :

1. Application incomplete in any respect will be rejected
2. Admission to examination/candidature for the post is provisional and will remain as such till original certificates are verified at the time of V.V.Test.
3. Candidate is required to fill up application form in his/her own hand.
4. Candidate must **sign the declaration** at the last page of application form and at the Annexure-I.

Affix one recent passport size photograph signed on its front

TO BE FILLED IN BY CANDIDATE IN ENGLISH

[Furnish/indicate information in appropriate word(s)/figure(s) in the appropriate boxes/places where provided]

NAME OF THE POST/SERVICE/EXAMINATION .....

ADVERTISEMENT No. | | | | | | | | | |

ZONE OF EXAMINATION
(Wherever applicable, in order of preference)

1. .....
2. .....
3. .....

1. Name of the candidate (In Block Capitals)

First Name | Middle Name | Family Name

2. Complete mailing address .. Name .....
(In Block Capitals) .....
.....
.....
PIN .....

3. Telegraph Office .. ..

4. Permanent address .. Name .....
(In Block Capitals) .....
.....
.....
PIN .....

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

In words .....

Year Month Days

(b) Age as on the qualifying date indicated

(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 Orissa only) by birth, attach certificate from competent authority. ..

(i) Designation of issuing authority

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

(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

10. Whether a Physically Handicapped Person ? .. ☐
Y/N

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

(b) Percentage of disability .. ☐☐

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

☐☐☐☐☐☐☐☐☐

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 from Director of Sports, Orissa. .. Date of issue

☐☐ ☐☐ ☐☐☐☐

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 Oriya 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 Oriya or passed a Special Test in Oriya of that standard conducted by the Board of Secondary Education, Orissa/School & Mass Education Department, Government of Orissa (attach copy of such certificate).

☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐

Date of issue

☐☐ ☐☐ ☐☐☐☐

15. Give particulars of all examinations passed (H.S.C., +2, Diploma, Degree, Post-Graduation and any other examinations).

Name of Examination	Name of the Board/ Council/ University/ Examining Body	School/College/ University/ Institution from which passed	Class/ Division	Maximum marks	Marks secured and percentage (%)	Year of passing, Date of Publication of result	Subjects taken (Degree Level). Indicate Honours Subject, if any.
1	2	3	4	5	6	7	8

16. Name and designation of the Officer of the University/College and two respectable persons giving certificate of character.
Please attach original certificates)

.. Name and Designation

(i)

(ii)

(iii)

17. (a) Are you employed in any Government/Public Sector Offices ? Y/N
if so, furnish particulars (attach a separate sheet, if space is not adequate).

Name and nature of Employment with Designation	Date of Joining	Date of Leaving	Status of service on the date of application (1. Continuing 2. Left.)	Total period of experience as on the date of receipt of application	Designation and address of the employer

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

Designation of issuing authority

Date of issue

18. (a) Have you ever been a candidate for any Post/Service/Examination advertised by the Orissa 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

21. Relation, if any, with their name(s) and designation(s) holding the office of the Chairman or Member or any Gazetted or non-Gazetted rank in the office of O.P.S.C. and the nature of relationship with the candidate.

1. | | | | | | | | | | | | | | | | | | | |

2. | | | | | | | | | | | | | | | | | | | |

22. State the optional subjects in which you wish to appear, where it is required as per terms of advertisement.

Names of Subjects : Code No.

(i) | | | | | | | | | | | | | | | | | | | | | |

(ii) | | | | | | | | | | | | | | | | | | | | | |

(iii) | | | | | | | | | | | | | | | | | | | | | |

23. Order of preference of posts (only for Orissa Civil Service Examination)

Preference Number	1	2	3	4	5	6	7
Services/Posts Code Number							

24. List of enclosures submitted by the candidate.
As per Annexure-I.

DECLARATION

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the interview, action can be taken against me by the Commission.

I have read the provisions in the Rules, Instructions and the Notice of the Commission carefully and I hereby undertake to abide by them.

I further declare that, I fulfill all the conditions of eligibility regarding age limits, educational qualifications, etc. prescribed for the post/service/admission to the examination and that I have not exhausted the number of attempts admissible to me.

I have informed my Head of Office/Department in writing that I am applying for this post/service/ examination.

Place.....

Date ..... Full Signature of the Candidate

NOTE – Application and Annexure-I not signed by the candidate is liable to rejection

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 1st 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 1st 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.	Oriya 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 Orissa Medical Council/ Orissa Dental Council/Orissa Veterinary Council/Orissa 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.

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