

PT. B.D.SHARMA UNIVERSITY OF HEALTH SCIENCES, ROHTAK
[www.uhsr.ac.in & www.pgimsrohtak.nic.in]

NOTIFICATION
Advt. No. 02/2019

It is hereby notified for the information of all candidates, who have applied for the posts of Staff Nurses advertised by the University vide Advt. No. 02/2019 (Closing date 15.05.2019) and appeared in Written/Screening test held on 22.11.2020, that their original documents will be verified at **Swarna Jayanti Sabhagar, Vice-Chancellor's Office, Pt. B.D. Sharma University of Health Sciences, Rohtak**. For this purpose, candidates 03 times of the advertised posts (category-wise), in order of merit of written/screening test with cut off marks, are invited. All candidates having identical marks obtained by the last candidate in the cutoff marks given here under in any category will be allowed to participate in documents verification process. The schedule for cutoff marks is given here under:

Category & No. of Post	Cutoff Marks		Date of Verification	Reporting Time
	Min.	Max.		
SC-85+11*= 96	42	70	07.12.2020	9:00 AM onwards
BCA-78	47	75	08.12.2020	
ESP BCA-03	28	44		
ESP BCB-03	27	43		
ESP GC-04	39	70		
ESP SC-05	24	65		
**PH (OA, OL)-08	19	54		
EWS-47	49	76	09.12.2020	
BCB-30+13*= 43	49	77		
ESM Gen-36	33	51		
ESM BCA-13	24	24		
General-167	57	61	10.12.2020	
	62	79	11.12.2020	
ESM SC-11*	No candidate available in this category.			
ESM BCB-13*				

Note:
2. *-The posts have been merged in the main category as no candidate was available in the category of ESM (SC and BCB).
2. Where no candidate was available in any category in the ratio of 1:3, all the candidates available in the category have been invited and included in the cut-off marks mentioned above.

All the appointments so made will be subject to final outcome of the CWP No. 13789/2019, CM-11760-CWP-2020 in CWP-13789-2019.

Contd...

PLEASE NOTE:

1. The **physical presence** of the candidates participating in the verification of documents is **essential**.
2. Candidates reporting for verification of documents are required to bring with them the following documents:-
 - i. One set of application form downloaded, with its enclosures and two latest passport size photographs.
 - ii. Category Certificate on the basis of which reservation has been claimed.
 - iii. Sports Certificate with gradation, if any, issued by the Sports and Youth Affairs Department.
 - iv. Certificates claiming weightage of marks under Socio Economic and Experience Criteria:
 - a. Certificates (for Orphan, Widow, De-notified tribe/Vimukt Jatis and Tapriwas Jatis) as prescribed by the Chief Secretary to Govt. of Haryana vide letter No. 22/28/2003-3GS-II dated 25.08.2018 (Refer *Annexure-I*) attached with this notice.
 - b. Undertaking for non-govt. employment, self-attested as per specimen available at *Annexure-II*.
 - c. Experience Certificate, if any, issued by the concerned Authority.
 - v. One ID Proof: Aadhar Card/Driving License/ Passport/Voter ID.
 - vi. Admit Card downloaded/ issued for appearing in the Written Screening Test held on 22.11.2020.
3. Original documents of Matriculation/ Higher Secondary/ GNM/ B.Sc.(N)/ M.Sc.(N) etc.
4. Registration Certificate with Haryana Nursing Council.

Note:

- All the appointments so made will be subject to final outcome of the CWP No. 13789/2019, CM-11760-CWP-2020 in CWP-13789-2019.
- No separate communication/ intimation will be given/ sent and no extension in time for document verification will be allowed.
- The candidature of the candidates who failed to appear, in person, alongwith all the required documents mentioned above, before the Scrutiny Committee, will be cancelled. No representative on behalf of any candidate will be allowed to participate in documents verification.
- All the documents, including documents relating to Socio Economic and Experience Criteria, will be subject to verification from the concerned Board/University/Council/District Administration.
- No TA/DA will be admissible for the purpose.
- Keeping in view of spread of COVID-19 Pandemic, all candidates are directed to wear the face mask/cover and maintain the social distancing.


03/12/2020
REGISTRAR

Government of Haryana
General Administration Department
General Services-III Branch
No. 22/28/2003-3GS-III

Annexure-I

Dated Chandigarh, the 25th August, 2018

To

1. All the Administrative Secretaries to Government Haryana.
2. All the Heads of Departments in the State of Haryana.
3. The Commissioners, Ambala/ Hisar/ Rohtak/ Gurugram Division.
4. All the CAs/MDs of all Boards/Corporations/Public Sector Undertakings in Haryana.
5. The Registrar General of Punjab & Haryana High Court, Chandigarh.
6. All the Deputy Commissioners in the State of Haryana.
7. The Registrars of all the Universities in the State of Haryana.

Subject: Regarding issuing the certificate in respect of Candidate who participate for the selection against Group - D posts in HSSC.

Sir/Madam,

I am directed to invite your kind attention to the subject cited above. The Government has adopted a new scheme for the candidates for selection to a post of group D. A total of maximum 100 marks will be available for scoring which include written examination for 90 marks and 10 marks for socio-economic and experience. In order to implement new scheme various certificate(s) shall be required to be obtained by potential candidates to avail the 10 marks of socio-economic criteria and experience.

Therefore, the following regulatory mechanism is hereby prescribed for seeking the said certificate:


Sr. No.	Kinds of Certificate	Application Form	Verifying Authority	Issuing Authority
1	Orphan Certificate	Annexure A-I	Member Panchayat/ Sarpanch/Councilor/ MLA/ MP of the concerned village/area/ constituency	Naib Tehsildar/ Tehsildar (Certificate in Annexure A- II)
2	Widow Certificate	Annexure B-I	Member Panchayat/ Sarpanch/Councilor/ MLA/ MP of the concerned village/area/ constituency	Naib Tehsildar/ Tehsildar (Certificate in Annexure B-II)
3	Certificate of De-notified tribe (Vimukt Jatis and Tapriwas jatis) or Nomadic Tribe of Haryana which is neither a SC nor a BC	As prescribed by the Revenue & Disaster Management Department	As prescribed by the Revenue & Disaster Management Department	As prescribed by the Revenue & Disaster Management Department

4	Experience Certificate of applicant	Application on plain paper to the head of the department or Appointing Authority	Any one chosen by the Appointing Authority	Appointing Authority (Certificate in Annexure D-I)
5	Non -employment Certificate	Annexure E- I		Self attested statement by applicant

The appointing Authorities or Recruitment Authorities as the case may be, are advised to obtain a self attested statement from the applicant in addition to the prescribed Performa to the effect that if at any stage the information provided in the Performa filled by him/her is found to be false, his/her services will be terminated on ground of furnishing wrong information. This termination of Service shall be done even if he/she would have made to the selection list without the marks for socio-economic criteria. In addition, criminal action for giving false information in the form of self attested statement shall be initiated against the applicant.

The above instructions may please be brought to the notice of all concerned for strict compliance.

Yours faithfully,


Superintendent, GS-III Branch,
for Chief Secretary to Government Haryana

INTERNAL DISTRIBUTION

Incharge- NIC for hosting the above instructions on the State Government website.

APPLICATION FORM FOR ORPHAN CERTIFICATE

To

The Naib Tehsildar/Tehsildar

Sub:-Issuance of Orphan Certificate

1	Name of Applicant (IN BLOCK LETTER)	
2	Date of Birth (enclose proof)	
3	Present Address, Village	
4	Post Office	
5	Police Station	
6	District	
7	Caste	
8	Father's Name	
9	Date of father's Death (enclose death certificate)	
10	Mother's Name	
11	Date of mother's Death (enclose death certificate)	
12	Name of Guardian	
13	Relationship with Guardian	
14	Occupation	
15	Aadhaar No. (if any)/PAN Card No. (if any)/Voter ID No.(if any)	

Please issue me an "Orphan" Certificate.

Place:

Date:

Signature of applicant

Signature and Address of Witness

i)

ii)

VERIFICATION

I s/o Member Panchayat/Sarpanch/Councilor/MLA/MP of
concerned Village/area/constituency verified personally and statement furnished by the
applicant are correct to the best of my knowledge and belief.

Signature with seal of Member Panchayat/ Sarpanch/Councilor/MLA/MP
of the concerned Village/area/constituency

Annexure-A-II

**GOVERNMENT OF HARYANA
ORPHAN CERTIFICATE**

No. Date :

Certified that the person with the details mentioned below is an orphan:-

1.	Name (IN BLOCK LETTER)	
2.	Date of Birth	
3.	Address	
4.	Post Office	
5.	Police Station	
6.	District	
7.	Caste	
8.	Father's Name	
9.	Date of father's Death (enclose death certificate)	
10.	Mother's Name	
11.	Date of mother's Death (enclose death certificate)	
13.	Name of Guardian	
14.	Relationship with Guardian	
15.	Occupation	
16.	Aadhaar No. (if any)/PAN Card No. (if any)/Voter ID No.(if any)	

This certificate is issued based on the details given in the application, verification report, local enquiry, facts and records produced by the applicant.

Signature with seal of the Naib Tehsildar/Tehsildar

Annexure-B-I

APPLICATION FORM FOR WIDOW CERTIFICATE

To
The Naib Tehsildar/Tehsildar

Sub:-Issuance of Widow Certificate.

Iwidow of Sh..... hereby give my particular as under:-

1.	Name of Applicant (IN BLOCK LETTER)	
2.	Address	
3.	Village	
4.	Tehsil	
5.	District	
6.	Post office with PIN Code	
7.	Name of Father/Mother	
8.	Name of Husband	
9.	Date of Death of Husband (Death Certificate to be attached)	
10.	Aadhaar No. (if any)/PAN Card No. (if any)/Voter ID No.(if any)	

Please issue me an "WIDOW" Certificate.

Place:-

Date

Signature of the Applicant

VERIFICATION

I s/o Member Panchayat/Sarpanch/Councilor/MLA/MP of concerned Village/area/constituency verified personally and statement furnished by the applicant are correct to the best of my knowledge and belief.

Signature with seal of Member Panchayat/ Sarpanch/Councilor/MLA/MP of the concerned Village/area/constituency

Annexure-B-II

**GOVERNMENT OF HARYANA
WIDOW CERTIFICATE**

No. Date :

Certified that the person with the details mentioned below is a widow:

1.	Name (IN BLOCK LETTER)	
2.	Address	
3.	Village	
4.	Tehsil	
5.	District	
6.	Post office with Pin Code	
7.	Name of Father/Mother	
8.	Name of Husband	
9.	Date of Death of Husband	
10.	Aadhaar No./PAN Card No./Voter ID No.(if any)	

This certificate is issued based on the details given in the application, Verification Report, local enquiry, facts and records produced.

Signature with seal of the Naib Tehsildar/Tehsildar

Experience Certificate

1. This is to certify that Shri/Smt/Ms/Kumari
son/daughter/wife of Shri
resident of..... village/town.....
Tehsil District
of the Haryana State/Union Territory has been serving as
(complete nomenclature of the post) in the office of.....
(Department/Board/Corporation /Company/ Statutory Body /Commission /Authority
of Government of Haryana or any State Government or Government of India.)

2. The period of engagement was from
to..... and the completed years and months are
..... (years & months).

3. The EPF account no. (if any) is/was

Place:
Date:

Signature with seal of Issuing Authority (Head of Office)
Full Name
Designation
Address
Telephone No. with code

UNDERTAKING

I.....Son/Daughter of
Age Years, R/o.....
District..... do hereby submit the following information for claiming marks under the socio-economic criteria namely:

- (1) That I have applied apply for the post of **Staff Nurse** against Advt. No. 02/19 advertised by Pt. B.D. Sharma University of Health Sciences, Rohtak.
- (2) That my Aadhar No./PAN Card No/Voter ID No. (If any) is
- (3) That neither the applicant nor any person from among his family viz father, mother, spouse, brothers and sons is, was or has been regular employee in any Department/ Board/ Corporation/ Company/Statutory Body/ Commission/Authority of Government of Haryana or any other State Government or Government of India.
- (4) That nobody as mentioned above, at Sr. No. 3, is/was in employment, hence, I am entitled to marks under the socio-economic criteria and the same may be awarded to me.
- (5) That I fully understand that the marks are given on the basis of information supplied by me and if at any stage the information given by me is found wrong then not only my service can be terminated on the ground of supply of wrong information even if without these marks also my name would have figured within the Selected/Recommended list. I also understand that criminal action can be taken against me for providing wrong/false information.
- (6) That the deponent shall not take advantage of the certificate(s) issued by the Competent Authority if in the meantime any other eligible person in my family obtains the benefits thereof in the recruitment.

Place:

Deponent

Date:

VERIFICATION

Verified that the contents given in the above paras are true to the best of my knowledge and belief and nothing has been concealed therein.

Place:

Deponent

Date: