



**परिशिष्ट-2 :** 'Candidate Registration' को Click करने पर प्रदर्शित होने वाले प्रारूप का नमूना ।

**Candidate Basic Registration form**

Candidate Home Page>Notifications/Advertisements>Candidate Basic Registration form

**\*All pink fields are compulsory Direct Recruitment**

Advertisement No : \_\_\_\_\_  
 Selection Type : \_\_\_\_\_  
 Directorate/Department : \_\_\_\_\_  
 Post Name : \_\_\_\_\_  
 Date for Calculating Age : \_\_\_\_\_

**Personnel Information**

1. Candidate Name : \_\_\_\_\_  
 2. Father/Husband Name : \_\_\_\_\_  
 3. Are you Domicile of UP? :

Consider if only you have UP Domicile

3.1 Are you Dependent of UP Freedom Fighter:

3.2 Are you UP Ex. Army?

3.2.2 Retirement Date (DD/MM/YYYY) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3.2.1 Service Duration (Year/Month/Day) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3.3 Are you Handicap of UP?

3.3.1 Are you Blind or Have Vision problem? :

3.3.2 Are you Deaf or Have hearing problem? :

3.3.3 Have you any physical problem? :

3.4 Are you Skilled Physical of UP? :

4. Category : \_\_\_\_\_

5. Date of Birth (DD/MM/YYYY) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Calculated Age:- is: 21.6

6. Gender : \_\_\_\_\_

7. Are You Married? :

8. Contact Number : \_\_\_\_\_

9. E-mail ID : \_\_\_\_\_

**Essential Qualification Details**

Sr. No.	Name	Affirmation	Marks Obtain	Total Mark
1.		<input type="checkbox"/>		
2.		<input type="checkbox"/>		
3.		<input type="checkbox"/>		

Enter Verification Code :

09/01/1989

**परिशिष्ट-3 :** "Registration Slip" का नमूना ।

**Uttar Pradesh Public Service Commission**

Registration Slip  
Applied for \_\_\_\_\_

You have been registered successfully.  
Please note down your Registration Number for future Reference

Applicant Registration No.: \_\_\_\_\_

Notification No. : \_\_\_\_\_

Candidate Name : \_\_\_\_\_

Father/Husband Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Fee : \_\_\_\_\_

**Note\***

\*Please Note Down Applicant Registration No. for Future communication with UPPSC

\*Your Application will be treated as incomplete unless accomplished by Examination Fee and Uploading photograph & Signature alongwith the detailed application form submission.

**परिशिष्ट-4 व 5 :** ट्रेजरी चालान का नमूना ।

Fee Deposition Last Date ↓ **00/00/0000** Cash Only

**भारतीय स्टेट बैंक**  
State Bank of India

**लोक सेवा आयोग, उ०प्र०**  
Public Service Commission, Uttar Pradesh

Examination Fee Details

Cash can be deposited at any branch of State Bank of India

Check Digit ↓ "T" Bank Copy

Account No.:- \_\_\_\_\_

Candidate Registration/Challan No. \_\_\_\_\_

Name of Candidate \_\_\_\_\_

Date of Birth (dd/mm/yyyy) \_\_\_\_\_

Fee Amount in figure (Rs.) \_\_\_\_\_

Amount in Word \_\_\_\_\_

Bank Transaction ID / Journal No. \_\_\_\_\_

Transaction Date \_\_\_\_\_

Bank Officer Signature & Stamp ↓ \_\_\_\_\_

Candidate Signature ↓ \_\_\_\_\_

Fee Deposition Last Date ↓ **00/00/0000** Cash Only

**भारतीय स्टेट बैंक**  
State Bank of India

**लोक सेवा आयोग, उ०प्र०**  
Public Service Commission, Uttar Pradesh

Examination Fee Details

Cash can be deposited at any branch of State Bank of India

Check Digit ↓ "T" Candidate Copy

Account No.:- \_\_\_\_\_

Candidate Registration/Challan No. \_\_\_\_\_

Name of Candidate \_\_\_\_\_

Date of Birth (dd/mm/yyyy) \_\_\_\_\_

Fee Amount in figure (Rs.) \_\_\_\_\_

Amount in Word \_\_\_\_\_

Bank Transaction ID / Journal No. \_\_\_\_\_

Transaction Date \_\_\_\_\_

Bank Officer Signature & Stamp ↓ \_\_\_\_\_

Candidate Signature ↓ \_\_\_\_\_

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Fee Deposition Last Date ↓ **00/00/0000** Cash Only

**पंजाब नेशनल बैंक**  
Punjab National Bank

**लोक सेवा आयोग, उ०प्र०**  
Public Service Commission, Uttar Pradesh

Examination Fee Details

Cash can be deposited at any branch of Punjab National Bank

Check Digit ↓ "T" Bank Copy

Account No.:- \_\_\_\_\_

Candidate Registration/Challan No. \_\_\_\_\_

Name of Candidate \_\_\_\_\_

Date of Birth (dd/mm/yyyy) \_\_\_\_\_

Fee Amount in figure (Rs.) \_\_\_\_\_

Amount in Word \_\_\_\_\_

Bank Transaction ID / Journal No. \_\_\_\_\_

Transaction Date \_\_\_\_\_

Bank Officer Signature & Stamp ↓ \_\_\_\_\_

Candidate Signature ↓ \_\_\_\_\_

Fee Deposition Last Date ↓ **00/00/0000** Cash Only

**पंजाब नेशनल बैंक**  
Punjab National Bank

**लोक सेवा आयोग, उ०प्र०**  
Public Service Commission, Uttar Pradesh

Examination Fee Details

Cash can be deposited at any branch of State Bank of India

Check Digit ↓ "T" Candidate Copy

Account No.:- \_\_\_\_\_

Candidate Registration/Challan No. \_\_\_\_\_

Name of Candidate \_\_\_\_\_

Date of Birth (dd/mm/yyyy) \_\_\_\_\_

Fee Amount in figure (Rs.) \_\_\_\_\_

Amount in Word \_\_\_\_\_

Bank Transaction ID / Journal No. \_\_\_\_\_

Transaction Date \_\_\_\_\_

Bank Officer Signature & Stamp ↓ \_\_\_\_\_

Candidate Signature ↓ \_\_\_\_\_

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**Appendix-6** Specimen of the format to display by clicking 'Submit Application Form'

Submit Application form ↓

Candidate Home Page> Submit Application form

**\*All pink fields are compulsory**

Upload the Candidate's Snap and Signature

Candidate Registration No.\* \_\_\_\_\_

**Transaction Details**

Bank Name \* \_\_\_\_\_

Transaction ID \* \_\_\_\_\_

Transaction Date \* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Personnel Information**

Date of Birth DAY \_\_\_\_\_ / MONTH \_\_\_\_\_ / YEAR \_\_\_\_\_

Gender \* PLEASE SELECT

Are you Domicile of UP? \* PLEASE SELECT

Category \* PLEASE SELECT

Upload Scanned Photo with Signature File

Select Scanned File\*

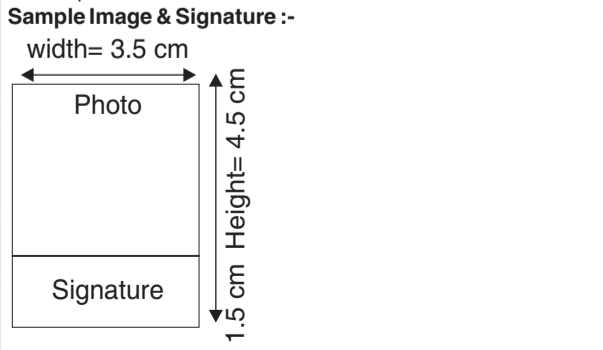
\*\*\* Guide Line For Uploading File \*\*\*

Enter Verification Code\*

**Appendix-7** The Procedure relating to upload Photo & Signature

**Guide Lines for Scanning Photograph with Signature**

- Paste the Photo on any white paper as per the above required dimensions. Sign in the Signature Space provided. Ensure that the signature is within the box.
- Scan the above required size containing photograph and signature. Please do not scan the complete page.
- The entire image (of size 3.5 cm by 6.0 cm) consisting of the photo along with the signature is required to be scanned, and stored in \*.jpg, .jpeg, .gif, .tif, .png format on local machine.
- Ensure that the size of the scanned image is not more than 50 KB.
- If the size of the file is more than 50 KB, then adjust the settings of the scanner such as the DPI resolution, no. colours etc., during the process of scanning.
- The applicant has to sign in full in the box provided. Since the signature is proof of identity, it must be genuine .and in full; initials are not sufficient. Signature in CAPITAL LETTERS is not permitted.
- The signature must be signed only by the applicant and not by any other person.
- The signature will be used to put on the Hall Ticket and wherever necessary. If the Applicant's signature on answer script, at the time of the examination, does not match the signature on the Hall Ticket, the applicant will be disqualified.



**परिशिष्ट**

**उ०प्र० की अनुसूचित जाति तथा अनुसूचित जनजाति के लिये जाति प्रमाण-पत्र (प्रारूप-II)**

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।

**उत्तर प्रदेश के अन्य पिछड़े वर्ग के लिए जाति प्रमाण-पत्र (प्रारूप-I)**

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 उ०प्र० 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 उ०प्र० लोक सेवा (अनुसूचित जातियों, अनुसूचित जनजातियों और अन्य पिछड़े वर्गों के लिये आरक्षण) (संशोधन) अधिनियम, 2001 द्वारा प्रतिस्थापित किया गया है एवं जो उ०प्र० 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 पाँच 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.....

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

**NAME & ADDRESS OF THE INSTITUTE/HOSPITAL**

ANNEXURE

Certificate No. .... Date .....

**DISABILITY CERTIFICATE**

Recent photograph of the candidate showing the disability duly attested by the Chairperson of the Medical Board

This is to certify that Shri/Smt/Kum..... son/wife/ daughter of Shri ..... age ..... Sex ..... Identification mark (c) ..... is suffering from permanent disability of following category.

A. Locomotor or cerebral palsy:

- BL-Both legs affected but not arms.
- BA-Both arms affected
  - Impaired reach
  - Weakness or grip
- BLA-Both legs and both arms affected
- OL-One leg affected (right or left)
  - Impaired reach
  - Weakness of grip
  - Ataxic
- OA-One arm affected
  - Impaired reach
  - Weakness of grip
  - Ataxic
- BH-Stiff back and hips (Cannot sit or stood)
- MW- Muscular weakness and limited physical endurance

B. Blindness or Low Vision:

- B-Blind
- PB-Partially Blind

C. Hearing impairment:

- D-Deaf
- PD-Partially Deaf

(Delete the category whichever is not applicable)

- 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.\*
- Percentage of disability in his/her case is ..... percent.
- Sh./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 & 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. ....) (Dr. ....) (Dr. ....)  
 Member Member Chairperson  
 Medical Board Medical Board Medical Board

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

\* Strike out which is not applicable सचिव