Sl.No	ODISHA PUBLIC SERVICE COMMISSION	Roll No
	APPLICATION FORM	
	(To download, please visit Website of the Commission, i.e. "http://op	sc.nic.in.")
WAI	RNING:	
1.	Application incomplete in any respect will be rejected	Affix one recent
2.	Admission to examination/candidature for the post is provisional and will remain as such till original certificates are verified at the time of V.V.Test.	passport size photograph signed on its front
3.	Candidate is required to fill up application form in his/her own hand.	
4.	Candidate must sign the declaration at the last page of application form and at the Annexure-I.	
	TO BE FILLED IN BY CANDIDATE IN ENGLISH mish/indicate information in appropriate word(s)/figure(s) in the appropriate boxe	s/places where provided]
NAM	ME OF THE POST/SERVICE/EXAMINATION	
AD	VERTISEMENT No.	

[Furn	ish/indicate information in appropriate word(s)/figure(s	s) in the appropriate boxes/places where provided]
NAMI	E OF THE POST/SERVICE/EXAMINATIO	N	
ADV	ERTISEMENT No.		
			ZONE OF EXAMINATION (Wherever applicable, in order of preference)
		1.	(wherever applicable, in order of preference)
		2.	
		3.	
1.	Name of the candidate (In Block Capitals) First Name Middle	le Name	Family Name
2.	Complete mailing address (In Block Capitals)	Name	
			PIN
3.	Telegraph Office		
4.	Permanent address	Name	
	(In Block Capitals)		

PIN

5.	Name	of the			Blo	ock (Cap			J1.	No.						ī	Го <i>т</i>	_21	NI				
		First	Name)					/1100	116	e Nam	ie T	1				1	ran	nily	Nan	ne 			
	(a)	Data	of D:			لمسما		41	M	-4-	.i av1a4				/II C	C /I	100	g C						
6.	(a)										riculat Iigher							S.C	./					
																\Box	ay		Mo	nth		Ye	ar	\neg
		T.,	مام																					
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	(b) (c)	Age a			uali	fyin	ıg da	ate ii	ndic	at	ed in	the a 	.dve	rtise	men	t								
	、 /	·																						
7.	Sex	Male	(M)/F	Femal	le(F)																		
8.	(a)	The o	comm S.T.,	•			•	ou b	eloi	ng	5					Г			T					
	(b)	Name																		_				\neg
	(c)	If you		_											(i)	Des	signa	atio	n of	issu	uing	auth	ority	,
			Odisha only) by birth, attach certification competent authority.																					
															(ii) M	lisc.	cas	e No	o. ar	nd da	te of	issu	ıe
(d)	_	ory of S.T., S					hicl	ı app	olied	d f	for													
9.	Are y	ou an E	Ex-Se	rvice	mar	ı ? Y	es(Y)/N	lo(N	V)														
	If so,	(a)		te pe		of	War	Ser	vice	9				Fre	om	Γ		1	\top					\neg
			ren	derec	1.									То										
		(b)	En	close	evi	den	ce fi	om				••			(i)	∟ De	sign	 atio	on o	f iss	uing	auth	ority	 y
			cor	npete	ent a	uth	ority	у.																
																		\top						\neg
															(ii)	Date	e of	issı	ıe					<u> </u>
																			l I					- 1

10.	Wheth Y/N	er a Ph	ysically Handicapped Person?	••	
	If so,	(a)	Indicate category – Orthopedically Handicapped (O.H.) Visually Handicapped (V.H.) Hearing Handicapped (H.H.)		
		(b)	Percentage of disability		
		(c)	Enclose certificate (i) from the concerned District Social Welfare Officer and (ii) Certificate from the concerned Medical Board.		(i) Designation of issuing authority Date of issue
					(ii) Designation of issuing authority
					(ii) Date of issue
11.	(a)	Are yo	ou a Sports Person ?		
	(b)	If so,	TT		
		(i)	Have you represented the State in National Sports/Championship? Y/N	••	
		(ii)	Furnish a copy of Identity Card from Director of Sports, Odisha.		Date of issue
12.	(a)	Wheth Y/N	ner claiming age relaxation?		
	(b)		indicate category -		
	(a)		Γ, SEBC, Ex-Serviceman, PH, Woma		
	(c)	•	ther category (e.g. Assistant Surgeon/ Teacher, Medical College).		
13.		ıl status ed(M)/U	: Jnmarried(U)		
14.	Mothe	r tongu	e :		
	Subjectif you Odia of standa Educa Depart	et in Ma have pa or passe rd cond tion, Oc	have Odia as M.I.L. or as Language attriculation or onward, please indicate assed M.E. Standard Examination in d a Special Test in Odia of that lucted by the Board of Secondary disha/School & Mass Education Government of Odisha (attach copy icate).		Designation of issuing authority Date of issue

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

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

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

	Nar	ne a	nd]	Des	igna	tior	1			
(i)										
(ii)										
(iii)										
	1	l	l	l		l				

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

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

	(b)	Whether you have required experient per terms of the	nce certificate as	Y/N	Design Date of	ation of iss	suing aut	hority
18.	(a)		een a candidate for Odisha Public Ser ılars —	•		ination `	Y/N	
N	ame of l	Examination/Post	Whether appear		Roll No.			r recommended
			written test or	interview	of exam	mation	101 2	appointment
19.	(b) (a)	for this service/p Have you paid th terms of the adve If so, furnish the	e Examination Fee	elose				
Na		he Treasury/ Sub-T		No. of T.C.		Date of	issue	Amount
	J	Post Office/ Bank	Ва	nk Draft/P	ay Order			
	(b)	If not, indicate the S.C., S.T.	e ground of remiss	ion				
20.	U.P.S from If so,	you ever been de .C./O.P.S.C./any o appearing in any ex furnish particulars	ther State P.S.C. camination ? Y/N					
	Name	of the P.S.C.	Name of Post/S Examination		Year of Exa	mination	Perio	d of debarment
			Examinatio	211				

21.	Relation or any candidate	Gaze	•					,	,		•	-	,	-		_										
	1.																									
	2.																		Τ]			
22.	State t		-	onal	l su	bjec	ets i	in v	vhic	ch y	ou/	wis	h to	o ap	ppea	ır, v	whe	re i	it i	is 1	eq	luire	ed a	s pe	r ter	ms of
	Names	of S	Subje	ects	s:																			(Code	No.
	(i)																									
	(ii)																									
	(iii)																									
23.	Order o	of pr	efer	enc	e of	pos	sts (only	fo	r Oc	lish	a Ci	vil S	Serv	ice	Exa	mir	atio	on))						
	Prefere	ence	Nur	nbe	er					1		2		3		4		5		6			7			
	Service	es/Po	osts	Coo	de N	Jum	ber																			
24.	List of As per					mitt	ed 1	by tl	he c	and	idat	e.														
]	DE	CL	AR	ΑT	Oľ	N											
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hereby	I have underta			-				he I	Rule	es, I	nstr	ucti	ons	and	the	No	tice	of t	the	Co	om	nmis	sion	car	efully	and I
-	I furth cations, mber of	etc.	pres	scri	bed	for	the	pos	t/se						_		•	_		_	_	_				
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Place		•••••																								
Date	•••••																	Ful	11 S	Sign	at	ure	of th	ne Ca	andid	ate

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

ANNEXURE – I

Advertisement No..... of Name of the candidate.....

List of enclosures submitted by the candidate

(as required under Sl.No.24 of Application Form)

					of Application Form)	1	1
Sl. No	Certificates	Yes/ No	Assign No. like 1,2,3,	Sl. No	Certificates	Yes/ No	Assign No. like 1,2,3,
1	2	2	onwards	1	2	2	onwards
1	2	3	4	1	2	3	4
1.	H.S.C./Matriculation issued by the Board/Council.			13.	Any other certificates of higher qualification or academic excellence		
2.	+2/Intermediate issued by the Board/Council.				Mark Sheets		
3.	Diploma/Degree issued by the Board/Council.			14.	H.S.C./Matriculation issued by the Board/Council.		
4.	Post-Graduation issued by the University			15.	+2/Intermediate issued by the Board/Council.		
5.	Caste Certificate issued by the competent authority in the prescribed form			16.	 (a) Diploma/Degree-All mark sheets from 1st year/semester to final year/semester issued by the University. (b) Combined mark sheet of all year/semester issued by the University 		
6.	Ex-Serviceman – (a) Discharge certificate issued by the competent authority (b) Identity Card			17.	 (a) P.G. mark sheets from 1st year/semester to final year/semester issued by the University. (b) Combined mark sheet of all year/semester issued by the University. 		
7.	Physically Handicapped- (a) D.S.W.O. (b) Medical Board			18.	Conversion formula of Grade marks, if any, along with percentage of marks, from concerned University.		
8.	Sportsman- (a) Director, Sports (b) Identity Card				Other documents		
9.	Character Certificates 3 Nos.			19.	T.C./I.P.O./Bank Draft/Pay Order		
10.	Odia Pass Test Certificate.			20.	Photograph 3 Nos.		
11.	Service Experience Certificate			21.	Self-addressed envelope (23 cm x 10 cm)		
12.	Registration Certificate issued by Odisha Medical Council/ Odisha Dental Council/Odisha Veterinary Council/Odisha Bar Council, etc.			22.	Acknowledgement Card.		

Total No. of documents submitted

Place	•••	•••	 ••••	

Date

Full Signature of the Candidate

N.B.-The candidate must mention"Yes" or "No" at Column No.3. He/She must assign specific number on each certificate/mark sheet/document as indicated at Column No.4.

Continued

Annexure I (Continued)

Additional documents to be submitted by the candidate for the post of <u>Assistant Surgeon/Junior Teacher (Lecturer) in Medical Colleges</u>

Sl. No.	Certificates	Yes/No	Assign No. like 1,2,3, onwards
1	2	3	4
1.	Housemanship Completion Certificate issued by the Principal.		
2.	Service Continuity Certificate issued by the competent authority.		
3.	Screening Test Certificate conducted by the National Board of Examinations, New Delhi (in case of Foreign Medical Qualification)		
4.	Certificate containing equivalent percentage of marks of the Grade Marks (in case of Foreign Medical Qualification, etc.)		
5.	Chance Certificate for completion of MBBS Degree issued by the Principal.	_	
6.	P.G. Certificate in Super Specialities (like D.M., M.Ch) issued by the University.		

Total No. of documents submitted				
Place				
Date	Full Signature of the Candidate			
N.BThe candidate must mention" Yes" or "No" at Column No.3. He/She must assign specific number on each certificate/mark sheet/document as indicated at Column No.4.				
x -				