



UTTAR PRADESH PUBLIC SERVICE COMMISSION

Advertisement No.-
D-6/E-1/2025
Date: 22.12.2025

DATE OF COMMENCEMENT OF ONLINE APPLICATION: 22.12.2025

LAST DATE FOR THE PAYMENT OF ONLINE APPLICATION FEE IN THE BANK & SUBMISSION OF ONLINE APPLICATION: 22.01.2026

LAST DATE FOR CORRECTION/MODIFICATION IN SUBMITTED ONLINE APPLICATION AND FEE RECONCILIATION : 29.01.2026

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.
 (4) It is clarified to the candidates that at the stage of Screening examination, the hard copy of the documents and Online Application should not be sent to the commission.
 (5) The candidates must send hard copy of their on-line applications and enclose self attested copies of all marksheets and certificates in support of their claims rendered in the online application when asked for. In this connection, a separate press communique shall be published in due course 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 of fee submission.
 (b) Candidates are directed to visit the website of the commission continuously for updates. 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 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 three 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' process will be completed in following four stages :-

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, then '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.

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

Note: It is mandatory to make payment of fee in the bank for '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 for correction/modification and time fixed for it.

Special Instructions

(1) The category, sub-category, domicile, gender, date of birth, E.W.S., creamy layer, name and address as claimed by the candidates till the last date/modification date of online application only will be considered valid. No representation for any change will be entertained after the last date. On fetching wrong information, the candidature will be treated as cancelled.

(2) If at any stage, it comes to the knowledge of the commission that the candidate has concealed or misrepresented any information, his/her candidature shall be rejected and proceeding to debar him/her from this examination and all future examinations and selections and also other punitive actions shall be initiated.

(3) 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.

(4) 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.

(5) The candidature of such candidates who are subsequently found ineligible according to the terms laid down in advertisement will be cancelled and their any claim for the examination will not be entertained. The decision of the Commission regarding candidature/selection of the candidates shall be final.

(6) The application/candidature will be rejected/cancelled, if the application form is not submitted on prescribed format, date of birth is not mentioned or wrong date of birth is mentioned, overage or under age, does not possess the minimum educational qualifications, applications received after last date and cases of no signature under declaration in the format and no correspondence/representation in this regard shall be entertained.

(7) 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 entertainable even at preliminary stage, 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.

(8) 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.

(9) (a) After the screening examination or when asked for candidates must submit the hard copy of their online application alongwith self-attested copies of all marksheets and certificates in support of all claims made in the online application and any other information/document required by the advertisement within the prescribed period as per the Commission's instructions; otherwise, their candidature will be cancelled.

(b) In case the candidates present at the time of document verification do not present the required documents, it will be mandatory for them to submit the same within the period prescribed for this purpose as per the decision of the Hon'ble commission. In case the candidate does not present the required documents within the said period, the candidature of the candidate will be cancelled. If any candidate does not appear for document verification on the date prescribed for verification of original documents, assuming that he/she is not interested for the post in question, his candidature will be cancelled.

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 |

1- Uttar Pradesh Livestock Department

Department No.: S-2/08, Name of the Post:- Veterinary Officer

Number of Vacancies:-

Total	UR	S.C.	S.T.	O.B.C.	E.W.S.	D.F.F.	P.H.	Ex. Servicemen	Female
404	243	84	37	00	40	08	16	20	80

Nature of Post:- Group-B, Gazetted, **Pay Scale:-** Level-10, Grade Pay: Rs. 5400/- Rs. 15600- 39100/- **Age Limit:-** 21 year to 40 year (Age relaxation is permissible as per rules.).

Academic Qualifications:- (A) Essential Qualification:-

(1) A degree of Bachelor of Veterinary Science and Animal Husbandry (B.V.Sc. & A.H.) from a University established by law in India or a degree recognised by the Government as equivalent thereto or other recognised Veterinary qualification as defined in clause (c) of section 2 of the Indian Veterinary Council Act, 1984 (Act no. 52 of 1984) as amended from time to time.

<p>(2) Must be duly registered with the Uttar Pradesh Veterinary Council.</p> <p>Equivalent Qualification:- श्री.वी.एस.सी. (बैचलर ऑफ वेटरनरी साइंस), श्री.वी.वी.सी. (ऐजुएट ऑफ बंगाल वेटरनरी कॉलेज) या ऐजुएट ऑफ वेटरनरी कॉलेज वार्षिक वेटरनरी कॉलेज, एल.वी.पी.कॉ. (लाइसेंस वेटरनरी प्रैक्टिशनर) तथा अधिनियम की कॉलेज वेटरनरी में जारी रखिए एम.जी.सी.वी.एस. (मैनर ऑफ वेटरनरी सर्जन), श्री.वी.एस.डि. (बैचलर ऑफ वेटरनरी मेडिसिन), श्री.वी.एम. (बैचलर ऑफ वेटरनरी मेडिसिन), श्री.वी.एस.सी. (बैचलर ऑफ वेटरनरी साइंस)।</p> <p>(B) Preferential Qualification:-</p> <p>A candidate, other things being equal shall be given preference in the matter of direct recruitment, if he has-</p> <ol style="list-style-type: none"> Experience of Extension Work; or Training under Family Welfare served in the Territorial Army for a minimum period of two years; <p>or</p> <ol style="list-style-type: none"> obtained a 'B' certificate of National Cadet Corps. <p>Note:- PH-subcategories are not notified/identified for the above post.</p>											
<p>Relevant Service Rules of the Post</p> <ul style="list-style-type: none"> The Uttar Pradesh Secretariat Legislative Department Officers Service Rules, 2013 (as amended) 											
<p>3- DIRECTORATE GENERAL OF FAMILY WELFARE, UTTAR PRADESH</p> <p>Department No.:- S-6/03, Name of the Post:- Swasthya Shiksha Adhikari</p> <p>Number of Vacancies:-</p>											
Total Post	UR	S.C.	S.T.	O.B.C.	E.W.S.	D.F.F.	P.H.	Ex. Servicemen	Female		
221	143	21	15	20	22	04	00	11	44		
<p>Nature of Post:- Group-B, Gazetted, Pay Scale:- Level-7, Rs. 44900-142400/-, Age Limit:- 21 year to 40 year (Age relaxation is permissible as per rules.).</p> <p>Academic Qualifications:- (A) Essential Qualification:-</p> <p>A candidate for direct recruitment must possess a Master's Degree from a recognised University in Sociology or any subject of Social Science.</p> <p>नोट:- शासन के पत्र सं-518 / 5-10-2024, दिनांक-30-10-2024 के अनुसार अनिवार्य शिक्षक अर्हता में शामिल सामाजिक विज्ञान के किसी विषय में स्नातकोत्तर उपाधि की अंतर्गत (1) सोशियोलॉजी (2) एप्लिकेशन्स (3) साइकोलॉजी (4) सोशल साइकोलॉजी (5) पॉलिटेक्निक साइंस (6) ज्योग्राफी (7) हिस्ट्री और (8) इकोनॉमिक्स शामिल हैं।</p> <p>(B) Preferential Qualification:-</p> <p>A candidate, other things being equal shall be given preference in the matter of direct recruitment, if he has-</p> <ol style="list-style-type: none"> Experience of Extension Work; or Training under Family Welfare served in the Territorial Army for a minimum period of two years; <p>or</p> <ol style="list-style-type: none"> obtained a 'B' certificate of National Cadet Corps. <p>Note:- PH-subcategories are not notified/identified for the above post.</p>											
<p>Relevant Service Rules of the Post</p> <ul style="list-style-type: none"> The Uttar Pradesh Extension Educators Service Rules, 1985 (as amended) 											
<p>4- Food Safety and Drug Administration, Uttar Pradesh</p> <p>Department No.:- S-6/04, Name of the Post:- Inspector of Drugs</p> <p>Number of Vacancies:-</p>											
Total Post	UR	S.C.	S.T.	O.B.C.	E.W.S.	D.F.F.	P.H.	Ex. Servicemen	Female		
22	11	05	00	08	02	00	01	(L.V.-01)	01	05	
<p>Nature of Post:- Group-B, Gazetted, Pay Scale:- Level-8, Rs. 47600-151100/-, Age Limit:- 21 year to 40 year (Age relaxation is permissible as per rules.).</p> <p>Academic Qualifications:- (A) Essential Qualification:-</p> <ol style="list-style-type: none"> Degree in Pharmacy or Pharmaceutical Sciences or Medicine with specialization in Clinical Pharmacology or Microbiology or equivalent from a recognized University; (a) Eighteen months' experience in the manufacture of at least one of the substances specified in Schedule 'C' to the Drug and Cosmetics Rules 1945; or (b) Eighteen months' experience in testing of atleast one of the substances specified in Schedule 'C' to the Drugs and Cosmetics Rules, 1945 in a laboratory approved for this purpose by the licensing authority; or (c) Three years' experience in the inspection of firms manufacturing any of the substances specified in Schedule 'C' to the Drugs and Cosmetics Rules, 1945 during the tenure of their services as Drug Inspector of any State Government or Central Government. <p>सामक्ष अर्हता — श्री०फ०ग्रा या बैचलर इन साइंसेज या बैचलर इन विद्यालाइजेशन इन लैनिंग्सिकल कार्फामोलॉजी या मार्कोवोलॉजी या कार्फाम डी।</p> <p>(B) Preferential Qualification:-</p> <p>A candidate, who has-</p> <ol style="list-style-type: none"> served in the Territorial Army for a minimum period of two years; <p>or</p> <ol style="list-style-type: none"> obtained a 'B' certificate of National Cadet Corps, <p>shall other things being equal, be given preference in the matter of direct recruitment.</p> <p>नोट— अनिवार्य अर्हता, औषधि और प्रासादन सामग्री नियमावली, 1945 की अनुसार सामग्री 'ग' में विनिर्दिष्ट पदार्थों के सम्बन्ध में विज्ञापित अर्हता के अनुभव सक्षम अधिकारी द्वारा निर्गत अनुभव सम्बन्धी प्रमाण पत्र जो उस राज्य (जहाँ कर्मचारी/फॉम रिपोर्ट हो) के अधिकारी द्वारा नियंत्रित हो।</p> <p>Note:- PH-subcategories L.V., H.H., O.L. and Dw. are notified/identified for the above post.</p>											
<p>Relevant Service Rules of the Post</p> <ul style="list-style-type: none"> The Uttar Pradesh Legislative Department 											
Total Post	UR	S.C.	S.T.	O.B.C.	E.W.S.	D.F.F.	P.H.	Ex. Servicemen	Female		
157	65	38	00	39	15	03	06 (L.V.-03,O.L.-01, Dw.-01, A.A.V.-01)	07	31		
<p>Nature of Post:- Group-B, Gazetted, Pay Scale:- Level-10, Rs. 56100-177500/-, Age Limit:- 21 year to 40 year (Age relaxation is permissible as per rules).</p> <p>Academic Qualifications:- (A) Essential Qualification:-</p> <p>A candidate for direct recruitment to the Service must possess at least B.D.S. (Bachelor of Dental Surgery) degree from a recognised university or an equivalent qualification recognised by the Indian Dental Council.</p> <p>नोट— 1. अन्न-लाइन आवेदन की अन्तिम तिथि से पूर्व अनिवार्य रोटेटरी इन्टर्नशिप पूर्ण करने का प्रमाण—पत्र होना चाहिए।</p> <p>2. उपरोक्त डेंटल काउन्सिल में श्री०प०एस.कॉ का रजिस्ट्रेशन होना चाहिए।</p> <p>सामक्ष अर्हता — काइंस समकक्ष अर्हता नियारित नहीं है।</p> <p>(B) Preferential Qualification:-</p> <p>A candidate, who has-</p> <ol style="list-style-type: none"> served in the Territorial Army for a minimum period of two years; <p>or</p> <ol style="list-style-type: none"> obtained a 'B' certificate of National Cadet Corps, <p>shall other things being equal, be given preference in the matter of direct recruitment.</p> <p>Note:- PH-subcategories L.V., O.A., O.L., Dw. and A.A.V. are notified/identified for the above post.</p>											
<p>Relevant Service Rules Of the Post</p> <ul style="list-style-type: none"> The Uttar Pradesh Dental Surgeons Service Rules, 1979 (as amended) 											
Total Post	UR	S.C.	S.T.	O.B.C.	E.W.S.	D.F.F.	P.H.	Ex. Servicemen	Female		
157	65	38	00	39	15	03	06 (L.V.-03,O.L.-01, Dw.-01, A.A.V.-01)	07	31		
<p>Nature of Post:- Group-B, Gazetted, Pay Scale:- Level-10, Rs. 56100-177500/- Age Limit:- 21 year to 40 year (Age relaxation is permissible as per rules.).</p> <p>Academic Qualifications:- (A) Essential Qualification:-</p> <ol style="list-style-type: none"> A Degree in Ayurveda of a University established by law in India. <p>Five years degree or diploma in Ayurvedic of the Board of Indian Medicine, Uttar Pradesh.</p> <p>(b) Registration as a Vaidya with the Board of Indian Medicine, Uttar Pradesh and</p> <p>(c) Atleast six months Professional experience of State Ayurvedic or Allopathic Hospital or dispensary.</p> <p>(B) Preferential Qualification:-</p> <p>Post-graduate degree in Ayurvedic from a recognized institution.</p> <p>Note:- PH-subcategories L.V., O.A., O.L., L.C., Dw. and A.A.V. are notified/identified for the above post.</p>											
<p>Relevant Service Rules of the Post</p> <ul style="list-style-type: none"> The Uttar Pradesh State Medical (Ayurvedic and Unani) Service Rules, 1990 (as amended) 											
Total Post	UR	S.C.	S.T.	O.B.C.	E.W.S.	D.F.F.	P.H.	Ex. Servicemen	Female		
168	122	15	00	15	16	03	06 (L.V.-01, O.A.-01, O.L.-01, L.C.-01, Dw.-01, A.A.V.-01)	08	33		
<p>Nature of Post:- Group-B, Gazetted, Pay Scale:- Level-10, Rs. 56100-177500/- Age Limit:- 21 year to 40 year (Age relaxation is permissible as per rules.).</p> <p>Academic Qualifications:- (A) Essential Qualification:-</p> <ol style="list-style-type: none"> Degree in Ayurveda of a University established by law in India. <p>or</p> <p>Five years degree or diploma in Ayurvedic of the Board of Indian Medicine, Uttar Pradesh.</p> <p>(b) Registration as a Vaidya with the Board of Indian Medicine, Uttar Pradesh and</p> <p>(c) Atleast six months Professional experience of State Ayurvedic or Allopathic Hospital or dispensary.</p> <p>(B) Preferential Qualification:-</p> <p>Post-graduate degree in Ayurvedic from a recognized institution.</p> <p>Note:- PH-subcategories L.V., O.A., O.L., L.C., Dw. and A.A.V. are notified/identified for the above post.</p>											
<p>Relevant Service Rules of the Post</p> <ul style="list-style-type: none"> The Uttar Pradesh State Medical (Ayurvedic and Unani) Service Rules, 1990 (as amended) 											
Total Post	UR	S.C.	S.T.	O.B.C.	E.W.S.	D.F.F.	P.H.	Ex. Servicemen	Female		
168	122	15	00	15	16	03	06 (L.V.-01, O.A.-01, O.L.-01, L.C.-01, Dw.-01, A.A.V.-01)	08	33		
<p>Nature of Post:- Group-B, Gazetted, Pay Scale:- Level-10, Rs. 56100-177500/- Age Limit:- 21 year to 40 year (Age relaxation is permissible as per rules.).</p> <p>Academic Qualifications:- (A) Essential Qualification:-</p> <ol style="list-style-type: none"> Degree in Ayurveda of a University established by law in India. <p>or</p> <p>Five years degree or diploma in Ayurvedic of the Board of Indian Medicine, Uttar Pradesh.</p> <p>(b) Registration as a Vaidya with the Board of Indian Medicine, Uttar Pradesh and</p> <p>(c) Atleast six months Professional experience of State Ayurvedic or Allopathic Hospital or dispensary.</p> <p>(B) Preferential Qualification:-</p> <p>Post-graduate degree in Ayurvedic from a recognized institution.</p> <p>Note:- PH-subcategories L.V., O.A., O.L., L.C., Dw. and A.A.V. are notified/identified for the above post.</p>											
Total Post	UR	S.C.	S.T.	O.B.C.	E.W.S.	D.F.F.	P.H.	Ex. Servicemen	Female		
168	122	15	00	15	16	03	06 (L.V.-01, O.A.-01, O.L.-01, L.C.-01, Dw.-01, A.A.V.-01)	08	33		

<p>(Ayurvedic and Unani)</p> <p>Number of Vacancies:-</p> <table border="1"> <thead> <tr> <th>Total Post</th><th>UR</th><th>S.C.</th><th>S.T.</th><th>O.B.C.</th><th>E.W.S.</th><th>D.F.F.</th><th>P.H.</th><th>Ex. Servicemen</th><th>Female</th></tr> </thead> <tbody> <tr> <td>884</td><td>318</td><td>180</td><td>19</td><td>279</td><td>88</td><td>17</td><td>35 (L.V.-06, O.A.-06, O.L.-06, L.C.-06, Dw.-06, A.A.V.-05)</td><td>44</td><td>176</td></tr> </tbody> </table>										Total Post	UR	S.C.	S.T.	O.B.C.	E.W.S.	D.F.F.	P.H.	Ex. Servicemen	Female	884	318	180	19	279	88	17	35 (L.V.-06, O.A.-06, O.L.-06, L.C.-06, Dw.-06, A.A.V.-05)	44	176	<p>Recognised Diploma in Homoeopathy, the duration of study of which is not less than four years according to its syllabus or course.</p> <p>(II) The applicant should be duly registered with the Homoeopathic Medicine Board, Uttar Pradesh.</p> <p>(B) Preferential Qualification:- A candidate who has:-</p> <ul style="list-style-type: none"> (i) served in the Territorial Army for a minimum period of two years; or (ii) Obtained a 'B' certificate of National Cadet Corps shall, other things being equal, be given preference in the matter of direct recruitment. <p>Note:- PH-subcategories L.V., O.A., O.L., and A.A.V. are notified/identified for the above post.</p> <p>Relevant Service Rules of the Post</p> <ul style="list-style-type: none"> • The Uttar Pradesh Homeopathic Medical Service Rules, 1990 (as amended) <p>Note:- The numbers of Vacancies of all the department afore mentioned may increase/decrease depending upon the circumstances/requirements.</p>																																									
Total Post	UR	S.C.	S.T.	O.B.C.	E.W.S.	D.F.F.	P.H.	Ex. Servicemen	Female																																																														
884	318	180	19	279	88	17	35 (L.V.-06, O.A.-06, O.L.-06, L.C.-06, Dw.-06, A.A.V.-05)	44	176																																																														
										<p>Instructions related to the selection process</p> <ol style="list-style-type: none"> 1. Minimum educational qualification is not sufficient for being called for interview. Mere eligibility does not entitle a candidate to be called for interview or for selection. Intimation for interview will be sent later on. 2. By Notification No. 151-ayog/47-ka-4-2023/15/19/18, dated 29 October 2025, issued by the Personnel Department-4, the "Uttar Pradesh Public Service Commission (Direct Recruitment through Screening Examination) Regulations, 2025" have been promulgated and have come into force with immediate effect. Relevant provisions of aforesaid Regulations provides as follows: <ul style="list-style-type: none"> (a) Notwithstanding anything otherwise contained in relevant service rules regarding direct recruitment, the Commission may, hold Screening Examination for selection of suitable candidates for admission to interview. (b) Where a Screening Examination is held, only such candidates as qualify in the Screening Examination will be entitled for Interview as per the standard of the Commission. (c) The final merit order will be determined by adding 75% marks in screening test and 25% marks in interview. (d) The Screening Examination shall be held at places and on dates and time as is fixed by Commission. 3. Under the conditions of holding screening Examination (Objective Type), penalty (Negative Marking) shall be imposed for wrong answers given by the candidates in the manner given below- <ul style="list-style-type: none"> (a) There are four alternatives for the answer to every question. For each question for which a wrong answer has been given by the candidate, one third (0.33) of the marks assigned to that question will be deducted as penalty. (b) If a candidate gives more than one answer, it will be treated as wrong answer even if one of the given answer happens to be correct and there will be same penalty as above for that question. (c) If a question is left blank i.e. no answer is given by the candidate, there will be no penalty for that question. 4. At the time of examination, candidates must fill all the information sought on the OMR Answer Sheet correctly by blackening the concerned circles, which are decipherable by the scanner machine. The Commission will evaluate OMR Answer Sheet only on the basis of information given by blackening the concerned circles of OMR Answer Sheet. The candidates are also directed not to use whitener, blade, pin or rubber etc. on the OMR Answer Sheet. In case of not blackening the circles properly in the OMR Answer Sheet and filling any information incorrectly, the Commission shall not evaluate such OMR Answer Sheet for which candidates themselves shall be wholly responsible. 5. The minimum efficiency standard for S.C. and S.T. candidates is fixed 35% i.e. the Candidates of these Categories shall not be placed in the merit/select list if they have secured less than 35% marks in the Screening examination. Similarly, the minimum efficiency standard for the candidates of other categories is fixed 40% i.e. such candidates shall not be placed in the merit/select list if they have secured less than 40% marks in the screening examination. All such candidates who have secured less marks than the marks of minimum efficiency standard as fixed by the Commission shall be treated disqualifed. 																																																													
										<p>IMPORTANT INSTRUCTIONS</p> <ol style="list-style-type: none"> 1. The knowledge of Hindi is essential. 2. The date of calculation of age (except where indicated otherwise) is 1st July, 2025. The maximum age-limit shall be relaxable by five years for the candidates belonging to Scheduled Caste, Scheduled tribe, Other backward class, Skilled players of U.P. of Classified games (for the post of Group 'B' and 'C' only) (Only domiciled persons of U.P. are entitled for such age relaxation) and State Govt. Employees of U.P. including Teachers/ Staff of the Basic Shiksha Parishad of U.P. according to G.O. No. 1648/79-5-2015, dated 19 June, 2015 and Teachers/Staff of the Government Aided Madhyamik Vidyalayas of U.P. as per G.O. No. 1508/15-08-2015-3057, dated 16 September, 2015. The upper age limit shall also be greater by 3 years + period of service rendered in army for the emergency commissioned officers/short service commissioned officers/Ex-Army personnels of U.P. It is essential for them to be discharged from army upto the last date of receipt of application. Relaxation of 15 years in the upper age limit will be admissible to P.H. candidates. 3. Conditions of Eligibility: In case of emergency commissioned/short service commissioned officers (For age relaxation only):- In accordance with the provisions of the G.O. No. 22/10/1976-karmik-2-85, dated 30-1-1985 Emergency Commissioned/ Short Service Commissioned Officers who have not been released from Army but whose period of Army service has been extended for rehabilitation, may also apply for this examination/selection on the following conditions: (A) Such applicants will have to obtain a certificate of the competent authority of Army, Navy, Air Force to the effect that their period of Service has been extended for rehabilitation and no disciplinary action is pending against them. (B) Such applicants will have to submit in due course a written undertaking that in case they are selected for the post applied for, they will get themselves released immediately from the Army Service. The above facilities will not be admissible to Emergency/Short Service Commissioned Officers, if (a) he gets permanent Commission in the Army, (b) he has been released from the Army on tendering resignation, (c) he has been released from the Army on grounds of misconduct or physical disability or on his own request and who gets gratuity. 4. After receipt of application in the Commission, any request for change in the 																																																													
										<p>Relevant Service Rules of the Post</p> <ul style="list-style-type: none"> • The Uttar Pradesh State Medical (Ayurvedic and Unani) Service Rules, 2003 <p>8- DIRECTORATE OF UNANI UTTAR PRADESH</p> <p>Department No.:- S-11/30 , Name of the Post:- Chikitsa Adhikari (Unani)</p> <p>Number of Vacancies:-</p> <table border="1"> <thead> <tr> <th>Total Post</th> <th>UR</th> <th>S.C.</th> <th>S.T.</th> <th>O.B.C.</th> <th>E.W.S.</th> <th>D.F.F.</th> <th>P.H.</th> <th>Ex. Servicemen</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>25</td> <td>07</td> <td>08</td> <td>05</td> <td>03</td> <td>02</td> <td>00</td> <td>01 (O.L.-01)</td> <td>01</td> <td>05</td> </tr> </tbody> </table> <p>Nature of Post:- Group-B, Gazetted, Pay Scale:- Level-10, Rs. 56100-177500/-, Age Limit:- 21 year to 40 year (Age relaxation is permissible as per rules.).</p> <p>Academic Qualifications:- (A) Essential Qualification:-</p> <ul style="list-style-type: none"> (a) A degree in Unani Tib of a University established by law in India. or Five years degree or diploma in Unani Tib of the Board of Indian Medicine, Uttar Pradesh. (b) Registration as a Hakeem with the Board of Indian Medicine, Uttar Pradesh and (c) At least six months Professional experience of State Unani or Allopathic Hospital or dispensary. <p>(B) Preferential Qualification:-</p> <p>Post-graduate degree in Unani Tib from a recognized institution.</p> <p>Note:- PH-subcategories L.V., O.A., O.L., and A.A.V. are notified/identified for the above post.</p> <p>Relevant Service Rules of the Post</p> <ul style="list-style-type: none"> • The Uttar Pradesh State Medical (Ayurvedic and Unani) Service Rules, 2003 <p>9- LABOUR DEPARTMENT UTTAR PRADESH</p> <p>Department No.:- S-11/31, Name of the Post:- Chikitsa Adhikari (Homoeopathic)</p> <p>Number of Vacancies:-</p> <table border="1"> <thead> <tr> <th>Total Post</th> <th>UR</th> <th>S.C.</th> <th>S.T.</th> <th>O.B.C.</th> <th>E.W.S.</th> <th>D.F.F.</th> <th>P.H.</th> <th>Ex. Servicemen</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>07</td> <td>06</td> <td>01</td> <td>00</td> <td>00</td> <td>00</td> <td>00</td> <td>00</td> <td>00</td> <td>01</td> </tr> </tbody> </table> <p>Nature of Post:- Group-B, Gazetted, Pay Scale:- Level-10, Rs. 56100-177500/-, Age Limit:- 21 year to 40 year (Age relaxation is permissible as per rules.).</p> <p>Academic Qualifications:- (A) Essential Qualification:-</p> <ul style="list-style-type: none"> (i) A recognised degree in Homoeopathy, the duration of study of which is not less than five years according to its syllabus or course; or A recognised Diploma in Homoeopathy, the duration of study of which is not less than four years according to its syllabus or course: Provided that preference will be given to degree holders. (ii) The applicant should be duly registered with the Homoeopathic Medicine Board, Uttar Pradesh. <p>(B) Preferential Qualification:- A candidate who has:-</p> <ul style="list-style-type: none"> (i) served in the Territorial Army for a minimum period of two years; or (ii) obtained a 'B' certificate of National Cadet Corps shall, other things being equal, be given preference in the matter of direct recruitment. <p>Note:- PH-subcategories are not notified/identified for the above post.</p> <p>Relevant Service Rules Of the Post</p> <ul style="list-style-type: none"> • The Uttar Pradesh Employees' State Insurance Labour Medical Service (Homoeopathic) Rules, 1999 <p>10- Directorate of Homoeopathy Uttar Pradesh</p> <p>Department No.:- S-11/32, Name of the Post:- Homoeopathic Medical Officer</p> <p>Number of Vacancies:-</p> <table border="1"> <thead> <tr> <th>Total Post</th> <th>UR</th> <th>S.C.</th> <th>S.T.</th> <th>O.B.C.</th> <th>E.W.S.</th> <th>D.F.F.</th> <th>P.H.</th> <th>Ex. Servicemen</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>265</td> <td>108</td> <td>55</td> <td>5</td> <td>71</td> <td>26</td> <td>05</td> <td>10 (L.V.-03, O.L.-03, A.A.V.-04)</td> <td>13</td> <td>53</td> </tr> </tbody> </table> <p>Nature of Post:- Group-B, Gazetted, Pay Scale:- Level-10, Rs. 56100-177500/-, Age Limit:- 21 year to 40 year (Age relaxation is permissible as per rules.).</p> <p>Academic Qualifications:- (A) Essential Qualification:-</p> <ul style="list-style-type: none"> (i) A recognised degree in Homoeopathy, the duration of study of which is not less than five years according to its syllabus or course. or 		Total Post	UR	S.C.	S.T.	O.B.C.	E.W.S.	D.F.F.	P.H.	Ex. Servicemen	Female	25	07	08	05	03	02	00	01 (O.L.-01)	01	05	Total Post	UR	S.C.	S.T.	O.B.C.	E.W.S.	D.F.F.	P.H.	Ex. Servicemen	Female	07	06	01	00	00	00	00	00	00	01	Total Post	UR	S.C.	S.T.	O.B.C.	E.W.S.	D.F.F.	P.H.	Ex. Servicemen	Female	265	108	55	5	71	26	05	10 (L.V.-03, O.L.-03, A.A.V.-04)	13	53
Total Post	UR	S.C.	S.T.	O.B.C.	E.W.S.	D.F.F.	P.H.	Ex. Servicemen	Female																																																														
25	07	08	05	03	02	00	01 (O.L.-01)	01	05																																																														
Total Post	UR	S.C.	S.T.	O.B.C.	E.W.S.	D.F.F.	P.H.	Ex. Servicemen	Female																																																														
07	06	01	00	00	00	00	00	00	01																																																														
Total Post	UR	S.C.	S.T.	O.B.C.	E.W.S.	D.F.F.	P.H.	Ex. Servicemen	Female																																																														
265	108	55	5	71	26	05	10 (L.V.-03, O.L.-03, A.A.V.-04)	13	53																																																														

<p>जिलाधिकारी/अतिरिक्त जिलाधिकारी/सिटी मजिस्ट्रेट/परगना मजिस्ट्रेट/ तहसीलदार।</p> <p style="text-align: center;">(प्रपत्र-1) उत्तर प्रदेश सरकार कार्यालय का नाम.....</p> <p>आर्थिक रूप से कमज़ोर वर्ग के सदस्य द्वारा प्रस्तुत किया जाने वाला आय एवं परिसम्पत्ति प्रमाण-पत्र</p> <p>प्रमाण पत्र संख्या..... दिनांक</p> <p>वित्तीय वर्ष के लिए मान्य प्रमाणित किया जाता है कि श्री/ श्रीमती/ कुमारी पुत्र/ पति/ पुत्री ग्राम/ कस्बा..... पोर्टर ऑफिसर थाना तहसील जिला राज्य पिन कोड के स्थानी निवासी हैं, जिनका फोटोग्राफ नीचे, अधिकारियाँ देखते ही, आर्थिक रूप से कमज़ोर वर्ग के सदस्य हैं, वर्तीय वर्ष में इनके परिवार की कुल वार्षिक आय 8 लाख (आठ लाख रुपये मात्र) से कम है। इनके परिवार के स्वामित्व में निम्नलिखित में से कोई भी परिसम्पत्ति नहीं है।</p> <p>I. 5 (पाँच) एकड़ कृषि योग्य भूमि अथवा उससे ऊपर। II. एक हजार वर्ग फीट अथवा इससे अधिक क्षेत्रफल का फ्लैट। 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।</p> <p>2. श्री/ श्रीमती/ कुमारी जाति के सदस्य हैं जो अनुसूचित जाति, अनुसूचित जनजाति आद्य उससे ऊपरी वर्गों के रूप में अधिसूचित नहीं हैं।</p> <p style="border: 1px solid black; padding: 5px; display: inline-block;">आवेदक का पासपोर्ट साइज का अधिकारियाँ प्रमाणित फोटोग्राफ</p> <p>हस्ताक्षर (कार्यालय का मुद्र सहित) पूरा नाम पदनाम जिलाधिकारी/ अतिरिक्त जिलाधिकारी/सिटी मजिस्ट्रेट/परगना मजिस्ट्रेट/ तहसीलदार।</p>		<p>Signature/thumb impression of the person in whose favour certificate of disability is issued</p> <p>Countersigned by the Chief Medical Officer (with seal)</p>																																																																																																													
<p>Form-III Certificate of Disability (In cases of multiple disabilities) (Name and Address of the Medical Authority/Board issuing the Certificate)</p>																																																																																																															
<p>Recent passport size attested photograph (showing face only) of the person with disability</p>																																																																																																															
<p>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:</p>																																																																																																															
<p>(A) he/she is a case of Multiple Disability. His/her extent of</p>																																																																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>S. N.</th> <th>Disability</th> <th>Affected part of body</th> <th>Diagnosis</th> <th>Permanent physical impairment/mental disability (in%)</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Locomotor disability</td> <td>@</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td>Muscular Dystrophy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td>Leprosy cured</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td>Dwarfism</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5.</td> <td>Cerebral Palsy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>6.</td> <td>Acid attack Victim</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7.</td> <td>Low Vision</td> <td>#</td> <td></td> <td></td> </tr> <tr> <td>8.</td> <td>Blindness</td> <td>#</td> <td></td> <td></td> </tr> <tr> <td>9.</td> <td>Deaf</td> <td>£</td> <td></td> <td></td> </tr> <tr> <td>10.</td> <td>Hard of Hearing</td> <td>£</td> <td></td> <td></td> </tr> <tr> <td>11.</td> <td>Speech and Language disability</td> <td></td> <td></td> <td></td> </tr> <tr> <td>12.</td> <td>Intellectual Disability</td> <td></td> <td></td> <td></td> </tr> <tr> <td>13.</td> <td>Specific Learning Disability</td> <td></td> <td></td> <td></td> </tr> <tr> <td>14.</td> <td>Autism Spectrum Disorder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15.</td> <td>Mental illness</td> <td></td> <td></td> <td></td> </tr> <tr> <td>16.</td> <td>Chronic Neurological Conditions</td> <td></td> <td></td> <td></td> </tr> <tr> <td>17.</td> <td>Multiple sclerosis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>18.</td> <td>Parkinson's disease</td> <td></td> <td></td> <td></td> </tr> <tr> <td>19.</td> <td>Haemophilia</td> <td></td> <td></td> <td></td> </tr> <tr> <td>20.</td> <td>Thalassemia</td> <td></td> <td></td> <td></td> </tr> <tr> <td>21.</td> <td>Sickle Cell disease</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		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			
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																																																																																																														
<p>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 all permanent physical impairment as per guidelines (.....number and date of issue of the guidelines to be specified), is follows:</p>																																																																																																															
<p>In figures.....percent. In words.....percent</p>																																																																																																															
<p>2. This condition is progressive/non-progressive/likely to improve/not likely to improve.</p>																																																																																																															
<p>3. Reassessment of disability is:-</p>																																																																																																															
<p>(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 £ - e.g. Left/Right/both ears</p>																																																																																																															
<p>4. The applicant has submitted the following document as proof of residence:-</p>																																																																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Nature of Document</th> <th>Date of Issue</th> <th>Details of authority issuing certificate</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Nature of Document	Date of Issue	Details of authority issuing certificate																																																																																																											
Nature of Document	Date of Issue	Details of authority issuing certificate																																																																																																													
<p>5. Signature and seal of the Medical Authority.</p>																																																																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Name and Seal of Member</th> <th>Name and Seal of Member</th> <th>Name and Seal of the Chairperson</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="text-align: center; padding: 5px;"> <p>Signature/thumb impression of the person in whose favour certificate of disability is issued</p> </td> </tr> </tbody> </table>		Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson	<p>Signature/thumb impression of the person in whose favour certificate of disability is issued</p>																																																																																																										
Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson																																																																																																													
<p>Signature/thumb impression of the person in whose favour certificate of disability is issued</p>																																																																																																															
<p>Countersigned by the Chief Medical Officer (with seal)</p>																																																																																																															
<p>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)</p>																																																																																																															
<p>Recent passport size attested photograph (showing face only) of the person with disability</p>																																																																																																															

Certificate No. 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 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

4. Signature and seal of the Medical Authority.

Nature of Document	Date of Issue	Details of authority issuing certificate
Signature/thumb impression of the person in whose favour certificate of disability is issued Countersigned by the Chief Medical Officer (with seal)		

उत्तर प्रदेश लोक सेवा (शारीरिक रूप से विकलांग, स्वतंत्रता संग्राम सेनानियों के आक्रितों और मूलपूर्व संसिकों के लिये आरक्षण), अधिनियम, 1993 (यथासंशोधित) के अनुसार स्वतंत्रता संग्राम सेनानी के आक्रित 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 लिये आरक्षण) अधिनियम, 1993 के अनुसार स्वतंत्रता संग्राम सेनानी हैं और श्री / श्रीमती / कुमारी (आक्रित) पुत्र / पुत्री / पोता (पुत्र का पुत्री का पुत्र) तथा पौत्री (पुत्र की पुत्री या पुत्री की पुत्री) (विवाहित अथवा अविवाहित) उपराक्षित अधिनियम, 1993 (यथासंशोधित) के प्राविधिकों के अनुसार उक्त श्री / श्रीमती (स्वतंत्रता संग्राम सेनानी) के आक्रित हैं।

स्थान:
 दिनांक:
 हस्ताक्षर:
 पूरा नाम:
 पदनाम:
 मुहर:
 जिलाधिकारी (सील)

कुशल खिलाड़ियों के लिये प्रमाण-पत्र जो उ.प. के मूल निवासी हैं

संस्कार-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 अन्तरराष्ट्रीय प्रतियोगिता में भाग लेने वाले खिलाड़ी के लिये सम्बन्धित खेल की प्रतियोगिता/टूर्नामेंट रथान का नाम राज्य सरकार की सेवाओं/पदों पर नियुक्ति के लिए कुशल खिलाड़ियों के लिए प्रमाण-पत्र

(मान्यता प्राप्त क्रीड़ा/खेल में अपने प्रदेश की ओर से राष्ट्रीय प्रतियोगिता में भाग लेने वाले खिलाड़ी के लिये) सम्बन्धित खेल की प्रतियोगिता एवं एसोसिएशन का नाम राज्य सरकार की सेवाओं/पदों पर

निवासी (पूरा नाम) ने दिनांक से दिनांक तक में (क्रीड़ा / खेल-कूद का नाम) की प्रतियोगिता (टूर्नामेंट रथान का नाम) आयोजित राष्ट्रीय में (क्रीड़ा / खेल-कूद का नाम) की प्रतियोगिता (टूर्नामेंट में प्रदेश की ओर से भाग लिया)। उनके टीम के द्वारा उक्त प्रतियोगिता/टूर्नामेंट में रथान प्राप्त किया गया। यह प्रमाण-पत्र डीन ऑफ स्पोर्ट्स अथवा इंवार्ज खेल कूद विश्वविद्यालय में उपलब्ध रिकार्ड के आधार पर दिया गया है।

राज्य
 हस्ताक्षर
 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 - 2

(मान्यता प्राप्त क्रीड़ा/खेल में अपने प्रदेश की ओर से राष्ट्रीय प्रतियोगिता में भाग लेने वाले खिलाड़ी के लिये) सम्बन्धित खेल की प्रतियोगिता एवं एसोसिएशन का लिए प्रमाण-पत्र

प्रमाणित किया जाता है कि श्री / श्रीमती / कुमारी आमजन / पत्नी / आत्मजा श्री निवासी (पूरा नाम) विश्वविद्यालय की ओर से अन्तर्रिंश्वविद्यालय प्रतियोगिता में भाग लेने वाले खिलाड़ियों के लिए प्रमाण-पत्र

प्रमाणित किया जाता है कि श्री / श्रीमती / कुमारी आमजन / पत्नी / आत्मजा श्री निवासी (पूरा नाम) विश्वविद्यालय की ओर से अन्तर्रिंश्वविद्यालय (क्रीड़ा / खेल-कूद का नाम) में आयोजित अन्तर्रिंश्वविद्यालय (क्रीड़ा / खेल-कूद का नाम) प्रतियोगिता/टूर्नामेंट में विश्वविद्यालय की ओर से भाग लिया। उनके टीम के द्वारा उक्त प्रतियोगिता/टूर्नामेंट में रथान प्राप्त किया गया। यह प्रमाण-पत्र डीन ऑफ स्पोर्ट्स अथवा इंवार्ज खेल कूद विश्वविद्यालय में उपलब्ध रिकार्ड के आधार पर दिया गया है।

राज्य
 हस्ताक्षर
 नाम
 पद
 संस्था का नाम
 मुहर
 नोट: यह प्रमाण-पत्र विश्वविद्यालय के डीन ऑफ स्पोर्ट्स या इंवार्ज खेल-कूद द्वारा व्यक्तिगत रूप से किये गये हस्ताक्षर होने पर ही मान्य होगा।

प्रारूप - 3

(मान्यता प्राप्त क्रीड़ा/खेल में अपने विश्वविद्यालय की ओर से अन्तर्रिंश्वविद्यालय प्रतियोगिता में भाग लेने वाले खिलाड़ी के लिये) विश्वविद्यालय 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 आमजन / पत्नी / आत्मजा श्री निवासी (पूरा नाम) विश्वविद्यालय की ओर से अन्तर्रिंश्वविद्यालय (क्रीड़ा / खेल-कूद का नाम) में आयोजित अन्तर्रिंश्वविद्यालय (क्रीड़ा / खेल-कूद का नाम) प्रतियोगिता/टूर्नामेंट में विश्वविद्यालय की ओर से भाग लिया। उनके टीम के द्वारा उक्त प्रतियोगिता/टूर्नामेंट में रथान प्राप्त किया गया। यह प्रमाण-पत्र डीन ऑफ स्पोर्ट्स अथवा इंवार्ज खेल कूद विश्वविद्यालय में उपलब्ध रिकार्ड के आधार पर दिया गया है।

राज्य
 हस्ताक्षर
 नाम
 पद
 संस्था का नाम
 मुहर
 नोट: यह प्रमाण-पत्र विश्वविद्यालय के डीन ऑफ स्पोर्ट्स या इंवार्ज खेल कूद विश्वविद्यालय में उपलब्ध रिकार्ड के आधार पर दिया गया है।

प्रारूप - 4

(मान्यता प्राप्त क्रीड़ा/खेल में अपने स्कूल की ओर से राष्ट्रीय खेल-कूद में भाग लेने वाले खिलाड़ी के लिये) डाइरेक्टर ऑफ पब्लिक इन्स्ट्रक्शन्स/निदेशक, शिक्षा, उत्तर प्रदेश राज्य सरकार की सेवाओं/पदों पर नियुक्ति के लिए कुशल खिलाड़ियों के लिए प्रमाण-पत्र

प्रमाणित किया जाता है कि श्री / श्रीमती / कुमारी आमजन / पत्नी / आत्मजा श्री निवासी (पूरा नाम) नियासी (पूरा नाम) 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/टूर्नामेंट में स्कूल की ओर से भाग लिया। उनके टीम के द्वारा उक्त प्रतियोगिता/टूर्नामेंट में रथान प्राप्त किया गया। यह प्रमाण-पत्र डाइरेक्टर ऑफ पब्लिक इन्स्ट्रक्शन्स/शिक्षा में उपलब्ध रिकार्ड के आधार पर दिया गया है।

राज्य
 हस्ताक्षर
 नाम
 पद
 संस्था का नाम
 मुहर
 नोट: यह प्रमाण-पत्र निदेशक/या अतिरिक्त/संयुक्त या उपनिदेशक डाइरेक्टर ऑफ पब्लिक इन्स्ट्रक्शन्स/शिक्षा द्वारा व्यक्तिगत रूप से हस्ताक्षर होने पर मान्य होगा।

Secretary