



राष्ट्रीय वित्तीय प्रबंधन संस्थान
National Institute of
Financial Management

FOR OFFICE USE ONLY
(कार्यालय प्रयोग हेतु)
SERIAL NO.
(क्रम संख्या)

APPLICATION FORM FOR NON-TEACHING POSTS

Paste a self
attested recent
passport size
photograph

Name of the post applied for

Advt. No..... Date.....

A. General Information:

1. Name in Full.....

(IN BLOCK LETTERS)

2. Parentage i. Fathers name.....

ii. Mothers name.....

3. Date of Birth: Day..... Month..... Year

4. Gender: Male ☐ Female ☐

5. Please tick the Category

☐ Gen ☐ SC ☐ ST ☐ OBC ☐ Differently abled persons

6. State to which the applicant belongs.....

7. Permanent Address.....

.....

..... Pin Code.....

8. Address for Correspondence.....

..... Pin Code.....

Email ID..... Phone No..... Mobile

9. If selected how much time will you require to join?

B. Educational Qualifications:

Exam. Passed	Board / University	Year of Passin	Marks Obtained	Maximu marks	% of Mark	Div. / Grade	Subjects
Matriculation							
Higher Secondary							
Bachelor's degree							
Master's Degree							
M. Phil.							
Ph. D.							
Any other Qualifications							

C. Training Programmes Attended (if any):

Name of the Programme	Organising Institution	Duration		Remarks (if any)
		From	to	
I.				
II.				
III.				

D. MDPs / Workshops / Orientation / Refresher Programmes Attended (if any):

Name of the Programme	Organising Institution	Duration		Remarks (if any)
		From	to	
I.				
II.				
III.				

E. Technical Experience (if any):

Designation	Name of the Organization	Scale of Pay		Nature of appointment	Period of service		
		PB	GP		From	to	Period
I.							
II.							
III.							
IV							

F. Administrative Experience (if any)

Designation	Name of the Organization	Scale of Pay		Nature of appointment	Period of service		
		PB	GP		From	to	Period
I.							
II.							
III.							
IV							

G. Details of the current employment (if any)

H. State whether you have been at any time (a) dismissed, removed or debarred from Service or (b) convicted by a Criminal Court. (Please tick YES ☐ or NO ☐)

I hereby declare that all entries made by me in this application form are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false my candidature / appointment is liable to be cancelled / terminated.

Signature of the Applicant

Place.....

Date.....

(The endorsement below is to be signed and forwarded by the Head of Department / Employer in the case of the in-service candidates whether in permanent or temporary capacity failing which the application is liable to be rejected)

ENDORSEMENT OF THE EMPLOYER

Ref. No.

Date.....

Forwarded

The applicant(name) is holding the post of in this College / University / Institution / Department on a temporary / substantive basis since (date). His / her present Pay is Rs..... in the Pay structure of Rs..... with AGP/GP of Rs..... and he/she is drawing salary of Rs..... per month. His/her next date of increment is We have no objection to his/her application being considered.

Signature of the Officer
(with office seal)

Note: The candidate must mention his/her name and Post for at the back of the Demand Draft.

DECLARATION / UNDERTAKING
(for OBC Candidates only)

I, _____ son/daughter of Shri _____ resident of
village / town / city _____ district _____ State hereby declare
that I belong to the _____ community which is recognized as backward class by the Government of
India for the purpose of reservation in services as per orders contained in Department of Personnel and
Training Office Memorandum No. 360 12/22/93-Estt. (SCT) dated 8/9/1993. It is also declared that I do not
belong to persons / sections (Creamy Layer) mentioned in Column 3 of the Schedule to the above referred Office
Memorandum,
dated 8/9/1993, which is modified vide Department of Personnel and Training Office Memorandum
No.36033/3/2004 Estt. (Res) dated 9/3/2004.

Signature of the Candidate

Place:

Date:

Declaration / undertaking not signed by Candidate will be rejected

False declaration will render the applicant liable for termination of registration at any time

FORM OF CASTE CERTIFICATE FOR SC/ST

This is to certify that Shri*/Shrimati/Kumari _____ Son/Daughter of
_____ Village/Town _____ /District/Division*
_____ of the _____ State/Union Territory belongs to the
_____ Caste*/Tribe which is recognised as a Scheduled Caste/Tribe under :

*The Constitution Scheduled Castes Order, 1950.

*The Constitution Scheduled Tribes Order, 1950.

*The Constitution (Scheduled Castes) (Union Territories) (Part C States) Order, 1951;

*The Constitution (Scheduled Tribes) (Union Territories) (Part C States) Order, 1951;

[As amended by the Scheduled Castes and Scheduled Tribes List (Modification Order, 1956, the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976.]

The Constitution (Jammu and Kashmir) Scheduled Castes Orders, 1956.

The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959, as amended by the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976

The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962.

The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order, 1962.

*The Constitution (Pondicherry) Scheduled Castes Order, 1964.

*The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967.

*The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968.

*The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968.

*The Constitution (Nagaland) Scheduled Tribes Order, 1970.

*The Constitution (Sikkim) Scheduled Castes Order, 1978

*The Constitution (Sikkim) Scheduled Tribes Order, 1978

*The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989.

*The Constitution (SC) Orders (Amendment) Act, 1990.

*The Constitution (ST) Orders (Amendment) Ordinance Act, 1991.

*The Constitution (ST) Orders (Amendment) Ordinance Act, 1996.

*The Constitution (Scheduled Castes) Orders (Amendment) Act, 2002.

*The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002.

*The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002.

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

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes Certificate issued to Shri/Shrimati* _____ father/mother* _____ of Shri/Shrimati/Kumari _____ of Village/Town* _____ in /District/Division* _____ of the State/Union Territory* _____ who belongs to the _____ Caste*/Tribe which is recognised as a Scheduled Caste/Scheduled Tribe in the Station/Union Territory* issued by the _____ dated _____.

3. Shri/Shrimati/Kumari* and /or* his/her* family ordinarily reside(s) in Village/Town* _____ District/Division* of the State/Union Territory * of _____.

Place _____

Date _____

Signature _____

Designation _____

(with seal of Office)

State/Union Territory _____

* Please delete the words, which are not applicable.

@ Please quote specific Presidential Order

% Delete the Paragraph, which is not applicable

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

The following Officers are authorised to issue caste certificates :

1. District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendary Magistrate/Sub Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.
2. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
3. Revenue Officer not below the rank of Tehsildar.
4. Sub-Divisional Officer of the area where the candidate and/or his family normally resides.
5. Certificates issued by Gazetted Officers of the Central or of a State Government countersigned by the District Magistrate concerned.
6. Administrator/Secretary to Administrator (Laccadive, Minicoy and Amindivi Islands).

Annexure

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

This is to certify that Shri/Smt./Kumari _____ son/daughter of
_____ of village/town _____
In District/Division _____ in the State/Union Territory
_____ belongs to the _____ community
which is recognised as a backward class under the Government of India, Ministry of Social
Justice and Empowerment's Resolution No. _____ dated
_____. * Shri/Smt./Kumari _____ and/or his/her family
ordinarily reside(s) in the _____ District/Division of the
_____ State/Union Territory. This is also to certify
that he/she does not belong to the persons/sections (Creamy layer) mentioned in Column 3
of the Schedule to the Government of India, Department of Personnel & Training
O. M. No. 36012/22/93 – Estt. (SCT) dated 8.9.1993**.

District Magistrate
Deputy Commissioner etc.

Dated:

Seal

*- the authority issuing the certificate may have to mention the details of Resolution of government of India, in which the case of the candidate is mentioned as OBC.

**-. As amended from time to time.

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

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL

Certificate No. _____ Date _____

DISABILITY CERTIFICATE

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

- A. Locomotors or cerebral palsy :
- (i) BL-Both legs affected by not arms.
 - (ii) BA-Both arms affected. (a) Impaired reach
(b) Weakness of grip
 - (iii) BLA-Both legs and both arms affected.
 - (iv) OL-One leg affected (Right or Left). (a) Impaired reach
(b) Weakness of grip
(c) Ataxic
 - (v) OA-One arm affected. (a) Impaired reach
(b) Weakness of grip
(c) Ataxic
 - (vi) BH-Stiff back and hips (Cannot sit or stoop).
 - (vii) MW-Muscular weakness and limited physical endurance.
- B. Blindness or Low Vision :
- (i) B-Blind
 - (ii) PB-Partially Blind
- C. Hearing impairment :
- (i) D-Deaf
 - (ii) PD-Partially Deaf
- (Delete the category whichever is not applicable)

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

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

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

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

(Dr _____)

Member
Medical Board

(Dr _____)

Member
Medical Board

(Dr _____)

Member
Medical Board

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

Check list of Documents Enclosed		
S.No.	Documents	
1	Matric/Secondary/High School (10 th Class) Marks Sheet	
2	Matric/Secondary/High School (10 th Class) Certificates	
3	Sr. Secondary/Intermediate (12 th Class) Marks Sheet	
4	Sr. Secondary/Intermediate (12 th Class) High School Certificate	
5	Bachelor's Degree Marks Sheet	
6	Bachelor's Degree	
7	Master's Degree Marks Sheet	
8	Master's Degree	
9	M.Phil Marks Sheet	
10	M.Phil Degree	
11	Ph.D. Degree	
12	Experience Certificate(s) from previous employers:	
13	Endorsement from the present employer	
14	DD for the application fees (in original)	
15.	API Score Sheet for Librarian and Deputy Librarian	
16.	Category Certificate (if applicable) SC/ST/OBC in the prescribed format	
17.	Disability Certificates (if applicable) in the prescribed format issued by a Medical Board.	
18.	Any other (Please Specify)	

Date:

Signature of the Candidate

NOTE: Document should be attached alongwith the application form in the same sequence as mentioned above.