



# UTTAR PRADESH PUBLIC SERVICE COMMISSION

Advertisement No.-  
D-6/E-1/2025  
Date: 22.12.2025

DATE OF COMMENCEMENT OF ONLINE APPLICATION: 22.12.2025

LAST DATE FOR THE PAYMENT OF ONLINE APPLICATION FEE IN THE BANK & SUBMISSION OF ONLINE APPLICATION: 22.01.2026

LAST DATE FOR CORRECTION/MODIFICATION IN SUBMITTED ONLINE APPLICATION AND FEE RECONCILIATION : 29.01.2026

## IMPORTANT

(1) (a) It is mandatory for the candidates to make One Time Registration (O.T.R.) and obtain O.T.R. Number before applying online.

(b) Those Candidates who have not obtained O.T.R. Number, must obtain it from commission's website <https://otr.pariksha.nic.in> 72 hours before the submission of Online application.

(c) Only after obtaining O.T.R. Number a candidate may submit online application through commission's website <https://uppsc.up.nic.in>.

(2) At the time of online application the candidates are directed to ensure the preservation of information regarding all the stages (i.e. O.T.R., Fee payment, Final submission, Qualification related modification/Error correction etc.) in Soft/Hard copy for future references.

(3) The candidate must carefully study the detailed advertisement and may apply for the post only when he/ she is eligible for the concerned post.

(4) It is clarified to the candidates that at the stage of Screening examination, the hard copy of the documents and Online Application should not be sent to the commission.

(5) The candidates must send hard copy of their on-line applications and enclose self attested copies of all marksheets and certificates in support of their claims rendered in the online application when asked for. In this connection, a separate press communique shall be published in due course by the commission.

## SPECIAL NOTICE :-

(a) The candidates will be entirely responsible for on-line submission of application. The application of the candidate will be accepted only after the payment of the fee in the bank till the last date of fee submission.

(b) Candidates are directed to visit the website of the commission continuously for updates. All future information/instructions will be sent to the registered mobile number and email ID as linked in O.T.R. by SMS or email.

### 1. IMPORTANT INFORMATION FOR CANDIDATES APPLYING ONLINE

This advertisement is available on the website of the commission <https://uppsc.up.nic.in>. 'O.T.R. BASED APPLICATION' system is applicable for applying against this advertisement. Application sent through any other medium will not be accepted. Therefore, candidates have to apply online only.

The candidates applying online are expected to go through the following instructions thoroughly and apply accordingly:-

When the candidate clicks on the "ALL NOTIFICATIONS/ ADVERTISEMENTS" in the Commission's website <https://uppsc.up.nic.in>, the 'ONLINE ADVERTISEMENTS' will automatically be displayed, which has following three parts:-

(i) User Instructions

(ii) View Advertisement

(iii) Apply

The Instructions for filling Online form have been given in User Instructions. The candidates desirous to see the respective advertisement will have to click on "View Advertisement". Thereafter, a full advertisement will be displayed alongwith Sample Snapshots of Online Application procedure.

**'Online Application' process will be completed in following four stages :-**

**First Stage:-** On clicking 'Apply', 'Authenticate with O.T.R.' will be displayed with respect to the examination and on clicking 'Authenticate with O.T.R.', 'Have You Completed Your O.T.R. Registration' will be displayed, in which the candidate will have to tick 'Yes' or 'No'. If the candidate:-

(i) Ticks on 'Yes' and clicks on 'Go' button, then 'Enter your O.T.R. Number' will be displayed wherein he/she has to fill O.T.R. Number and click on 'Proceed' button. On clicking 'Proceed' button, 'Click here to Authenticate' will be displayed, clicking whereupon the candidate may authenticate through O.T.P. received on his/her registered mobile no./email ID or O.T.R. password. Having completed the process of Authentication, all personal details of the candidate (as filled in O.T.R.) will be displayed automatically. The candidate will have to fill only essential qualification as required for the post.

(ii) Ticks on 'No' and clicks on 'Go' button:- (a) First of all, the candidate has to obtain One Time Registration Number from O.T.R. Web-portal (<https://otr.pariksha.nic.in>) of the Commission. (b) After obtaining O.T.R. number the candidate will have to apply online according to the process adopted in First Stage.

**Second Stage:-** The First Stage procedure having been completed the 'Applicant Dashboard' will automatically be displayed on the screen. The candidate will have to click on 'Submit Details' under 'Application Part-2' against applied post, thereafter the permanent and correspondence address along with application form will automatically be displayed on the screen from O.T.R. along with the preferential qualifications prescribed for the post. The candidate will have to choose Yes/No option against each preferential qualification.

**Third Stage:-** After the completion of the procedure of Second Stage, 'Fee Confirmation Window' will automatically be displayed on the screen under which upon clicking on 'Yes' option in front of 'Proceed for fee payment' Home Page of 'SBI MOPS' will be displayed comprising of 03 modes of payment:- (i) NET BANKING (ii) CARD PAYMENTS and (iii) OTHER PAYMENT MODES.

After payment of the required fee by any one of the above prescribed modes, 'Payment Transaction Slip' shall be displayed alongwith detail of fee payment, the print of which must be taken by clicking on 'Printer Icon'. In the event of 'Payment Failed' the candidate has to go to 'Candidate Dashboard login' and after filling the O.T.R. number proceed to authenticate through O.T.P. or O.T.R. password and after login click on 'Pending Payment' to pay the fee, compulsorily for online application.

**Note: It is mandatory to make payment of fee in the bank for 'ONLINE APPLICATION' Process by the candidate till the last date and time fixed for it. Candidates should take a print out of the same and keep it safe.**

**Fourth Stage:-** After completing the procedure of the Third Stage the application form of the candidate will automatically be displayed on screen, the print of which may be obtained by the candidate. The candidate will have to take the print of online application and keep it safe with himself/ herself to produce it in the office of the commission when required in case of any discrepancy, else his/her request/ claim will not be accepted. After

applying, in case of any modification in the qualification of applied post, the candidate may click on 'Candidate Dashboard Login' of 'Home Page' to modify it only once till last date for correction/modification and time fixed for it.

## Special Instructions

(1) The category, sub-category, domicile, gender, date of birth, E.W.S., creamy layer, name and address as claimed by the candidates till the last date/modification date of online application only will be considered valid. No representation for any change will be entertained after the last date. On fetching wrong information, the candidature will be treated as cancelled.

(2) If at any stage, it comes to the knowledge of the commission that the candidate has concealed or misrepresented any information, his/her candidature shall be rejected and proceeding to debar him/her from this examination and all future examinations and selections and also other punitive actions shall be initiated.

(3) As per decision of the UPPSC, a candidate will be liable to be debarred from this selection and all other future examinations and selections upto a maximum period of five years for furnishing any wrong information in his/her application form which cannot be substantiated by relevant documents or for any other malpractice.

(4) If any change is to be made in the personal detail mentioned in the O.T.R. it will be mandatory to Synchronise it on the Dashboard after that change, otherwise change will not be allowed. In this regard any on-line/off-line representation will not be accepted for error correction/amendment. Incomplete application will be cursorily rejected and no correspondence will be entertained in this regard.

(5) The candidature of such candidates who are subsequently found ineligible according to the terms laid down in advertisement will be cancelled and their any claim for the examination will not be entertained. The decision of the Commission regarding candidature/ selection of the candidates shall be final.

(6) The application/candidature will be rejected/cancelled, if the application form is not submitted on prescribed format, date of birth is not mentioned or wrong date of birth is mentioned, overage or under age, does not possess the minimum educational qualifications, applications received after last date and cases of no signature under declaration in the format and no correspondence/representation in this regard shall be entertained.

(7) The Commission may admit the candidates provisionally after summarily checking their applications but if it is found at any stage that applicant was not eligible or his/her application was not entertainable even at preliminary stage, his/her candidature will be rejected and if the candidate is selected and recommended by the Commission, the recommendation made by the Commission for the appointment shall be withdrawn.

(8) In the event of involvement of a candidate in the concealment of any important information, pendency of any case / criminal case, conviction, more than one husband or wife being alive, submission of facts in a distorted manner, malpractice, canvassing for candidature/selection etc, the Commission reserves the right to reject the candidature and debar him from appearing in the selection in question and in all other future examinations and selections.

(9) (a) After the screening examination or when asked for candidates must submit the hard copy of their online application alongwith self-attested copies of all marksheets and certificates in support of all claims made in the online application and any other information/document required by the advertisement within the prescribed period as per the Commission's instructions; otherwise, their candidature will be cancelled.

(b) In case the candidates present at the time of document verification do not present the required documents, it will be mandatory for them to submit the same within the period prescribed for this purpose as per the decision of the Hon'ble commission. In case the candidate does not present the required documents within the said period, the candidature of the candidate will be cancelled. If any candidate does not appear for document verification on the date prescribed for verification of original documents, assuming that he/she is not interested for the post in question, his candidature will be cancelled.

**2. Application Fee :** After completing the process of First and Second Stage in the online application process, deposit the fee category wise as per the instructions given in the Third Stage. The prescribed fee is as follows:-

|                                                                    |                                                                             |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------|
| (i) Unreserved/Economically Weaker Sections/Other Backward Classes | - Application fee Rs. 80/- + On-line process fee Rs. 25/- Total = Rs. 105/- |
| (ii) Scheduled Castes/ Scheduled Tribes                            | - Application fee Rs. 40/- + On-line process fee Rs. 25/- Total = Rs. 65/-  |
| (iii) Disabled Category                                            | - Application fee NIL/- + On-line process fee Rs. 25/- Total = Rs. 25/-     |
| (iv) Ex-Servicemen                                                 | - Application fee Rs. 40/- + On-line process fee Rs. 25/- Total = Rs. 65/-  |
| (v) Dependents of the Freedom Fighters/ Women/Skilled Player       | - According to their original category                                      |

## 1- Uttar Pradesh Livestock Department

Department No.:- S-2/08, Name of the Post:- Veterinary Officer

Number of Vacancies:-

| Total Post | UR  | S.C. | S.T. | O.B.C. | E.W.S. | D.F.F. | P.H.                                         | Ex. Servicemen | Female |
|------------|-----|------|------|--------|--------|--------|----------------------------------------------|----------------|--------|
| 404        | 243 | 84   | 37   | 00     | 40     | 08     | 16<br>(L.V.-06,H.H.-05,<br>Dw.-03, A.A.V.-2) | 20             | 80     |

**Nature of Post:-** Group-B, Gazetted, **Pay Scale:-** Level-10, Grade Pay: Rs. 5400/- Rs. 15600- 39100/- **Age Limit:-** 21 year to 40 year (Age relaxation is permissible as per rules.).

**Academic Qualifications:- (A) Essential Qualification:-**

(1) A degree of Bachelor of Veterinary Science and Animal Husbandry (B.V.Sc. & A.H.) from a University established by law in India or a degree recognised by the Government as equivalent thereto or other recognised Veterinary qualification as defined in clause (c) of section 2 of the Indian Veterinary Council Act, 1984 (Act no. 52 of 1984) as amended from time to time.

| (2) Must be duly registered with the Uttar Pradesh Veterinary Council.<br><b>Equivalent Qualification:-</b> बी.वी.एससी. (बैचलर ऑफ़ वेटरनरी साइंस), जी.बी.वी.सी. (ग्रेजुएट ऑफ़ बंगाल वेटरनरी कॉलेज या ग्रेजुएट ऑफ़ बिहार वेटरनरी कॉलेज या ग्रेजुएट ऑफ़ बॉम्बे वेटरनरी कॉलेज), जी.एम.वी.सी. (ग्रेजुएट ऑफ़ मद्रास वेटरनरी कॉलेज), एल.वी.पी. (लाइसेंसड वेटरनरी प्रैक्टिशनर) तथा अधिनियम की द्वितीय सूची में उल्लिखित एम.आर.सी.वी.एस. (मेम्बर ऑफ़ रॉयल कॉलेज ऑफ़ वेटरनरी सर्जन), बी.वेट.मेडि. (बैचलर ऑफ़ वेटरनरी मेडिसिन), बी.वी.एम. (बैचलर ऑफ़ वेटरनरी मेडिसिन), बी.वी.एससी. (बैचलर ऑफ़ वेटरनरी साइंस)।<br><b>(B) Preferential Qualification:-</b><br>A candidate, other things being equal, be given preference in the matter of direct recruitment, if he-<br>(a) has post-graduate degree/diploma or higher qualification; or<br>(b) has served in the Territorial Army for a minimum period of two years; or (c) has obtained a 'B' certificate of National Cadet Corps.<br><b>Note:-</b> PH-subcategories <b>L.V., H.H., Dw. and A.A.V.</b> are notified/identified for the above post.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |      |      |        |        |        |                                                            |                |        | <table><tr><th>Total Post</th><th>UR</th><th>S.C.</th><th>S.T.</th><th>O.B.C.</th><th>E.W.S.</th><th>D.F.F.</th><th>P.H.</th><th>Ex. Servicemen</th><th>Female</th></tr><tr><td>26</td><td>11</td><td>05</td><td>00</td><td>08</td><td>02</td><td>00</td><td>01 (L.V.-01)</td><td>01</td><td>05</td></tr></table> <b>Nature of Post:-</b> Group-B, Gazetted, <b>Pay Scale:-</b> Level-8, Rs. 47600-151100/-, <b>Age Limit:-</b> 21year to 40 year (Age relaxation is permissible as per rules.).<br><b>Academic Qualifications:- (A) Essential Qualification:-</b><br>(1) Degree in Pharmacy or Pharmaceutical Sciences or Medicine with specialization in Clinical Pharmacology or Microbiology or equivalent from a recognized University;<br>(2) (a) Eighteen months' experience in the manufacture of at least one of the substances specified in Schedule 'C' to the Drug and Cosmetics Rules 1945; or<br>(b) Eighteen months' experience in testing of atleast one of the substances specified in Schedule 'C' to the Drugs and Cosmetics Rules, 1945 in a laboratory approved for this purpose by the licensing authority; or<br>(c) Three years' experience in the inspection of firms manufacturing any of the substances specified in Schedule 'C' to the Drugs and Cosmetics Rules, 1945 during the tenure of their services as Drug Inspector of any State Government or Central Government.<br>समकक्ष अर्हता— बी0फार्मा या बैचलर इन फार्मास्युटिकल साइंसेज या बैचलर इन मेडिसीन विद स्पेशलाइजेशन इन क्लीनिकल फार्माकोलॉजी या माइक्रोबायोलॉजी या फार्म डी।<br><b>(B) Preferential Qualification:-</b><br>A candidate, who has-<br>(i) served in the Territorial Army for a minimum period of two years;<br>or<br>(ii) obtained a 'B' certificate of National Cadet Corps, shall other things being equal, be given preference in the matter of direct recruitment.<br>नोट:— अनिवार्य अर्हता, औषधि और प्रसाधन सामग्री नियमावली, 1945 की अनुसूची 'ग' में विनिर्दिष्ट पदार्थों के सम्बन्ध में विज्ञापित अर्हता के अनुसार सक्षम अधिकारी द्वारा निर्गत अनुभव सम्बन्धी प्रमाण पत्र जो उस राज्य (जहाँ कम्पनी / फर्म स्थित हो) के औषधि नियंत्रक द्वारा सत्यापित हो।<br><b>Note:-</b> PH-subcategories <b>L.V., H.H., O.L. and Dw.</b> are notified/identified for the above post. |    |      |      |        |        |        |      |                |        | Total Post | UR  | S.C. | S.T. | O.B.C. | E.W.S. | D.F.F. | P.H.                                                       | Ex. Servicemen | Female | 26                                                                                                                                                                                                                                                                                      | 11  | 05 | 00 | 08 | 02 | 00 | 01 (L.V.-01)                            | 01 | 05 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------|------|--------|--------|--------|------------------------------------------------------------|----------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------|------|--------|--------|--------|------|----------------|--------|------------|-----|------|------|--------|--------|--------|------------------------------------------------------------|----------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|----|----|----|-----------------------------------------|----|----|
| Total Post                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | UR  | S.C. | S.T. | O.B.C. | E.W.S. | D.F.F. | P.H.                                                       | Ex. Servicemen | Female |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |      |      |        |        |        |      |                |        |            |     |      |      |        |        |        |                                                            |                |        |                                                                                                                                                                                                                                                                                         |     |    |    |    |    |    |                                         |    |    |
| 26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11  | 05   | 00   | 08     | 02     | 00     | 01 (L.V.-01)                                               | 01             | 05     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |      |      |        |        |        |      |                |        |            |     |      |      |        |        |        |                                                            |                |        |                                                                                                                                                                                                                                                                                         |     |    |    |    |    |    |                                         |    |    |
| <b>Relevant Service Rules of the Post</b><br>● The Uttar Pradesh Veterinary Service Rules, 2015<br><b>2- Uttar Pradesh Legislative Department</b><br><b>Department No.:-</b> S-2/09, <b>Name of the Post:-</b> Vetting Officer, <b>Number of Vacancies:-</b> 01, Categorywise number of vacancies: Vertical Reservation-UR-01, Horizontal Reservation- NA, <b>Nature of Post:-</b> Group-B, Gazetted, <b>Pay Scale:-</b> Level-10, Rs. 56100- 177500/- <b>Age Limit:-</b> 21year to 40 year (Age relaxation is permissible as per rules.).<br><b>Academic Qualifications:- (A) Essential Qualification:-</b><br>Bachelor of Arts degree (with English Literature or Hindi Literature as one of the subjects) or Bachelor of Science degree or Bachelor of Commerce degree with a minimum fifty percent marks from a University established by law in India or a qualification recognised by the Government as equivalent thereto, and, three years Bachelor of Laws degree with a minimum fifty percent marks from a University established by law in India;<br>or<br>Five years Bachelor of Laws degree with a minimum fifty percent marks from a University established by a law in India.<br><b>Equivalent Qualification:-</b> भारत में विधि द्वारा स्थापित विश्वविद्यालय की स्नातक उपाधि के समकक्ष अर्हता के संबंध में जारी शासनादेश संख्या-03 / 2023 / 312 / 47—का—2—312 एलसी / 2022 दिनांक 19.07.2023 का प्रवर्तनीय अंश निम्नवत् है :—“.....3—उपर्युक्त समस्या के निवारण के संदर्भ में सम्यक् विचारोपरांत निम्नवत् निर्णय लिये गये हैं:—<br>(1)—ऐसे प्रकरणों में जहां तकनीकी प्रकृति के पद किसी विभाग की सेवा नियमावली में विद्यमान है तथा उनके लिए सामान्य स्नातक की अर्हता के स्थान पर कोई विशिष्ट अर्हता एवं उसके समकक्ष अर्हता अथवा किसी विशिष्ट शाखा व उपशाखा में स्नातक एवं उसके समकक्ष संगत नियमावली में निर्धारित की गई है, वहां विहित अर्हता के समकक्ष अर्हता का निर्धारण संबंधित विभाग द्वारा किया जायेगा।<br>(2)—उक्त बिन्दु संख्या-1 से आच्छादित प्रकरणों को छोड़कर जिस किसी विभाग की नियमावली में अर्हता सामान्य स्नातक और उसके समकक्ष अर्हता निर्धारित की गयी हैं, उक्त के संबंध में निम्नानुसार कार्यवाही सुनिश्चित की जाय:—<br>(1) केन्द्र अथवा किसी राज्य सरकार द्वारा विधि द्वारा स्थापित किसी विश्वविद्यालय / डीम्ड विश्वविद्यालय अथवा संस्थान द्वारा अध्ययन की किसी भी शाखा में यदि स्नातक की उपाधि प्रदान की गई है तो उक्त समस्त उपाधियाँ स्नातक के रूप में मान्य होगी।<br>(2) मानव संसाधन विकास मंत्रालय (शिक्षा मंत्रालय), भारत सरकार द्वारा मान्यता प्राप्त विभिन्न व्यवसायिक निकायों / संस्थानों द्वारा संचालित तकनीकी पाठ्यक्रमों में प्रदान की गई स्नातक स्तर की उपाधियाँ, मानव संसाधन विकास मंत्रालय (शिक्षा मंत्रालय) तथा अखिल भारतीय तकनीकी शिक्षा परिषद (AICTE) द्वारा समय-समय पर निर्गत दिशा-निर्देशों के अधीन स्नातक के समकक्ष मान्य किये जायेंगे।<br>(3) किसी प्रकार के असमंजस की स्थिति में केन्द्र सरकार / संबंधित राज्य सरकार / विनियामक निकायों से, जैसी भी स्थिति हो, संबंधित आयोगों द्वारा जानकारी प्राप्त की जा सकती है।<br>(4) उपर्युक्त समतुल्यता केवल उ0प्र0 राज्य में लोक सेवा आयोग / अधीनस्थ सेवा आयोग एवं अन्य भर्ती संस्थानों द्वारा सेवा-नियमावलियों में विहित स्नातक एवं समकक्ष अर्हता के लिए मान्य होगा।<br><b>(B) Preferential Qualification:-</b> A candidate who:-<br>(1)has served in the Territorial Army for a minimum period of two years;<br>or<br>(2) has obtained a 'B' certificate of National Cadet Corps, or<br>(3) possesses Post-graduate degree in Law from a University established by law in India, shall other things being equal, be given preference in the matter of direct recruitment.<br><b>Note:-</b> PH-subcategories are not notified/identified for the above post. |     |      |      |        |        |        |                                                            |                |        | <b>Relevant Service Rules of the Post</b><br>● The Uttar Pradesh State Drug control Gazetted Officers Service Rules, 1995<br>● The Uttar Pradesh State Drug control Gazetted Officers Service (FirstAmendment) Rules, 2011<br>● The Uttar Pradesh Food And Drug Administration Department Gazetted Officer's (Drugs) Service (SecondAmendment) Rules, 2014<br>● The Uttar Pradesh Food And Drug Administration Department Gazetted Officer's (Drugs) Service (ThirdAmendment) Rules, 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |      |      |        |        |        |      |                |        |            |     |      |      |        |        |        |                                                            |                |        |                                                                                                                                                                                                                                                                                         |     |    |    |    |    |    |                                         |    |    |
| <b>5- MEDICAL HEALTH AND FAMILY WELFARE DEPARTMENT UTTAR PRADESH</b><br><b>Department No.:-</b> S-8/02, <b>Name of the Post:-</b> Dental Surgeon<br><b>Number of Vacancies:-</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |      |      |        |        |        |                                                            |                |        | <table><tr><th>Total Post</th><th>UR</th><th>S.C.</th><th>S.T.</th><th>O.B.C.</th><th>E.W.S.</th><th>D.F.F.</th><th>P.H.</th><th>Ex. Servicemen</th><th>Female</th></tr><tr><td>157</td><td>65</td><td>38</td><td>00</td><td>39</td><td>15</td><td>03</td><td>06 (L.V.-03,O.L.-01, Dw.-01, A.A.V.-01)</td><td>07</td><td>31</td></tr></table> <b>Nature of Post:-</b> Group-B, Gazetted, <b>Pay Scale:-</b> Level-10, Rs. 56100-177500/-, <b>Age Limit:-</b> 21year to 40 year (Age relaxation is permissible as per rules).<br><b>Academic Qualifications:- (A) Essential Qualification:-</b><br>A candidate for direct recruitment to the Service must possess at least B.D.S. (Bachelor of Dental Surgery) degree from a recognised university or an equivalent qualification recognised by the Indian Dental Council.<br>नोट:—1. आन-लाइन आवेदन की अन्तिम तिथि से पूर्व अनिवार्य रोटेटरी इन्टर्नशिप पूर्ण करने का प्रमाण-पत्र होना चाहिए।<br>2. उ0प्र0 डेन्टल काउन्सिल में बी0डी0एस0 का रजिस्ट्रेशन होना चाहिए।<br>समकक्ष अर्हता — कोई समकक्ष अर्हता निर्धारित नहीं है।<br><b>(B) Preferential Qualification:-</b><br>A candidate, who has-<br>(i) served in the Territorial Army for a minimum period of two years;<br>or<br>(ii) obtained a 'B' certificate of National Cadet Corps, shall other things being equal, be given preference in the matter of direct recruitment.<br><b>Note:-</b> PH-subcategories <b>L.V., O.A., O.L., Dw. and A.A.V.</b> are notified/identified for the above post.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |      |      |        |        |        |      |                |        | Total Post | UR  | S.C. | S.T. | O.B.C. | E.W.S. | D.F.F. | P.H.                                                       | Ex. Servicemen | Female | 157                                                                                                                                                                                                                                                                                     | 65  | 38 | 00 | 39 | 15 | 03 | 06 (L.V.-03,O.L.-01, Dw.-01, A.A.V.-01) | 07 | 31 |
| Total Post                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | UR  | S.C. | S.T. | O.B.C. | E.W.S. | D.F.F. | P.H.                                                       | Ex. Servicemen | Female |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |      |      |        |        |        |      |                |        |            |     |      |      |        |        |        |                                                            |                |        |                                                                                                                                                                                                                                                                                         |     |    |    |    |    |    |                                         |    |    |
| 157                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 65  | 38   | 00   | 39     | 15     | 03     | 06 (L.V.-03,O.L.-01, Dw.-01, A.A.V.-01)                    | 07             | 31     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |      |      |        |        |        |      |                |        |            |     |      |      |        |        |        |                                                            |                |        |                                                                                                                                                                                                                                                                                         |     |    |    |    |    |    |                                         |    |    |
| <b>Relevant Service Rules of the Post</b><br>● The Uttar Pradesh Secretariat Legislative Department Officers Service Rules, 2013 (as amended)<br><b>3- DIRECTORATE GENERAL OF FAMILY WELFARE, UTTAR PRADESH</b><br><b>Department No.:-</b> S-6/03, <b>Name of the Post:-</b> Swasthya Shiksha Adhikari<br><b>Number of Vacancies:-</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |      |      |        |        |        |                                                            |                |        | <table><tr><th>Total Post</th><th>UR</th><th>S.C.</th><th>S.T.</th><th>O.B.C.</th><th>E.W.S.</th><th>D.F.F.</th><th>P.H.</th><th>Ex. Servicemen</th><th>Female</th></tr><tr><td>221</td><td>143</td><td>21</td><td>15</td><td>20</td><td>22</td><td>04</td><td>00</td><td>11</td><td>44</td></tr></table> <b>Nature of Post:-</b> Group-B, Gazetted, <b>Pay Scale:-</b> Level-7, Rs. 44900-142400/-, <b>Age Limit:-</b> 21year to 40 year (Age relaxation is permissible as per rules.).<br><b>Academic Qualifications:- (A) Essential Qualification:-</b><br>A candidate for direct recruitment must possess a Master's Degree from a recognised University in Sociology or any subject of Social Science.<br>नोट:— शासन के पत्र सं0-518 / 5-10-2024, दिनांक-30.10.2024 के अनुसार अनिवार्य शैक्षिक अर्हता में शामिल सामाजिक विज्ञान के किसी विषय में स्नातकोत्तर उपाधि के अंतर्गत (1) सोशियोलॉजी (2) एन्थ्रोपोलॉजी (3) साइकोलॉजी (4) सोशल साइकोलॉजी (5) पॉलिटिकल साइन्स (6) ज्योग्राफी (7) हिस्ट्री और (8) इकोनामिक्स शामिल है।<br><b>(B) Preferential Qualification:-</b><br>A candidate, other things being equal shall be given preference in the matter of direct recruitment, if he has-<br>(i) Experience of Extension Work; or<br>(ii) Training under Family Welfare<br>(iii) served in the Territorial Army for a minimum period of two years;<br>or<br>(iv) obtained a 'B' certificate of National Cadet Corps.<br><b>Note:-</b> PH-subcategories are not notified/identified for the above post.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |      |      |        |        |        |      |                |        | Total Post | UR  | S.C. | S.T. | O.B.C. | E.W.S. | D.F.F. | P.H.                                                       | Ex. Servicemen | Female | 221                                                                                                                                                                                                                                                                                     | 143 | 21 | 15 | 20 | 22 | 04 | 00                                      | 11 | 44 |
| Total Post                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | UR  | S.C. | S.T. | O.B.C. | E.W.S. | D.F.F. | P.H.                                                       | Ex. Servicemen | Female |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |      |      |        |        |        |      |                |        |            |     |      |      |        |        |        |                                                            |                |        |                                                                                                                                                                                                                                                                                         |     |    |    |    |    |    |                                         |    |    |
| 221                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 143 | 21   | 15   | 20     | 22     | 04     | 00                                                         | 11             | 44     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |      |      |        |        |        |      |                |        |            |     |      |      |        |        |        |                                                            |                |        |                                                                                                                                                                                                                                                                                         |     |    |    |    |    |    |                                         |    |    |
| <b>Relevant Service Rules of the Post</b><br>● The Uttar Pradesh Extension Educators Service Rules, 1985 (as amended)<br><b>4- Food Safety and Drug Administration, Uttar Pradesh</b><br><b>Department No.:-</b> S-6/04, <b>Name of the Post:-</b> Inspector of Drugs<br><b>Number of Vacancies:-</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |      |      |        |        |        |                                                            |                |        | <b>Relevant Service Rules of the Post</b><br>● The Uttar Pradesh Dental Surgeons Service Rules, 1979 (as amended)<br><b>6- DIRECTORATE OF AYURVEDA UTTAR PRADESH</b><br><b>Department No.:-</b> S-9/05, <b>Name of the Post:-</b> Chikitsa Adhikari (Ayurved)<br><b>Number of Vacancies:-</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |      |      |        |        |        |      |                |        |            |     |      |      |        |        |        |                                                            |                |        |                                                                                                                                                                                                                                                                                         |     |    |    |    |    |    |                                         |    |    |
| <table><tr><th>Total Post</th><th>UR</th><th>S.C.</th><th>S.T.</th><th>O.B.C.</th><th>E.W.S.</th><th>D.F.F.</th><th>P.H.</th><th>EX. Servicemen</th><th>Female</th></tr><tr><td>168</td><td>122</td><td>15</td><td>00</td><td>15</td><td>16</td><td>03</td><td>06 (L.V.-01, O.A.-01, O.L.-01, L.C.-01, Dw.-01, A.A.V.-01)</td><td>08</td><td>33</td></tr></table> <b>Nature of Post:-</b> Group-B, Gazetted, <b>Pay Scale:-</b> Level-10, Rs. 56100-177500/- <b>Age Limit:-</b> 21year to 40 year (Age relaxation is permissible as per rules.).<br><b>Academic Qualifications:- (A) Essential Qualification:-</b><br>(a) A degree in Ayurveda of a University established by law in India.<br>or<br>Five years degree or diploma in Ayurvedic of the Board of Indian Medicine, Uttar Pradesh.<br>(b) Registration as a Vaidya with the Board of Indian Medicine, Uttar Pradesh and<br>(c)Atleast six months Professional experience of State Ayurvedic or Allopathic Hospital or dispensary.<br><b>(B) Preferential Qualification:-</b><br>Post-graduate degree in Ayurvedic from a recognized institution.<br><b>Note:-</b> PH-subcategories <b>L.V., O.A., O.L., L.C., Dw. and A.A.V.</b> are notified/identified for the above post.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |      |      |        |        |        |                                                            |                |        | Total Post                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | UR | S.C. | S.T. | O.B.C. | E.W.S. | D.F.F. | P.H. | EX. Servicemen | Female | 168        | 122 | 15   | 00   | 15     | 16     | 03     | 06 (L.V.-01, O.A.-01, O.L.-01, L.C.-01, Dw.-01, A.A.V.-01) | 08             | 33     | <b>Relevant Service Rules of the Post</b><br>● The Uttar Pradesh State Medical (Ayurvedic and Unani) Service Rules, 1990 (as amended)<br><b>7- DIRECTORATE OF AYURVEDA UTTAR PRADESH</b><br><b>Department No.:-</b> S-9/06, <b>Name of the Post:-</b> Medical Officer, Community Health |     |    |    |    |    |    |                                         |    |    |
| Total Post                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | UR  | S.C. | S.T. | O.B.C. | E.W.S. | D.F.F. | P.H.                                                       | EX. Servicemen | Female |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |      |      |        |        |        |      |                |        |            |     |      |      |        |        |        |                                                            |                |        |                                                                                                                                                                                                                                                                                         |     |    |    |    |    |    |                                         |    |    |
| 168                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 122 | 15   | 00   | 15     | 16     | 03     | 06 (L.V.-01, O.A.-01, O.L.-01, L.C.-01, Dw.-01, A.A.V.-01) | 08             | 33     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |      |      |        |        |        |      |                |        |            |     |      |      |        |        |        |                                                            |                |        |                                                                                                                                                                                                                                                                                         |     |    |    |    |    |    |                                         |    |    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |             |             |               |               |               |                                                            |                       |               |                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------|-------------|---------------|---------------|---------------|------------------------------------------------------------|-----------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Ayurvedic and Unani)<br><b>Number of Vacancies:-</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |             |             |               |               |               |                                                            |                       |               | A recognised Diploma in Homoeopathy, the duration of study of which is not less than four years according to its syllabus or course.                                                                                                                                                              |
| <b>Total Post</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UR</b> | <b>S.C.</b> | <b>S.T.</b> | <b>O.B.C.</b> | <b>E.W.S.</b> | <b>D.F.F.</b> | <b>P.H.</b>                                                | <b>Ex. Servicemen</b> | <b>Female</b> | (II) The applicant should be duly registered with the Homoeopathic Medicine Board, Uttar Pradesh.                                                                                                                                                                                                 |
| 884                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 318       | 180         | 19          | 279           | 88            | 17            | 35 (L.V.-06, O.A.-06, O.L.-06, L.C.-06, Dw.-06, A.A.V.-05) | 44                    | 176           | <b>(B) Preferential Qualification:-</b> A candidate who has:-<br>(i) served in the Territorial Army for a minimum period of two years;<br>or<br>(ii) Obtained a 'B' certificate of National Cadet Corps shall, other things being equal, be given preference in the matter of direct recruitment. |
| <b>Nature of Post:-</b> Group-B, Gazetted, <b>Pay Scale:-</b> Level-10, Rs. 56100-177500/-, <b>Age Limit:-</b> 21 year to 40 year (Age relaxation is permissible as per rules.).<br><b>Academic Qualifications:- (A) Essential Qualification:-</b><br>(a) A degree in Ayurveda or Unani Tib of a University established by law in India or a qualification recognised by the Government as equivalent thereto.<br>(b) Registration as a Vaidya or a Hakeem with the Board of Indian Medicine, Uttar Pradesh<br>(c) At least six month's Professional experience in State Ayurvedic, Unani or Allopathic Hospital or dispensary.<br><b>Equivalent Qualification:-</b> कोई समकक्ष अर्हता निर्धारित नहीं है।<br><b>(B) Preferential Qualification:-</b><br>(1) Post graduate degree in Ayurveda or Unani Tib from a recognised institution.<br>(2) A candidate who has:-<br>(i) served in the Territorial Army for a minimum period of two years;<br>or<br>(ii) Obtained a 'B' certificate of National Cadet Corps shall, other things being equal, be given preference in the matter of direct recruitment. |           |             |             |               |               |               |                                                            |                       |               |                                                                                                                                                                                                                                                                                                   |
| <b>Note:-</b> PH-subcategories <b>L.V., O.A., O.L., L.C., Dw.</b> and <b>A.A.V.</b> are notified/identified for the above post.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |             |             |               |               |               |                                                            |                       |               |                                                                                                                                                                                                                                                                                                   |
| <b>Relevant Service Rules of the Post</b><br>● The Uttar Pradesh State Medical And Community Health (Ayurvedic and Unani) (Group 'A' and Gourp 'B') Service Rules, 2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |             |             |               |               |               |                                                            |                       |               |                                                                                                                                                                                                                                                                                                   |
| <b>8- DIRECTORATE OF UNANI UTTAR PRADESH</b><br><b>Department No.:-</b> S-11/30 , <b>Name of the Post:-</b> Chikitsa Adhikari (Unani)<br><b>Number of Vacancies:-</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |             |             |               |               |               |                                                            |                       |               |                                                                                                                                                                                                                                                                                                   |
| <b>Total Post</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UR</b> | <b>S.C.</b> | <b>S.T.</b> | <b>O.B.C.</b> | <b>E.W.S.</b> | <b>D.F.F.</b> | <b>P.H.</b>                                                | <b>Ex. Servicemen</b> | <b>Female</b> |                                                                                                                                                                                                                                                                                                   |
| 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 07        | 08          | 05          | 03            | 02            | 00            | 01 (O.L.-01)                                               | 01                    | 05            |                                                                                                                                                                                                                                                                                                   |
| <b>Nature of Post:-</b> Group-B, Gazetted, <b>Pay Scale:-</b> Level-10, Rs. 56100-177500/- , <b>Age Limit:-</b> 21 year to 40 year (Age relaxation is permissible as per rules.).<br><b>Academic Qualifications:- (A) Essential Qualification:-</b><br>(a) A degree in Unani Tib of a University established by law in India.<br>or<br>Five years degree or diploma in Unani Tib of the Board of Indian Medicine, Uttar Pradesh.<br>(b) Registration as a Hakeem with the Board of Indian Medicine, Uttar Pradesh and<br>(c) At least six months Professional experience of State Unani or Allopathic Hospital or dispensary.<br><b>(B) Preferential Qualification:-</b><br>Post-graduate degree in Unani Tib from a recognized institution.<br><b>Note:-</b> PH-subcategories <b>L.V., O.A., O.L.,</b> and <b>A.A.V.</b> are notified/identified for the above post.                                                                                                                                                                                                                                     |           |             |             |               |               |               |                                                            |                       |               |                                                                                                                                                                                                                                                                                                   |
| <b>Relevant Service Rules of the Post</b><br>● The Uttar Pradesh State Medical (Ayurvedic and Unani) Service Rules, 1990 (as amended)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |             |             |               |               |               |                                                            |                       |               |                                                                                                                                                                                                                                                                                                   |
| <b>9- LABOUR DEPARTMENT UTTAR PRADESH</b><br><b>Department No.:-</b> S-11/31, <b>Name of the Post:-</b> Chikitsa Adhikari (Homoeopathic)<br><b>Number of Vacancies:-</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |             |             |               |               |               |                                                            |                       |               |                                                                                                                                                                                                                                                                                                   |
| <b>Total Post</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UR</b> | <b>S.C.</b> | <b>S.T.</b> | <b>O.B.C.</b> | <b>E.W.S.</b> | <b>D.F.F.</b> | <b>P.H.</b>                                                | <b>Ex. Servicemen</b> | <b>Female</b> |                                                                                                                                                                                                                                                                                                   |
| 07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 06        | 01          | 00          | 00            | 00            | 00            | 00                                                         | 00                    | 01            |                                                                                                                                                                                                                                                                                                   |
| <b>Nature of Post:-</b> Group-B, Gazetted, <b>Pay Scale:-</b> Level-10, Rs. 56100-177500/- , <b>Age Limit:-</b> 21 year to 40 year (Age relaxation is permissible as per rules.).<br><b>Academic Qualifications:- (A) Essential Qualification:-</b><br>(i) A recognised degree in Homoeopathy, the duration of study of which is not less than five years according to its syllabus or course;<br>or<br>A recognised Diploma in Homoeopathy, the duration of study of which is not less than four years according to its syllabus or course:<br>Provided that preference will be given to degree holders.<br>(ii) The applicant should be duly registered with the Homoeopathic Medicine Board, Uttar Pradesh.<br><b>(B) Preferential Qualification:-</b> A candidate who has:-<br>(i) served in the Territorial Army for a minimum period of two years;<br>or<br>(ii) obtained a 'B' certificate of National Cadet Corps shall, other things being equal, be given preference in the matter of direct recruitment.                                                                                       |           |             |             |               |               |               |                                                            |                       |               |                                                                                                                                                                                                                                                                                                   |
| <b>Note:-</b> PH-subcategories are not notified/identified for the above post.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |             |             |               |               |               |                                                            |                       |               |                                                                                                                                                                                                                                                                                                   |
| <b>Relevant Service Rules Of the Post</b><br>● The Uttar Pradesh Employees' State Insurance Labour Medical Service (Homoeopathic) Rules, 1999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |             |             |               |               |               |                                                            |                       |               |                                                                                                                                                                                                                                                                                                   |
| <b>10- Directorate of Homoeopathy Uttar Pradesh</b><br><b>Department No.:-</b> S-11/32, <b>Name of the Post:-</b> Homoeopathic Medical Officer<br><b>Number of Vacancies:-</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |             |             |               |               |               |                                                            |                       |               |                                                                                                                                                                                                                                                                                                   |
| <b>Total Post</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UR</b> | <b>S.C.</b> | <b>S.T.</b> | <b>O.B.C.</b> | <b>E.W.S.</b> | <b>D.F.F.</b> | <b>P.H.</b>                                                | <b>Ex. Servicemen</b> | <b>Female</b> |                                                                                                                                                                                                                                                                                                   |
| 265                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 108       | 55          | 5           | 71            | 26            | 05            | 10 (L.V.-03, O.L.-03, A.A.V.-04)                           | 13                    | 53            |                                                                                                                                                                                                                                                                                                   |
| <b>Nature of Post:-</b> Group-B, Gazetted, <b>Pay Scale:-</b> Level-10, Rs. 56100-177500/- , <b>Age Limit:-</b> 21 year to 40 year (Age relaxation is permissible as per rules.).<br><b>Academic Qualifications:- (A) Essential Qualification:-</b><br>(I) A recognised degree in Homoeopathy, the duration of study of which is not less than five years according to its syllabus or course.<br>or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |             |             |               |               |               |                                                            |                       |               |                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|
| <b>Instructions related to the selection process</b><br><b>1.</b> Minimum educational qualification is not sufficient for being called for interview. Mere eligibility does not entitle a candidate to be called for interview or for selection. Intimation for interview will be sent later on.<br><b>2.</b> By Notification No. 151-ayog/47-ka-4-2023/15/19/18, dated 29 October 2025, issued by the Personnel Department-4, the " <i>Uttar Pradesh Public Service Commission (Direct Recruitment through Screening Examination) Regulations, 2025</i> " have been promulgated and have come into force with immediate effect. Relevant provisions of aforesaid Regulations provides as follows:<br>(a) Notwithstanding anything otherwise contained in relevant service rules regarding direct recruitment, the Commission may, hold Screening Examination for selection of suitable candidates for admission to interview.<br>(b) Where a Screening Examination is held, only such candidates as qualify in the Screening Examination will be entitled for Interview as per the standard of the Commission.<br>(c) The final merit order will be determined by adding 75% marks in screening test and 25% marks in interview.<br>(d) The Screening Examination shall be held at places and on dates and time as is fixed by Commission.<br><b>3.</b> Under the conditions of holding screening Examination (Objective Type), penalty (Negative Marking) shall be imposed for wrong answers given by the candidates in the manner given below--<br><b>(a)</b> There are four alternatives for the answer to every question. For each question for which a wrong answer has been given by the candidate, <b>one third (0.33)</b> of the marks assigned to that question will be deducted as penalty.<br><b>(b)</b> If a candidate gives more than one answer, it will be treated as wrong answer even if one of the given answer happens to be correct and there will be same penalty as above for that question.<br><b>(c)</b> If a question is left blank i.e. no answer is given by the candidate, there will be <b>no penalty</b> for that question.<br><b>4. At the time of examination, candidates must fill all the information sought on the OMR Answer Sheet correctly by blackening the concerned circles, which are decipherable by the scanner machine. The Commission will evaluate OMR Answer Sheet only on the basis of information given by blackening the concerned circles of OMR Answer Sheet. The candidates are also directed not to use whitener, blade, pin or rubber etc. on the OMR Answer Sheet. In case of not blackening the circles properly in the OMR Answer Sheet and filling any information incorrectly, the Commission shall not evaluate such OMR Answer Sheet for which candidates themselves shall be wholly responsible.</b><br><b>5.</b> The minimum efficiency standard for S.C. and S.T. candidates is fixed 35% i.e. the Candidates of these Categories shall not be placed in the merit/select list if they have secured less than 35% marks in the Screening examination. Similarly, the minimum efficiency standard for the candidates of other categories is fixed 40% i.e. such candidates shall not be placed in the merit/select list if they have secured less than 40% marks in the screening examination. All such candidates who have secured less marks than the marks of minimum efficiency standard as fixed by the Commission shall be treated disqualified. |  |  |  |  |  |  |  |  |  |  |
| <b>IMPORTANT INSTRUCTIONS</b><br><b>1.</b> The knowledge of Hindi is essential.<br><b>2. The date of calculation of age (except where indicated otherwise) is 1<sup>st</sup> July, 2025.</b> The maximum age-limit shall be relaxable by <b>five</b> years for the candidates belonging to Scheduled Caste, Scheduled tribe, Other backward class, Skilled players of U.P. of Classified games (for the post of Group 'B' and 'C' only) (Only domiciled persons of U.P. are entitled for such age relaxation) and State Govt. Employees of U.P. including Teachers/ Staff of the Basic Shiksha Parishad of U.P. according to G.O. No. 1648/79-5-2015, dated 19 June, 2015 and Teachers/Staff of the Government Aided Madhyamik Vidyalayas of U.P. as per G.O. No. 1508/15-08-2015-3057, dated 16 September, 2015. The upper age limit shall also be greater by 3 years + period of service rendered in army for the emergency commissioned officers/short service commissioned officers/Ex-Army personnels of U.P. It is essential for them to be discharged from army upto the last date of receipt of application. Relaxation of 15 years in the upper age limit will be admissible to P.H. candidates.<br><b>3. Conditions of Eligibility: In case of emergency commissioned/short service commissioned officers (For age relaxation only):-</b> In accordance with the provisions of the G.O. No. 22/10/1976-karmik-2-85, dated 30-1-1985 Emergency Commissioned/ Short Service Commissioned Officers who have not been released from Army but whose period of Army service has been extended for rehabilitation, may also apply for this examination/selection on the following conditions: (A) Such applicants will have to obtain a certificate of the competent authority of Army, Navy, Air Force to the effect that their period of Service has been extended for rehabilitation and no disciplinary action is pending against them. (B) Such applicants will have to submit in due course a written undertaking that in case they are selected for the post applied for, they will get themselves released immediately from the Army Service. The above facilities will not be admissible to Emergency/Short Service Commissioned Officers, if (a) he gets permanent Commission in the Army, (b) he has been released from the Army on tendering resignation, (c) he has been released from the Army on grounds of misconduct or physical disability or on his own request and who gets gratuity.<br><b>4.</b> After receipt of application in the Commission, any request for change in the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |

qualification and category will not be entertained.

5. The original certificates are required for verification at the time of interview. Candidate will then also be required to submit his/her passport size photograph attested by head of department or head of the institution, where he/she received last education or by a Gazetted Officer.

6. Candidates serving under Central or State Government will have to produce "NO OBJECTION CERTIFICATE" from their employer at the time of interview.

7. The decision of the Commission as to the eligibility or otherwise of a candidate will be final.

8. Candidates of any reserved category, if they want the benefit of reservation, must mention their category/ subcategory (one or more than one, whichever) in the column related to O.T.R. because all the personal information will be automatically displayed in the application form from the O.T.R.

9. With regard to claims made in the 'On-line Application', the candidate shall submit the following original certificate/ certificates in the prescribed format, when asked for by the Commission. If the certificates are not submitted in time, the candidature shall be cancelled.

9.1 Only Higher Secondary/High School Certificate for proof of the age shall be treated valid.

9.2 Proof of degree/diploma or its equivalent qualifications to confirm the prescribed essential and preferential qualifications.

9.3 In the case of physically handicapped candidates, the certificate issued by the competent authority in the format-1 to the Govt. Order No. 05/2022/18/1/2008/47/ka-2/2022 dated 18th April 2022.

9.4 In the case of the skilled players of the classified sports, a certificate issued by the competent authority will be required in terms of the Government Order No. – 22/21/ 1983-Ka-2 dated 28<sup>th</sup> November 1985.

9.5 Under any reserved category/categories, for the confirmation of the claim for reservation, the caste certificate issued by District Magistrate/Additional District Magistrate (Executive)/City Magistrate/SDM/Tehsildar in the prescribed format prescribed under Govt. Order No. 22/16/92-TC-III/Ka-2/2002 dated 22<sup>nd</sup> October, 2008 in respect of candidates belonging to the SC/ST/OBC, will be accepted .

9.6 उत्तर प्रदेश शासन, कार्मिक अनुभाग-2 के पत्रांक 1/2019/ 4/1/ 2002/का-2/19 टी.सी.-।। दिनांक 18 फरवरी 2019 में निहित प्राविधानों के अनुपालन में उत्तर प्रदेश राज्य के मूल निवासी एवं आर्थिक रूप से कमजोर वर्गों के ऐसे व्यक्तियों जो अनुसूचित जाति, अनुसूचित जनजाति तथा अन्य पिछड़े वर्गों के लिए आरक्षण की वर्तमान व्यवस्था से आच्छादित नहीं हैं, को उत्तर प्रदेश सरकार की लोक सेवाओं और पदों की सभी श्रेणियों में सीधी भर्ती के प्रक्रम पर 10 प्रतिशत का आरक्षण नियमानुसार देय होगा। ई0डब्ल्यू0एस0 श्रेणी के अभ्यर्थियों द्वारा उनकी श्रेणी का प्रमाण-पत्र कार्मिक अनुभाग के कार्यालय ज्ञाप दिनांक 18.02.2019 के अनुरूप समस्त स्रोतों से प्राप्त आय आरक्षण हेतु आवेदन करने के वर्ष के पूर्व वर्ष का ही मान्य होगा।

9.7 In the category of dependents of the freedom fighters only sons, daughters, grand-sons (son's son/daughter's son) and grand daughters (son's daughter/daughter's daughter, married/ unmarried) are covered. Only such relationships with the freedom fighters are not adequate but the candidate should remain actually dependent of the freedom fighter. The candidates may obtain the reservation certificate from the District Magistrate in terms of Govt. Order No. 453/79-V-1-15-1(Ka)/14-2015 dated 07-04-2015 in the prescribed format and submit the same.

9.8 Those candidates, willing to take the benefit of the reservation may obtain a certificate, issued by the competent authority, in support of the reserved category, in the prescribed format printed in **Appendix-1** of this detailed advertisement and submit the same to the Commission, whenever required to do so. Those candidates claiming the concession of more than one reserved category will be given only one such benefit, which will be more beneficial. The candidates not originally domiciled in U.P. belonging to SC, ST, O.B.C., dependants of freedom fighters, physically handicapped and Ex-servicemen are not entitled to the benefit of reservation. In case of women candidates, the caste certificate issued from father side will be treated valid.

नोट:- (1) उ0प्र0 के समाज के दिव्यांग अभ्यर्थियों के लिये शासन द्वारा अधिसूचित (चिन्हित) किये गये पदों पर चयन के संबंध में जारी कार्यालय ज्ञाप सं0-5/2022/18/1/2008/47/का-2/2022, दिनांक-18 अप्रैल 2022 के बिन्दु-5(अनारक्षित रक्तियों पर नियुक्ति) में प्राविधान निम्नानुसार किया गया है- दिव्यांगता से ग्रस्त व्यक्तियों के लिये उपयुक्त चिन्हित किये गये पदों में, दिव्यांगता से ग्रस्त व्यक्ति को किसी अनारक्षित रक्ति पर नियुक्ति के लिये प्रतिस्पर्धा करने से मना नहीं किया जा सकता है अर्थात दिव्यांगता से ग्रस्त व्यक्ति को किसी अनारक्षित रक्ति पर नियुक्त किया जा सकता है बशर्ते कि पद संगत श्रेणी की दिव्यांगता से ग्रस्त व्यक्तियों के लिये चिन्हित किया गया हो।

2. शासनादेश संख्या-39 रिट/का-2/2019 दिनांक - 26 जून, 2019 द्वारा शासनादेश संख्या-18/1/99/का-2/2006 दिनांक 09 जनवरी, 2007 के प्रस्तर-4 में दिये गये प्राविधान, "यह भी स्पष्ट किया जाता है कि राज्याधीन लोक सेवाओं और पदों पर सीधी भर्ती के प्रक्रम पर महिलाओं को अनुमत्य उपरोक्त आरक्षण केवल उत्तर प्रदेश की मूल निवासी महिलाओं को ही अनुमत्य है" को रिट याचिका संख्या-11039/2018 विपिन कुमार मौर्या व अन्य बनाम उत्तर प्रदेश राज्य व अन्य तथा सम्बद्ध 6 अन्य रिट याचिकाओं में मा0 उच्च न्यायालय, इलाहाबाद द्वारा दिनांक 16.01.2019 को अधिकारातीत (Ultra Vires) घोषित करने सम्बन्धी निर्णय के अनुपालन में शासनादेश दिनांक 09.01.2007 से प्रस्तर-04 को विलोपित किए जाने का निर्णय लिया गया है। उक्त निर्णय शासन द्वारा मा0 उच्च न्यायालय के आदेश दिनांक 16.01.2019 के विरुद्ध दायर विशेष अपील (डी) संख्या-475/2019 में मा0 न्यायालय द्वारा पारित होने वाले अन्तिम निर्णय के अधीन होगा।

10. The candidates of reserved categories will be adjusted against the unreserved category in the final selection only if he/she has not availed any benefit/ concession in qualifying standard at the stage of Screening Examination.

11. The Commission do not advise to candidates about their eligibility. Therefore, they should carefully read the advertisement and apply only when satisfied about their qualifications in terms of the advertisement.

12. Be sure to mention the name of Post applied for, advertisement number, department number, date of birth, O.T.R. and Application ID No. for correspondence with the Commission.

13. Candidates are required to hold essential qualification till the last date of receipt of On-line application.

14. The candidates whose candidatures are cancelled, do not remain candidates after the cancellation of candidature, therefore the marks of such candidates shall not be provided.

15. The Commission reserves the right of cancelling the candidature of any candidate found indulging in any malpractice i.e. copying in examination hall or indiscipline, misbehavior or canvassing for his/her candidature. On violation of these instructions, the candidates may be debarred from this selection as well as future Examinations and selections. In this regard, decision of the commission shall be final. The Provisions of Uttar

Pradesh Examination (Prevention of unfair Means) Act-2024, dated 06 August, 2024 will be applicable in aforesaid selection.

**16. If it is found that a candidate has submitted any forged documents he/she will be debarred from all selections of UPPSC forever and action under relevant articles of Bhartiya Nyaya Sanhita will also be taken against him/her.**

17. In case the candidates feel any problem in the "On-line Application" they may get their problem resolved by sending their queries to the 'Mail Box' of the Commission.

**Detailed Application Form:**

At the online page there is a 'Declaration' for the candidates. Candidates are advised to go through the contents of the Declaration carefully. Candidate has the option to either agree or disagree with the contents of Declaration by clicking on 'I Agree' or 'I do not agree' buttons. In case the candidate opts to 'I do not agree', the application procedure will be terminated. Acceptance of 'I Agree' only will make submission of the candidate's Online Application.

**Notification Details**

This section shows information relevant to Notification i.e. Notification type, directorate/ department name and post name.

**Personnel Details from OTR**

This section shows information about candidate's personnel details i.e. candidate's name, Father/Husband's name, Gender, D.O.B., UP domicile, Category status, email and contact number, photo & signature, address, Freedom fighter of U.P., Ex-Servicemen of U.P., Service duration, P.H., Skilled Player and Outstanding sports person of U.P., Debarred candidates.

**Education & Experience Details**

It shows your educational and experience details

**Declaration segment**

At the page there is a 'Declaration' for the candidates. Candidates are expected to go through the contents of the Declaration carefully. After filling all above particulars there is provision for preview the detailed submitted application form on clicking Preview button. Preview page will display all facts/particulars that you have mentioned in on-line application form. Being satisfied with filled details click on "Submit" button finally and get the print of submitted application form.

**[CANDIDATES ARE ADVISED TO TAKE A PRINT OF THIS PAGE BY CLICKING ON THE "Print" OPTION AVAILABLE]**

For other Information candidates are advised to select desired option in the Commission's website <https://uppsc.up.nic.in>

**IMPORTANT ANNOUNCEMENT**

**:- NOTIFICATIONS/ADVERTISEMENTS**

- All Notification/Advertisements

**:- ONLINE APPLICATION FORMS SUBMISSION**

- Candidate Registration
- Fee Deposition /Reconciliation
- Submit Application Form
- Modify Submitted Application
- Candidate Dashboard (OTR Based)

**:- CANDIDATE'S HELP DESK SECTION**

- Double Verification mode
- View Application Status
- Download Admit Card
- Print Duplicate Registration Slip
- Print Detailed Application Form
- List of Applications Having any Objections
- Know your OTR number.
- View Answer Key

**LAST DATE FOR RECEIPT OF APPLICATIONS:** On-line Application process must be completed (including filling up of OTR, Part-I, Part-II and Part-III of the Form) before last date of form submission according to Advertisement, after which the web-link will be disabled.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>Appendix-1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |
| <b>उ0प्र0 की अनुसूचित जाति तथा अनुसूचित जनजाति के लिये जाति प्रमाण-पत्र (प्रारूप-I)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी .....सुपुत्र/ सुपुत्री श्री .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |
| निवासी ..... ग्राम ..... तहसील ..... नगर ..... जिला .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |
| उत्तर प्रदेश राज्य की ..... जाति के व्यक्ति हैं जिसे संविधान (अनुसूचित जाति) आदेश, 1950 (जैसा कि समय- समय पर संशोधित हुआ)/ संविधान (अनुसूचित जनजाति, उत्तर प्रदेश) आदेश, 1967 के अनुसार अनुसूचित जाति/ अनुसूचित जनजाति के रूप में मान्यता दी गई है।                                                                                                                                                                                                                                                                                                                                                                                    |                 |
| श्री/ श्रीमती/कुमारी ..... तथा/ अथवा उनका परिवार उत्तर प्रदेश के ग्राम ....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |
| ..... तहसील ..... नगर ..... जिला ..... में सामान्यतया रहता है।                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |
| स्थान .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | हस्ताक्षर.....  |
| दिनांक .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | पूरा नाम.....   |
| मुहर .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | पद नाम.....     |
| जिलाधिकारी/अतिरिक्त जिलाधिकारी/सिटी मजिस्ट्रेट/परगना मजिस्ट्रेट/ तहसीलदार/अन्य वेतन भोगी मजिस्ट्रेट, यदि कोई हो/ जिला समाज कल्याण अधिकारी।                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |
| <b>उत्तर प्रदेश के अन्य पिछड़े वर्ग के लिए जाति प्रमाण-पत्र (प्रारूप-II)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |
| प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी ..... सुपुत्र/ सुपुत्री .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |
| निवासी ..... तहसील ..... नगर ..... जिला ..... उत्तर प्रदेश राज्य की ..... पिछड़ी जाति के व्यक्ति हैं। यह जाति उ0प्र0 लोक सेवा (अनुसूचित जातियों, अनुसूचित जनजातियों और अन्य पिछड़े वर्गों के लिये आरक्षण) अधिनियम, 1994 (यथासंशोधित) की अनुसूची-एक के अन्तर्गत मान्यता प्राप्त है।                                                                                                                                                                                                                                                                                                                                                     |                 |
| यह भी प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी ..... पूर्वोक्त अधिनियम, 1994 (यथासंशोधित) की अनुसूची-दो जैसा कि उ0प्र0 लोक सेवा (अनुसूचित जातियों, अनुसूचित जनजातियों और अन्य पिछड़े वर्गों के लिये आरक्षण) (संशोधन) अधिनियम, 2001 द्वारा प्रतिस्थापित किया गया है एवं जो उ0प्र0 लोक सेवा (अनुसूचित जातियों, अनुसूचित जनजातियों और अन्य पिछड़े वर्गों के लिये आरक्षण) (संशोधन) अधिनियम, 2002 द्वारा संशोधित की गयी है, से आच्छादित नहीं है। इनके माता-पिता की निरंतर तीन वर्ष की अवधि के लिये सकल वार्षिक आय आठ लाख रुपये या इससे अधिक नहीं है तथा इनके पास धनकर अधिनियम, 1957 में यथा विहित छूट सीमा से अधिक सम्पत्ति भी नहीं है। |                 |
| श्री/ श्रीमती/कुमारी ..... तथा/ अथवा उनका परिवार उत्तर प्रदेश के ग्राम .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |
| तहसील ..... नगर ..... जिला ..... में सामान्यतया रहता है।                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |
| स्थान .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | हस्ताक्षर ..... |
| दिनांक .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | पूरा नाम .....  |
| मुहर .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | पद नाम .....    |

Jिलाधिकारी / अतिरिक्त जिलाधिकारी / सिटी मजिस्ट्रेट / परगना मजिस्ट्रेट / तहसीलदार ।

(प्रपत्र-I)

उत्तर प्रदेश सरकार

कार्यालय का नाम.....

आर्थिक रूप से कमजोर वर्ग के सदस्य द्वारा प्रस्तुत किया जाने वाला आय एवं परिसम्पत्ति प्रमाण-पत्र

प्रमाण पत्र संख्या.....दिनांक .....

वित्तीय वर्ष ..... के लिए मान्य

प्रमाणित किया जाता है कि श्री / श्रीमती / कुमारी..... पुत्र / पति / पुत्री..... ग्राम / कस्बा..... पोस्ट ऑफिस ..... थाना ..... तहसील ..... जिला ..... राज्य ..... पिन कोड ..... के स्थायी निवासी हैं, जिनका फोटोग्राफ नीचे, अभिप्रमाणित है, आर्थिक रूप से कमजोर वर्ग के सदस्य हैं, क्योंकि वित्तीय वर्ष ..... में इनके परिवार की कुल वार्षिक आय 8 लाख (आठ लाख रुपये मात्र) से कम है। इनके परिवार के स्वामित्व में निम्नलिखित में से कोई भी परिसम्पत्ति नहीं है:-  
I. 5 (पाँच) एकड़ कृषि योग्य भूमि अथवा उससे ऊपर।  
II. एक हजार वर्ग फीट अथवा इससे, अधिक क्षेत्रफल का प्लेट।  
III. अधिसूचित नगरपालिका के अंतर्गत 100 वर्ग गज अथवा इससे अधिक का आवासीय भूखण्ड।  
IV. अधिसूचित नगरपालिका से इतर 200 वर्ग गज अथवा इससे अधिक का आवासीय भूखण्ड।  
2. श्री / श्रीमती / कुमारी ..... जाति ..... के सदस्य हैं जो अनुसूचित जाति, अनुसूचित जनजाति तथा अन्य पिछड़े वर्गों के रूप में अधिसूचित नहीं हैं।

आवेदक का पासपोर्ट साईज़ का अभिप्रमाणित फोटोग्राफ

हस्ताक्षर .....(कार्यालय का मुहर सहित)  
पूरा नाम .....  
पदनाम .....  
जिलाधिकारी / अतिरिक्त जिलाधिकारी / सिटी मजिस्ट्रेट / परगना मजिस्ट्रेट / तहसीलदार।

(प्रपत्र-II)

आर्थिक रूप से कमजोर वर्ग के लाभार्थ स्वयं घोषणा पत्र

स्वयं घोषणा पत्र

मैं ..... पुत्र / पुत्री / पत्नी ..... ग्राम / कस्बा ..... पोस्ट ऑफिस ..... थाना ..... ब्लॉक ..... तहसील ..... जिला ..... राज्य ..... ने आर्थिक रूप से कमजोर वर्ग के प्रमाण पत्र हेतु आवेदन दिया है, एतद् द्वारा घोषणा करता / करती हूँ।  
1. मैं ..... जाति से सम्बन्ध रखता / रखती हूँ, जो उत्तर प्रदेश हेतु अधिसूचित अनुसूचित जाति, अनुसूचित जनजाति, एवं अन्य पिछड़ा वर्ग की सूची में सूचीबद्ध नहीं है।  
2. मेरे परिवार की कुल श्रोतों (वैतन, कृषि, व्यवसाय, पेशा इत्यादि) से कुल वार्षिक आय रु ..... (शब्दों में) है।  
3.मेरे परिवार के पास उल्लिखित आय के सिवाय अथवा इसके अतिरिक्त अन्यत्र कोई परिसम्पत्ति नहीं है।  
अथवा  
कई स्थानों पर स्थित परिसम्पत्तियों को जोड़ने के पश्चात भी मैं (नाम) ..... आर्थिक रूप से कमजोर वर्ग के दायरे में आता / आती हूँ।  
4. मैं घोषणा करता / करती हूँ कि मेरे परिवार की सभी परिसम्पत्तियों को जोड़ने के पश्चात् निम्नलिखित में से किसी भी सीमा से अधिक नहीं है।  
I. 5 (पाँच) एकड़ कृषि योग्य भूमि अथवा उससे ऊपर।  
II. एक हजार वर्ग फीट अथवा इससे, अधिक क्षेत्रफल का प्लेट।  
III. अधिसूचित नगरपालिका के अंतर्गत 100 वर्ग गज अथवा इससे अधिक का आवासीय भूखण्ड।  
IV. अधिसूचित नगरपालिका से इतर 200 वर्ग गज अथवा इससे अधिक का आवासीय भूखण्ड।  
मैं प्रमाणित करता / करती हूँ कि मेरे द्वारा उपरोक्त जानकारी मेरे ज्ञान और विश्वास के अनुसार सत्य है और मैं आर्थिक रूप से कमजोर वर्ग के लिए आरक्षण सुविधा प्राप्त करने हेतु पात्रता धारण करता / करती हूँ। यदि मेरे द्वारा दी गई जानकारी असत्य / गलत पायी जाती है तो मैं पूर्ण रूप से जानता हूँ / जानती हूँ कि इस आवेदन पत्र के आधार पर दिये गये प्रमाण पत्र के द्वारा शैक्षणिक संस्थान में लिया गया प्रवेश / लोक सेवाओं एवं पदों में प्राप्त की गई नियुक्ति निरस्त कर दी जायेगी / कर दिया जायेगा अथवा इस प्रमाण पत्र के आधार पर कोई अन्य सुविधा / लाभ प्राप्त किया गया है उससे भी वंचित किया जा सकेगा और इस सम्बन्ध में विधि एवं नियमों के अधीन मेरे विरुद्ध की जाने वाली कार्यवाही के लिए मैं उत्तरदायी रहूँगा / रहूँगी।  
**नोट:-** जो लागू नहीं हो उसे काट दें।  
**स्थान :-**                      **आवेदक / आवेदिका का हस्ताक्षर तथा पूरा नाम।**

Form-II

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness) (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:-  

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

  
3. Signature and seal of the Medical Authority.  
(Dr………….)                          (Dr………….)                          (Dr………….)  
Member                                 Member                                 Chairperson  
Medical Board                         Medical Board                         Medical Board  
with seal                                 with seal                                 with seal

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

Countersigned by the Chief Medical Officer (with seal)

Form-III

Certificate of Disability

(In cases of multiple disabilities)

(Name and Address of the Medical Authority/Board 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 am satisfied that:  
(A) he/she is a case of Multiple Disability. His/her extent of

| S. N. | Disability                      | Affected part of body | Diagnosis | Permanent physical impairment/ mental disability (in%) |
|-------|---------------------------------|-----------------------|-----------|--------------------------------------------------------|
| 1.    | Locomotor disability            | @                     |           |                                                        |
| 2.    | Muscular Dystrophy              |                       |           |                                                        |
| 3.    | Leprosy cured                   |                       |           |                                                        |
| 4.    | Dwarfism                        |                       |           |                                                        |
| 5.    | Cerebral Palsy                  |                       |           |                                                        |
| 6.    | Acid attack Victim              |                       |           |                                                        |
| 7.    | Low Vision                      | #                     |           |                                                        |
| 8.    | Blindness                       | #                     |           |                                                        |
| 9.    | Deaf                            | £                     |           |                                                        |
| 10.   | Hard of Hearing                 | £                     |           |                                                        |
| 11.   | Speech and Language disability  |                       |           |                                                        |
| 12.   | Intellectual Disability         |                       |           |                                                        |
| 13.   | Specific Learning Disability    |                       |           |                                                        |
| 14.   | Autism Spectrum Disorder        |                       |           |                                                        |
| 15.   | Mental illness                  |                       |           |                                                        |
| 16.   | Chronic Neurological Conditions |                       |           |                                                        |
| 17.   | Multiple sclerosis              |                       |           |                                                        |
| 18.   | Parkinson's disease             |                       |           |                                                        |
| 19.   | Haemophilia                     |                       |           |                                                        |
| 20.   | Thalassemia                     |                       |           |                                                        |
| 21.   | Sickle Cell disease             |                       |           |                                                        |

permanent physical impairment/disability has bee evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the (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 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)  
@ -e.g. Left/right/both arms/legs  
# - e.g. Single eye  
£ - e.g. Left/Right/both ears  
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

Countersigned by the Chief Medical Officer (with seal)

Form-IV

Certificate of Disability

(In cases of other than those mentioned in Forms II and III )

(Name and Address of the Medical Authority/Board 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 am satisfied that he/she is a case of \_\_\_\_\_ Disability. His/her extent of percentage physical impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) and is shown against the relevant disability in the table below

| S. N. | Disability                      | Affected part of body | Diagnosis | Permanent physical impairment/ mental disability (in%) |
|-------|---------------------------------|-----------------------|-----------|--------------------------------------------------------|
| 1.    | Locomotor disability            | @                     |           |                                                        |
| 2.    | Muscular Dystrophy              |                       |           |                                                        |
| 3.    | Leprosy cured                   |                       |           |                                                        |
| 4.    | Cerebral Palsy                  |                       |           |                                                        |
| 5.    | Acid attack Victim              |                       |           |                                                        |
| 6.    | Low Vision                      | #                     |           |                                                        |
| 7.    | Deaf                            | £                     |           |                                                        |
| 8.    | Hard of Hearing                 | £                     |           |                                                        |
| 9.    | Speech and Language disability  |                       |           |                                                        |
| 10.   | Intellectual Disability         |                       |           |                                                        |
| 11.   | Specific Learning Disability    |                       |           |                                                        |
| 12.   | Autism Spectrum Disorder        |                       |           |                                                        |
| 13.   | Mental illness                  |                       |           |                                                        |
| 14.   | Chronic Neurological Conditions |                       |           |                                                        |
| 15.   | Multiple sclerosis              |                       |           |                                                        |
| 16.   | Parkinson's disease             |                       |           |                                                        |
| 17.   | Haemophilia                     |                       |           |                                                        |
| 18.   | Thalassemia                     |                       |           |                                                        |
| 19.   | Sickle Cell disease             |                       |           |                                                        |

Please strike out the disabilities which is not applicable)

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)

@ - e.g. Left/right/both arms/legs

# - e.g. Single eye/both eyes

£ - e.g. Left/Right/both ears

4. Signature and seal of the Medical Authority.

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

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

Countersigned by the Chief Medical Officer (with seal)

उत्तर प्रदेश लोक सेवा (शारीरिक रूप से विकलांग, स्वतंत्रता संग्राम सेनानियों के आश्रितों और भूतपूर्व सैनिकों के लिये आरक्षण), अधिनियम, 1993 (यथासंशोधित) के अनुसार स्वतंत्रता संग्राम सेनानी के आश्रित के प्रमाण—पत्र का प्रपत्र।

प्रमाण—पत्र

प्रमाणित किया जाता है कि श्री/ श्रीमती \_\_\_\_\_ निवासी ग्राम— \_\_\_\_\_ नगर— \_\_\_\_\_ जिला— \_\_\_\_\_ उत्तर प्रदेश लोक सेवा (शारीरिक रूप से विकलांग, स्वतंत्रता संग्राम सेनानियों के आश्रितों और भूतपूर्व सैनिकों के लिये आरक्षण) अधिनियम, 1993 के अनुसार स्वतंत्रता संग्राम सेनानी हैं और श्री/ श्रीमती/ कुमारी (आश्रित) \_\_\_\_\_ पुत्र/पुत्री/पौत्र (पुत्र का पुत्र या पुत्री का पुत्र) तथा पौत्री (पुत्र की पुत्री या पुत्री की पुत्री) (विवाहित अथवा अविवाहित) उपरांकित अधिनियम, 1993 (यथासंशोधित) के प्राविधानों के अनुसार उक्त श्री/ श्रीमती (स्वतंत्रता संग्राम सेनानी) \_\_\_\_\_ के आश्रित हैं।

स्थान: \_\_\_\_\_ हस्ताक्षर \_\_\_\_\_

दिनांक: \_\_\_\_\_ पूरा नाम \_\_\_\_\_

\_\_\_\_\_ पदनाम \_\_\_\_\_

\_\_\_\_\_ मुहर \_\_\_\_\_

\_\_\_\_\_ जिलाधिकारी (सील)

कुशल खिलाड़ियों के लिये प्रमाण—पत्र जो उ.प्र. के मूल निवासी हैं

शासनादेश संख्या—22/21/1983—कार्मिक—2

दिनांक 28 नवम्बर, 1985

प्रमाण—पत्र के फार्म — 1 से 4

प्रारूप —1

(मान्यता प्राप्त क्रीड़ा/खेल में अपने देश की ओर से अन्तरराष्ट्रीय प्रतियोगिता में भाग लेने वाले खिलाड़ी के लिये)

सम्बन्धित खेल की राष्ट्रीय फेडरेशन/राष्ट्रीय एसोसिएशन का नाम \_\_\_\_\_ राज्य सरकार की सेवाओं/पदों पर नियुक्ति के लिए कुशल खिलाड़ियों के लिए प्रमाण—पत्र

प्रमाणित किया जाता है कि श्री/ श्रीमती/ कुमारी \_\_\_\_\_ आत्मज/ पत्नी/ आत्मजा श्री \_\_\_\_\_ निवासी \_\_\_\_\_ पूरा पता \_\_\_\_\_ ने दिनांक \_\_\_\_\_ से दिनांक \_\_\_\_\_ तक \_\_\_\_\_ (स्थान का नाम) में आयोजित \_\_\_\_\_ (क्रीड़ा/खेल—कूद का नाम) की प्रतियोगिता/टूर्नामेन्ट में देश की ओर से भाग लिया।

उनके टीम के द्वारा उक्त प्रतियोगिता/टूर्नामेन्ट में \_\_\_\_\_ स्थान प्राप्त किया गया।

यह प्रमाण—पत्र राष्ट्रीय फेडरेशन/राष्ट्रीय एसोसिएशन/(यहाँ संस्था का नाम दिया जाये) \_\_\_\_\_ में उपलब्ध रिकार्ड के आधार पर दिया गया है।

स्थान \_\_\_\_\_ हस्ताक्षर \_\_\_\_\_

दिनांक \_\_\_\_\_ नाम \_\_\_\_\_

\_\_\_\_\_ पद \_\_\_\_\_

\_\_\_\_\_ संस्था का नाम \_\_\_\_\_

\_\_\_\_\_ मुहर \_\_\_\_\_

नोट : यह प्रमाण—पत्र नेशनल फेडरेशन/नेशनल एसोसिएशन के सचिव द्वारा व्यक्तिगत रूप से किये गये हस्ताक्षर

होने पर ही मान्य होगा।

प्रारूप — 2

(मान्यता प्राप्त क्रीड़ा/खेल में अपने प्रदेश की ओर से राष्ट्रीय प्रतियोगिता में भाग लेने वाले खिलाड़ी के लिये)

सम्बन्धित खेल की प्रदेशीय एसोसिएशन का नाम \_\_\_\_\_राज्य सरकार की सेवाओं/पदों पर नियुक्ति के लिए कुशल खिलाड़ियों के लिए प्रमाण—पत्र

प्रमाणित किया जाता है कि श्री/ श्रीमती/ कुमारी \_\_\_\_\_ आत्मज/ पत्नी/आत्मजा श्री \_\_\_\_\_ निवासी (पूरा पता) \_\_\_\_\_ने दिनांक\_\_\_\_\_से दिनांक\_\_\_\_\_ तक\_\_\_\_\_ में (क्रीड़ा/खेल—कूद का नाम) की प्रतियोगिता (टूर्नामेन्ट स्थान का नाम) \_\_\_\_\_ आयोजित राष्ट्रीय \_\_\_\_\_ में (क्रीड़ा/ खेल— कूद का नाम) की प्रतियोगिता/ टूर्नामेन्ट में प्रदेश की ओर से भाग लिया।

उनके टीम के द्वारा उक्त प्रतियोगिता/टूर्नामेन्ट में \_\_\_\_\_ स्थान प्राप्त किया गया।

यह प्रमाण—पत्र \_\_\_\_\_ (प्रदेशीय संघ का नाम) में उपलब्ध रिकार्ड के आधार पर दिया गया है।

स्थान \_\_\_\_\_ हस्ताक्षर \_\_\_\_\_

दिनांक \_\_\_\_\_ नाम \_\_\_\_\_

\_\_\_\_\_ पद \_\_\_\_\_

\_\_\_\_\_ संस्था का नाम \_\_\_\_\_

\_\_\_\_\_ मुहर \_\_\_\_\_

नोट : यह प्रमाण—पत्र प्रदेशीय खेल—कूद संघ के सचिव द्वारा व्यक्तिगत रूप से किये गये हस्ताक्षर होने पर ही मान्य होगा।

प्रारूप — 3

(मान्यता प्राप्त क्रीड़ा/खेल में अपने विश्वविद्यालय की ओर से अन्तर्विश्वविद्यालय प्रतियोगिता में भाग लेने वाले खिलाड़ी के लिये)

विश्वविद्यालय का नाम \_\_\_\_\_ राज्य स्तर की सेवाओं/पदों पर नियुक्ति के लिए कुशल खिलाड़ियों के लिए प्रमाण—पत्र

प्रमाणित किया जाता है कि श्री/ श्रीमती/ कुमारी \_\_\_\_\_ आत्मज/ पत्नी/आत्मजा श्री \_\_\_\_\_ निवास (पूरा नाम) \_\_\_\_\_ विश्वविद्यालय की कक्षा \_\_\_\_\_ के विद्यार्थी ने दिनांक \_\_\_\_\_ से दिनांक \_\_\_\_\_ तक \_\_\_\_\_ (स्थान का नाम) में आयोजित अन्तर्विश्वविद्यालय \_\_\_\_\_ (क्रीड़ा/खेल—कूद का नाम) प्रतियोगिता/टूर्नामेन्ट में \_\_\_\_\_ विश्वविद्यालय की ओर से भाग लिया। उनके टीम के द्वारा उक्त प्रतियोगिता/टूर्नामेन्ट में \_\_\_\_\_ स्थान प्राप्त किया गया। यह प्रमाण—पत्र डीन ऑफ स्पोर्ट्स अथवा इंचार्ज खेल कूद \_\_\_\_\_विश्वविद्यालय में उपलब्ध रिकार्ड के आधार पर दिया गया है।

स्थान \_\_\_\_\_ हस्ताक्षर \_\_\_\_\_

दिनांक \_\_\_\_\_ नाम \_\_\_\_\_

\_\_\_\_\_ पद \_\_\_\_\_

\_\_\_\_\_ संस्था का नाम \_\_\_\_\_

\_\_\_\_\_ मुहर \_\_\_\_\_

नोट : यह प्रमाण—पत्र विश्वविद्यालय के डीन ऑफ स्पोर्ट्स या इंचार्ज खेल—कूद द्वारा व्यक्तिगत रूप से किये गये हस्ताक्षर होने पर ही मान्य होगा।

प्रारूप — 4

(मान्यता प्राप्त क्रीड़ा/खेल में अपने स्कूल की ओर से राष्ट्रीय खेल—कूद में भाग लेने वाले खिलाड़ी के लिये)

डाइरेक्ट्रेट ऑफ पब्लिक इन्सट्रक्शन्स/निदेशक, शिक्षा, उत्तर प्रदेश \_\_\_\_\_ राज्य स्तर की सेवाओं/पदों पर नियुक्ति के लिए कुशल खिलाड़ियों के लिए प्रमाण—पत्र

प्रमाणित किया जाता है कि श्री/ श्रीमती/ कुमारी \_\_\_\_\_ आत्मज/ पत्नी/आत्मजा श्री \_\_\_\_\_ निवासी (पूरा पता) \_\_\_\_\_ में \_\_\_\_\_ स्कूल में कक्षा \_\_\_\_\_ के विद्यार्थी ने दिनांक \_\_\_\_\_ से दिनांक \_\_\_\_\_ तक \_\_\_\_\_(स्थान का नाम) में आयोजित स्कूलों के नेशनल गेम्स की \_\_\_\_\_ (क्रीड़ा/खेल—कूद का नाम) प्रतियोगिता/टूर्नामेन्ट में \_\_\_\_\_ स्कूल की ओर से भाग लिया। उनके टीम के द्वारा उक्त प्रतियोगिता/टूर्नामेन्ट में \_\_\_\_\_ स्थान प्राप्त किया गया।

यह प्रमाण—पत्र डाइरेक्ट्रेट ऑफ पब्लिक इन्सट्रक्शन्स/ शिक्षा में उपलब्ध रिकार्ड के आधार पर दिया गया है।

स्थान \_\_\_\_\_ हस्ताक्षर \_\_\_\_\_

दिनांक \_\_\_\_\_ नाम \_\_\_\_\_

\_\_\_\_\_ पद \_\_\_\_\_

\_\_\_\_\_ संस्था का नाम \_\_\_\_\_

\_\_\_\_\_ मुहर \_\_\_\_\_

नोट : यह प्रमाण—पत्र निदेशक/या अतिरिक्त/संयुक्त या उपनिदेशक डाइरेक्ट्रेट ऑफ पब्लिक इन्सट्रक्शन्स/ शिक्षा \_\_\_\_\_ द्वारा व्यक्तिगत रूप से हस्ताक्षर होने पर मान्य होगा।

Secretary

Page-6