



UTTAR PRADESH PUBLIC SERVICE COMMISSION

Advertisement No.-
D-1/E-1/2025
Date: 24.03.2025

DATE OF COMMENCEMENT OF ONLINE APPLICATION : 24.03.2025

LAST DATE FOR THE PAYMENT OF ONLINE APPLICATION FEE IN THE BANK & SUBMISSION OF ONLINE APPLICATION : 24.04.2025

LAST DATE FOR FEE RECONCILIATION AND CORRECTION/MODIFICATION IN SUBMITTED ONLINE APPLICATION : 01.05.2025

LAST DATE AND TIME FOR SUBMISSION OF HARD COPY OF ONLINE APPLICATION ALONGWITH DOCUMENTS: 08.05.2025 (Till 05:00 PM)

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.

NOTE- (1) Candidates after submitting their applications through online shall send self attested photo copies of their all academic/required documents regarding their claims along with printout of online form till 05:00 P.M. of last date for submission of hard copy of online application alongwith documents through registered/ speed post or by hand in the office of the Commission.

The candidates are advised to login to the 'Candidate Dashboard (O.T.R. Based)' on the commission's website, download and take printout of the autofilled address-slip and paste it on the envelope containing application and documents. In absence of required relevant documents, the claim made by the candidates shall not be tenable and relevant documents received after due date in the office of the Commission will not be accepted.

(2) The envelope should be of A-4 size. In case of applying for more than one post candidates must send their application form & documents etc. for each post in a separate envelope.

(3) If the candidate does not paste autofilled address slip on the envelope, his/her candidature may be cancelled 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. (b) Candidates are also directed to visit the website of the commission for updates regarding information/ instructions. 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 also 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 3 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' will be completed in four stages given below:-

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, '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 according to his/her eligibility for the same.

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 click 'Pending Payment' to pay the fee, compulsorily for online application.

Note: It is mandatory to make payment in the '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 and time fixed for it.

Special Instructions

(1) अम्बुथियों द्वारा ऑनलाइन आवेदन करने की अन्तिम तिथि/ संशोधन तिथि तक ही श्रेणी, उपश्रेणी, डोमीसाइल, लिंग, जन्मतिथि, ई.डब्ल्यू.एस. क्रीमीलेयर, नाम व पते का जो दावा किया जायेगा, वही मान्य होगा। अन्तिम तिथि के बाद कोई भी परिवर्तन सम्बन्धी प्रत्यावेदन स्वीकार नहीं होगा। गलत सूचना प्रस्तुत करने पर अम्बुथन निरस्त माना जायेगा।

(2) Incomplete Online Application-Form shall be rejected and no Correspondence/representation in this regard shall be entertained.

(3) If the claim made by the candidate in the application is not found to be true, if at any stage it comes to the knowledge of the commission that the candidate has concealed or misrepresented any information, his candidature shall be rejected and action may be taken to debar him/her from this and all future selections/ examinations of the commission and other punitive action may also be taken.

(4) 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.

(5) 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.

(6) The candidature of such candidates who are subsequently found ineligible according to the terms laid down in advertisement will be cancelled. The decision of the Commission regarding eligibility of the candidates shall be final.

(7) The Application/candidature will be rejected/cancelled if the Application form is not submitted on prescribed form, date of birth is not mentioned or wrong date of birth is mentioned, candidate is overage, under age, dose not possess the minimum educational qualifications, applications

received after last date and cases of no signature under declaration in the format.

(8) 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 found entertainable initially, 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.

(9) 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.

10. "अभिलेखों के सत्यापन के समय उपस्थित अम्बुथियों द्वारा वांछित अभिलेख प्रस्तुत न करने की दशा में इस हेतु मा0 आयोग के निर्णयानुसार निर्धारित अवधि के अन्तर्गत वांछित अभिलेख प्रस्तुत करना अनिवार्य होगा, उक्त निर्धारित अवधि के अन्तर्गत अम्बुथी द्वारा वांछित अभिलेख प्रस्तुत न करने की दशा में अम्बुथी का अम्बुथन निरस्त कर दिया जायेगा। मूल अभिलेखों के सत्यापन की निर्धारित तिथि को यदि अभिलेख सत्यापन हेतु कोई अम्बुथी उपस्थित नहीं होता है तो यह मानते हुए कि वह प्रश्नगत पद हेतु इच्छुक नहीं है, उसका अम्बुथन निरस्त कर दिया जायेगा।"

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 |

Housing and Urban Planning Department

Department No. S-10/01, Name of the post:- Assistant Architect **Number of vacancies:-** 02, Categorywise number of vacancies:- Vertical Reservation-02-unreserved, Horizontal Reservation-NA. **Nature of Post:-** Group-'B', Gazetted. **Pay Scale:-** level-10, Grade Pay-5400/- **Age Limit:-** 21 to 40 years. (Age relaxation is permissible as per rule to the reserved category candidates)

Educational Qualifications:-

(A) Essential Qualification: Degree in architecture from a recognised Institution with special paper in Town Planning or an equivalent qualifications.

Equivalent Qualification:- Prescribed as per the schedule of section-14 of Architects Act, 1972.

(B) Preferential Qualification:- 1- Persons with professional experience in the field of Architecture and Town Planning will be preferred. 2- A candidate other things being equal, be given preference in the matter of direct recruitment, if he/she (i) has served in the Territorial Army for a minimum period of two years; or (ii) has obtained a 'B' certificate of National Cadet Corps.

Note:- प्रश्नगत पद हेतु दिव्यांगजन की केवल एच0एच0 तथा ओ0एल0 उपश्रेणियां ही चिन्हांकित हैं।

Relevant Service Rules of the Post

The Uttar Pradesh Town and Country Planning Service Rules, 1987

Fisheries Department

Department No.- S-2/01, Name of the post:- Assistant Director Fisheries **Number of vacancies:-** 07, Categorywise number of vacancies:- Vertical Reservation-02-Unreserved, 02-SC, 03-OBC, Horizontal Reservation-01-Female. **Nature of Post:-** Group-'B', Gazetted. **Pay Scale:-** Pay-Matrices level-10 (Rs. 56,100-1,77,500), Grade Pay-5400/- **Age Limit:-** 21 to 40 years. (Age relaxation is permissible as per rule to the reserved category candidates).

Educational Qualifications:- (A) Essential Qualification: A candidate for direct recruitment to the post of Assistant

आवेदक का पासपोर्ट साइज का अभिप्रमाणित फोटोग्राफ

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

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 (वेतन, 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 (पँच) एकड़ कृषि योग्य भूमि अथवा उससे ऊपर।
II. एक हजार वर्ग फीट अथवा इससे, अधिक क्षेत्रफल का प्लैट।
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:-

Nature of Document	Date of Issue	Details of authority issuing certificate

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 been 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
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

4. 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 No. _____ 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

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)
Signature and seal of the Medical Authority.

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 प्राक्खानों के अनुसार उक्त श्री / श्रीमती (स्वतंत्रता संग्राम सेनानी)के आश्रित हैं।
स्थान: हस्ताक्षर
दिनांक: पूरा नाम
पदनाम
मुहर

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 अन्तर्राष्ट्रीय 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

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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		
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