

ACTION AGAINST CANDIDATES FOUND GUILTY OF MISCONDUCT/USE OF UNFAIR MEANS

Candidates are advised in their own interest that they should not furnish any particulars that are false, tampered with or fabricated and should not suppress any material information while submitting online application. At the time of examination, interview or in a subsequent selection procedure, if a candidate is (or has been) found guilty of -

- (i) using unfair means or
- (ii) impersonating or procuring impersonation by any person or
- (iii) misbehaving in the examination/ interview hall or disclosing, publishing, reproducing, transmitting, storing or facilitating transmission and storage of contents of the test(s) or any information therein in whole or part thereof in any form or by any means, verbal or written, electronically or mechanically for any purpose or
- (iv) resorting to any irregular or improper means in connection with his/ her candidature or
- (v) obtaining support for his/ her candidature by unfair means, or
- (vi) carrying mobile phones or similar electronic devices of communication in the examination/ interview hall, such a candidate may, in addition to rendering himself/ herself liable to criminal prosecution, be liable :
 - (a) to be disqualified from the examination for which he/ she is a candidate
 - (b) to be debarred either permanently or for a specified period from any examination conducted by Corporation
 - (c) for termination of service, if he/ she has already joined the Corporation

TENTATIVE SCHEDULE

1.	Submission of Online Application Form along with fee payment will commence from	23.02.2019 from 10:00 Hrs (IST)
3.	Last Date & time for submission of Online Application and payment of fees.	25.03.2019 till 24:00 Hrs (IST)
4.	Availability of Admit Cards on website for download	15 days prior to announced date of examination
5.	Date of Online Test	Will be announced in website www.fci.gov.in Tentatively in the month of April/May, 2019.

Note: Candidates may keep in touch through the website www.fci.gov.in for regular updates.

The Online registration will remain active from **23.02.2019 10:00 Hrs (IST) to 25.03.2019 24:00 Hrs (IST) only**. In order to avoid last minute rush, the candidates are advised to apply early enough. FCI will not be responsible for network problems or any other problem in submission of online Application.

ANNEXURE - A**FORMAT FOR SC/ST CERTIFICATE**

A candidate who claims to belong to one of the Scheduled Caste or the Scheduled Tribes should submit in support of his claim an attested/certified copy of a certificate in the form given below, from the District Officer or the sub-Divisional Officer or any other officer as indicated below of the District in which his parents (or surviving parent) ordinarily reside who has been designated by the State Government concerned as competent to issue such a certificate. If both his parents are dead, the officer signing the certificate should be of the district in which the candidate himself ordinarily resides otherwise than for the purpose of his own education. Wherever photograph is an integral part of the certificate, the Corporation would accept only attested photocopies of such certificates and not any other attested or true copy.

The format of the certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under Government of India.

This is to certify that Shri/Shrimati/Kumari* _____ son / daughter of _____ of Village/Town* _____ in District/Division* _____ of the State/Union Territory* _____ belongs to the Caste/Tribes _____ which is recognized as a Scheduled Castes/Scheduled Tribes* under-The Constitution (Scheduled Castes) order, 1950 _____

The Constitution (Scheduled Tribes) order, 1950 _____

The Constitution (Scheduled Castes) Union Territories order, 1951* _____

The Constitution (Scheduled Tribes) Union Territories Order, 1951* _____

As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification) order, 1956, the Bombay Reorganization Act, 1960 & the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act 1970, the North-Eastern Area (Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976.

The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956 _____

The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes Order (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 (Scheduled Tribes) (Uttar Pradesh) Order, 1967 @ The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968@ The Constitution (Goa, Daman & 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 1991@ The Constitution (ST) orders (Second Amendment) Act, 1991@ The Constitution (ST) orders (Amendment) Ordinance 1996

The Scheduled Caste and Scheduled Tribes Orders (Amendment) Act, 2002 The Constitution (Scheduled Caste) Orders (Amendment) Act, 2002

The Constitution (Scheduled Caste 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 belong to the _____ Caste/Tribes which is recognized as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* issued by the _____ dated _____

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

Signature _____

**Designation _____ (with seal of office)

Place _____

Date _____

* Please delete the words which are not applicable @ Please quote specific presidential order

% Delete the paragraph which is not applicable.

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

****List of authorities empowered to issue Caste/Tribes Certificates:**

i. District Magistrate/Additional District Magistrate/Collector/ Deputy Commissioner/ Additional Deputy Commissioner/Dy. Collector/1st Class Stipendiary Magistrate/ Sub-Divisional Magistrate/Extra-Assistant Commissioner/Taluka Magistrate/ Executive Magistrate.

ii. Chief Presidency Magistrate/Additional Chief Presidency Magistrate / Presidency Magistrate.

iii. Revenue Officers not below the rank of Tehsildar.

iv. Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

NOTE: ST candidates belonging to Tamil Nadu state should submit caste certificate ONLY FROM THE REVENUE DIVISIONAL OFFICER.

ANNEXURE-B**(FORMAT OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA)**

This is to certify that _____ son /daughter of _____ of village _____ District/Division _____ In the _____ State _____ belongs to the _____ Community which is recognized as a backward class under:

i) Resolution No. 12011/68/93-BCC dated the 10th September, 1993, published in the Gazette of India Extraordinary - Part I, Section I, No. 186 dated 13th September, 1993.

ii) Resolution No. 12011/9/94-BCC, dated 19.10.1994 published in Gazette of India extraordinary Part I Section I No. 163, dated 20th October, 1994.

iii) Resolution No. 12011/7/95-BCC dated the 24th May 1995 Published in the Gazette of India extraordinary Part-I Section I No. 88 dated 25th May, 1995.

iv) Resolution No.12011/96/94-BCC dated 9th March, 1996.

v) Resolution No. 12011/44/96-BCC, dated the 6th December, 1996, published in the Gazette of India - Extraordinary-part I, Section-I, No. 210, dated the 11th December, 1996.

vi) Resolution No.12011/13/97-BCC dated 3rd December, 1997. vii) Resolution No.12011/99/94-BCC dated 11th December, 1997. viii) Resolution No.12011/68/98-BCC dated 27th October, 1999.

ix) Resolution No.12011/88/98-BCC dated 6th December, 1999, published in the Gazette of India, Extra Ordinary Part-I, Section-I No.270, 6th December, 1999.

x) Resolution No.12011/36/99-BCC dated 4th April, 2000, published in the Gazette of India, Extra Ordinary Part-I, Section-I, No.71 dated 4th April, 2000.

xi) Resolution No.12011/44/99-BCC dated 21.9.2000, published in the Gazette of India, Extra Ordinary Part-I, Section-I, No.210 dated 21.9.2000.

xii) Resolution No.12015/9/2000-BCC dated 6th September, 2001, published in the Gazette of India, Extra Ordinary Part-I, Section-1, No.246 dated 6th September, 2001.

xiii) Resolution No.12011/1/2001-BCC dated 19th June,2003, published in the Gazette of India, Extra Ordinary Part-I, Section-1, No.151 dated 20th June, 2003.

xiv) Resolution No.12011/42002-BCC dated 13th January, 2004, published in the Gazette of India, Extra Ordinary Part-I, Section-1, No.9 dated 13th January, 2004.

xv) Resolution No.12011/142004-BCC dated 12th March, 2007, published in the Gazette of India, Extra Ordinary Part-I, Section-1, No.67 dated 12th March, 2007.

Shri _____ and/or his family ordinarily reside(s) in the _____ District / Division of the _____ State.

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 OM No. 36012/22/93-Estt. (SCT) dated 08.09.1993 and modified vide Govt. of India Deptt. of Personnel and Training OM No. 36033/3/2004-Estt(Res) dated 09.03.2004 & 14.10.2008.

Dated : _____

Seal: _____ District Magistrate or Deputy Commissioner etc.

Note - I:

a) The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

b) The authorities competent to issue Caste Certificate are indicated below:-

(i) District Magistrate/Additional Magistrate/Collector/Dy. Commissioner/ Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/ Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate).

(ii) Chief Presidency Magistrate /Additional Chief Presidency Magistrate/ Presidency Magistrate.

(iii) Revenue Officer not below the rank of Tehsildar

(iv) Sub -Divisional Officer of the area where the candidate and/or his family resides.

Note - II:

The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also, for assuming that the candidate does not fall in the creamy layer

ANNEXURE-C

Government of.....
(Name & Address of the authority issuing the certificate)
INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No.
Date:.....

VALID FOR THE YEAR.....

This is to certify that Shri/Smt./Kumari..... son/daughter/wife of..... permanent resident of..... Village/Street..... Post Office..... District..... in the State/Union Territory..... Pin Code..... whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her family** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year..... His/her family does not own or possess any of the following assets***:

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari..... belongs to the..... caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office.....
Name.....
Designation.....

Recent Passport size attested photograph of the applicant

*Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc.
**Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.
***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

NOTE:-
The Income and Asset Certificate issued 'by any one of the following authorities in the prescribed format as given above shall only be accepted as proof of candidate's claim as 'belonging to EWS: -

- (i) District Magistrate/Additional District Magistrate/Collector/ Deputy Commissioner/ Additional Deputy Commissioner/ 1st Class Stipendiary Magistrate/ Sub-Divisional Magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner,
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/ Presidency Magistrate,
- (iii) Revenue Officer not below the rank of Tehsildar and
- (iv) Sub-Divisional Officer of the area where the candidate and/or his family normally resides.

ANNEXURE-D-1

Form-V
Certificate of Disability
(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)
[See rule 18(1)]
(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

(Signature and Seal of Authorised Signatory of notified Medical Authority)

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

ANNEXURE-D-2

Form - VI
Certificate of Disability
(In cases of multiple disabilities)
[See rule 18(1)]
(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 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 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 table below:

S. No.	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			

(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 as 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..... year..... 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

ANNEXURE-D-3

Form - VII
Certificate of Disability
(In cases other than those mentioned in Forms V and VI)
(Name and Address of the Medical Authority issuing the Certificate)
(See rule 18(1))

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 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. No.	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 are 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) _____

@ - eg. Left/Right/both arms/legs

- eg. Single eye/both eyes

□ - eg. 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

(Authorised Signatory of notified Medical Authority)
 (Name and Seal)

Countersigned
 (Countersignature and seal of the
 Chief Medical Officer/Medical Superintendent/
 Head of Government Hospital, in case the
 Certificate is issued by a medical authority who is
 not a Government servant (with seal))

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

Note.- In case this certificate is issued by a medical authority who is not a Government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.

ANNEXURE-E

**Form of Certificate for serving Defence Personnel
 (Please see Explanation II of Point-11 (eleven) of Reservations and
 Relaxations of the Notice)**

I hereby certify that, according to the information available with me (No.) _____

(Rank) _____ (Name) _____

is due to complete the specified term of his engagement with the Armed Forces on the

(Date) _____

Place: _____ (Signature of Commanding Officer)

Date: _____ **Office Seal:**

ANNEXURE-F

**UNDERTAKING TO BE GIVEN BY THE CANDIDATE COVERED UNDER POINT-11
 OF RESERVATIONS AND RELAXATIONS OF THE NOTICE**

I understand that, if selected on the basis of recruitment/examination to which the application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the Appointing Authority that I have been duly released/retired/discharged from the Armed Forces and that I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen (Re-Employment in Central Civil Services and Posts rules, 1979, as amended from time to time).

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

I further submit the following information:

- a) Date of appointment in Armed Forces _____
- b) Date of discharge _____
- c) Length of service in Armed Forces _____
- d) My last Unit/Corps _____

Place: _____
Date: _____ (Signature of the Candidate)

ANNEXURE-G

Certificate regarding physical limitation of an examinee to write

This is to certify that, I have examined Mr/Ms/Mrs _____ (name of the candidate with disability), a person with (nature and percentage of disability as with mentioned in the certificate of disability), S/o/D/o _____, a resident of _____ (Village/ District/State) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Signature
 Chief Medical Officer/ Civil Surgeon/ Medical Superintendent of a
 Government health care institution

Name & Designation.

Name of Government Hospital/ Health Care Centre with Seal

Place: _____

Date: _____

Note:

Certificate should be given by a specialist of the relevant stream/ disability (eg. Visual impairment - Ophthalmologist, Locomotor disability - Orthopaedic specialist/PMR).

ANNEXURE-H

DECLARATION

We, the undersigned, Shri/Smt/Kum. _____ eligible candidate having qualification _____ and Shri/Smt/Kum. _____ eligible writer (Scribe) having qualification _____ for the eligible candidate, do hereby declare that:

1. The scribe is identified by the candidate at his/her own cost and as per own choice.
2. In case it is found that the qualification of the Scribe is not as declared by the candidate and the qualification of the Scribe is not one step below the qualification of the candidate taking examination, his/her candidature shall liable to be summarily rejected. In such case the candidate shall forfeit his/her right to the post and claims relating thereto.
3. The candidate is affected by cerebral palsy with loco-motor impairment and his/her writing speed is affected and he/she needs a writer (scribe) as permissible under the Government of India rules governing the recruitment of Physically Challenged persons.
4. As per the provision Para IV of the said O.M. No. 34-02/2015-DD-III dated 29th August, 2018, I declare that at the time of document verification, I will furnish the requisite certificate issued by Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Government health care institution in the prescribed proforma to the effect that I have physical limitation to write, and scribe is essential to write examination on my behalf.
5. As per the rules, the candidate availing services of a scribe is eligible for compensatory time of 20 minutes for every hour of the examination.
6. In view of the importance of the time element and the examination being of a competitive nature, the candidate undertakes to fully satisfy the Medical Officer of the Organization that there was necessity for use of a scribe as his/her writing speed is affected by the disabilities mentioned in Point 3 above.
7. The candidate has ensured that the scribe is not a candidate for the same recruitment exercise.
8. The scribe has ensured that he/she is not appearing in the same recruitment exercise.
9. All the above statements made by us are true and correct to the best of our knowledge and belief. We also understand that in case it is detected at any stage of recruitment that we do not fulfil the eligibility norms and/or that the information furnished by us is incorrect/false or that we have suppressed any material fact(s), the candidature of the applicant (both the candidate as well as scribe in case he/she has appeared in the same examination) will stand cancelled, irrespective of the result of the examination. If any of these shortcoming(s) is/are detected even after the candidate's appointment, his/her services are liable to be terminated. In such circumstances, both signatories will be liable to criminal prosecution.

I, _____ (Name of Scribe) certify that I am not a candidate for this recruitment.

I, _____ (Name of candidate) the candidate for this recruitment certify that I have ensured that the above scribe is not appearing for this recruitment.

Given under are our signature and contact details: -

	SCRIBE	CANDIDATE
	Signature:	Signature:
	Name:	Name:
	Address:	
Photo of the Scribe	Contact No.:	Contact No.:

Signature of Invigilator

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