DIRECT RECRUITMENT OF BOAT CREW PERSONNEL
CERTIFICATE(S) VERIFICATION AND MEDICAL EXAMINATION


2. It is intimated that you have been **provisionally selected** for the said post subject to the following:

   (a) The relative merit position secured in the written examination and having qualified swimming test.

   (b) Medical Examinations and Fitness.

   (c) Verification of original certificates like educational, caste, PWD, Sports Certificates etc.

   (d) Verification of Character and Antecedents.

   (e) Final outcome of Court cases pending in the Hon’ble Courts, if any.

3. In view of the above, you are hereby requested to report to Manager (Human Resource Planning), Naval Dockyard, Visakhapatnam through **Kakatiya Gate by 0900 Hrs on 17 Jun 2019 but not later than three weeks** from the scheduled date i.e. **08 Jul 2019** along with the following original documents and two set of Xerox copies (duly self attested) of all certificates for further pre-appointment formalities like Verification of certificates, Medical Examination, etc.

   (a) Educational qualification certificates.

   (b) All Essential Experience certificates.

   (c) Latest Caste Certificate and PWD certificate as applicable.

   (d) Ex-Serviceman Discharge Book (as applicable)

   (e) Sports Certificate (in the format as applicable)
(f) No Objection Certificate issued by the competent authority for Departmental candidates.

(g) Photo Identity proof submitted at the time of Written Examination.

(h) Xerox copy of the originally filled in Application applied for the post in response to the Notification.

(i) Call letter issued by ND (V) for attending the Written Examination.

(k) Permanent Account Number (PAN) Card and Aadhar Card.

(l) Ten (10) latest passport size colour photographs.

(m) A Letter from appropriate authorities which has ‘Grade Point’ system converted into the percentage of marks scored in 10th standard.

4. You are further directed to refer Indian Navy Website link www.indiannavy.nic.in/content/NavalDockyardVisakhapatnam and download the following documents, make two sets of the same and submit the duly filled forms in all aspects while attending for certificate verification and medical examination:–

(a) Medical Examination Form

(b) Character Certificate

(c) Attestation Form

5. You are to report as per the schedule mentioned in the intimation letter along with the relevant certificates and photocopies as mentioned at Para 3 and 4 above without fail.

6. Reporting without the above mentioned certificates / documents will not be entertained.

7. In case, you do not report to this Yard within the stipulated time mentioned above, your candidature may be cancelled and appropriate action will be taken by this Yard to fill up the vacancy.

Yours faithfully,

(Dhanya Kumar Singh)
Commander
Manager (HRP) (AOL)
for Admiral Superintendent
GOVERNMENT OF INDIA, MINISTRY OF DEFENCE
NAVAL DOCKYARD, VISAKHAPATNAM

RECRUITMENT OF BOAT CREW PERSONNEL THROUGH DIRECT RECRUITMENT-
CERTIFICATE VERIFICATION AND
MEDICAL EXAMINATION SCHEDULE

1. Refer to the Notification published in the Employment News dated 14-20 Jul 18 inviting applications for the 09 posts of Boat Crew to be filled by Direct Recruitment uploaded in Indian Navy website. The Select List and Reserve list for the 07 posts of Boat Crew was declared on 23 May 19.

2. The Select list and Reserve list of candidates for 07 posts is uploaded in www.indiannavy.nic.in/content/naval-dockyard-visakhapatnam. All the selected candidates are requested to report to the Manager (Human Resource Planning), Naval Dockyard, Visakhapatnam through Kakatiya Gate. Based on the provisional select list, the Pre-Appointment letter has also been dispatched by registered post to all candidates qualified under the Select list and the pre-appointment formalities scheduled as follows:

<table>
<thead>
<tr>
<th>S.No</th>
<th>Posts</th>
<th>Date of Commencement</th>
<th>Last Date of Submission</th>
<th>No. of Candidates</th>
<th>Total Candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Master Grade II</td>
<td>17 Jun 19</td>
<td>08 Jul 19</td>
<td>5</td>
<td>41</td>
</tr>
<tr>
<td>(b)</td>
<td>Syrang of Lascar</td>
<td></td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td>Engine Driver II</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td>Engine Driver</td>
<td></td>
<td></td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>(e)</td>
<td>Greaser</td>
<td></td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>(f)</td>
<td>Fireman</td>
<td></td>
<td></td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>(g)</td>
<td>Lascar</td>
<td>18 Jun 19</td>
<td>09 Jul 19</td>
<td>46</td>
<td>46</td>
</tr>
</tbody>
</table>

Total 87

3. The candidates have been provisionally selected subject to the following:-

(a) The relative merit position secured in the written examination and having qualified swimming test.
(b) Medical Examinations and Fitness.
(c) Verification of original certificates like age, educational, caste, etc., as applicable.
(d) Verification of Character and Antecedents.
(e) All the candidates who have been appeared in the written examination and swimming test vide virtue of Hon’ble CAT(Hyd) orders in OA Nos. 270/2019, 271/2019, 277/2019, 278/2019, 279/2019, 290/2019, 291/2019, 299/2019, 303/2019 and 304/2019 results are kept in abeyance and subject to outcome of the court cases pending before the Hon’ble CAT(Hyd).

4. The selected candidates are to bring along with them the following Original documents along with two sets of Xerox copies (duly self attested) of all certificates for further pre-appointment formalities like Verification of certificates, Medical Examination, etc.:-

(a) Educational qualification certificates.
(b) All Essential Experience certificates.
(c) Latest Caste Certificate and PWD certificate as applicable.
(d) Ex-Serviceman Discharge Book (as applicable)
(e) Sports Certificate (in the format as applicable)
(f) No Objection Certificate issued by the competent authority for Departmental candidates.
(g) Photo Identity proof submitted at the time of Written Examination.
(h) Xerox copy of the originally filled in Application applied for the post in response to the Notification.
(i) Call letter issued by ND (V) for attending the Written Examination.
(j) Permanent Account Number (PAN) Card and Aadhar Card.
(k) Ten (10) latest passport size colour photographs.
(l) A Letter from appropriate authorities which has ‘Grade Point’ system converted into the percentage of marks scored in 10th standard.

5. Candidates are also directed to refer Indian Navy Website link www.indiannavy.nic.in/content/naval-dockyard-visakhapatnam and download the following documents, make two sets of the same and submit the duly filled forms in all aspects while attending for certificate verification and medical examination:-

(a) Medical Examination Form (Enclosure-1)
(b) Character Certificate (Enclosure-2)
(c) Attestation Form (Enclosure-3)

02 sets each

6. It may be noted that you have been placed in the “Select List” and “Reserve List” based on the position secured in written examination and having qualified in the swimming test. No bribe in cash or kind is required to be paid to anyone who-so-ever for your appointment. Any, canvassing or paying bribes directly or indirectly in cash or kind by the candidates will disqualify his/her candidature and termination of his/her service, if proved post recruitment.

7. Medical examination of selected candidates will be carried out by the KGH (V) authorities through PMO post certificate verification which is likely to take two to three days as per administrative contingencies. As such, outstation candidates would be required to stay for a period of 04-05 days. Outstation candidates are requested to make their necessary arrangements for stay at Visakhapatnam accordingly.

NOTE:-

1. Candidates not in possession of any of the above mentioned relevant certificates / documents will not be considered for selection.

2. While every care has been taken in preparing the above results, ND (V) shall not be responsible for any inadvertent errors. The Admiral Superintendent, Naval Dockyard, Visakhapatnam reserves the right to rectify errors and omissions, if any.

3. No correspondence will be entertained from the candidates not qualified.

Ref. No.HRP/8005/Boat Crew/18-19

Visakhapatnam
Dated: May 2019

Sd/-xxx
Deputy General Manager (HR)
for Admiral Superintendent
# ATTESTATION FORM

<table>
<thead>
<tr>
<th>WARNING</th>
</tr>
</thead>
<tbody>
<tr>
<td>The furnishing of false information or suppression of any factual information in the Attestation Form would be disqualification, and is likely to render the candidate unfit for employment under the Government.</td>
</tr>
<tr>
<td>If detained, arrested, prosecuted, bound down, fines convicted, debarred, acquitted etc., subsequent to the completion of submission of this form, the details should be communicated immediately to the authorities to whom the Attestation Form has been sent early, failing which it will be deemed to be suppression of factual information.</td>
</tr>
<tr>
<td>If, the fact that false information has been furnished or that there has been suppression of any factual information in the Attestation Form comes to notice at any time during the service of a person, his services would be liable to be terminated.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1</th>
<th>Name in Full (in BLOCK CAPITALS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Present Address in full (i.e., Village, Thana and District, or House No., Lane/Street/Road &amp; Town) :</td>
</tr>
<tr>
<td>3</td>
<td>Home Address in full (i.e., Village, Thana &amp; District, or House No., Lane/Street/Road and Town and name of District Headquarters)</td>
</tr>
<tr>
<td>4</td>
<td>Aadhar Card No.</td>
</tr>
<tr>
<td>5</td>
<td>PAN No.</td>
</tr>
<tr>
<td>6</td>
<td>Nationality</td>
</tr>
<tr>
<td>7</td>
<td>Date of Birth (DD/MM/YYYY)</td>
</tr>
<tr>
<td>(b)</td>
<td>Present age</td>
</tr>
<tr>
<td>(c)</td>
<td>Age at Matriculation</td>
</tr>
<tr>
<td></td>
<td>Place of Birth, District and State in which situated</td>
</tr>
<tr>
<td>---</td>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>(a)</td>
<td>District and State to which you belong</td>
</tr>
<tr>
<td>(b)</td>
<td>District and State which your father originally belong</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Your Religion</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Are you a member of a Scheduled (Answer Yes/No)</td>
</tr>
<tr>
<td>(b)</td>
<td>Caste/Scheduled Tribe?</td>
</tr>
</tbody>
</table>

Particulars of places (with periods of residence) where you have resided for more than one year at a time during the proceeding five years. In case of stay abroad (including Pakistan) particulars of all places where you have resided for more than one year after attaining the age of 21 years, should be given.

<table>
<thead>
<tr>
<th>From</th>
<th>Residential Address in full (i.e., Village, Thana &amp; District or House No. Lane/Street/Road &amp; Town)</th>
<th>To</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name (in full &amp; aliases if any)</th>
<th>Nationality (by birth &amp; or by domicile)</th>
<th>Place of Birth</th>
<th>Occupation if employed give designation &amp; official address</th>
<th>Present postal address (if dead give last address)</th>
<th>Permanent Home address</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Spouse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Information to be furnished with regard to son(s) and/or daughters in case they are studying/living in a foreign country:

<table>
<thead>
<tr>
<th>Name</th>
<th>Nationality by birth &amp; or by domicile</th>
<th>Place of Birth</th>
<th>Country in which studying/living with full address</th>
<th>Date from which studying/living in the country mentioned in the previous column</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Educational Qualification showing places of education with years in Schools and Colleges since 15th year of age:

<table>
<thead>
<tr>
<th>Name of School/College (with full address)</th>
<th>Date of Entering</th>
<th>Date of Leaving</th>
<th>Examination Passed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14 (a) Are you holding or have any time held an appointment under Central or State Government or a Semi-Government or a Quasi Government body or an autonomous body or a Public Sector Undertaking or a Private Firm or Institution? If so, give full particulars with date of employment up-to-date

<table>
<thead>
<tr>
<th>Period</th>
<th>Designation emoluments &amp; nature of employment</th>
<th>Full name &amp; address of employer</th>
<th>Reasons for leaving previous service</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(b) If the previous employment was under the Government of India/a State Government/ an undertaking owned or controlled by the Government of India or a State Government / a Autonomous Body/University/Local Body.
14. (b) If you had left service on giving a month’s notice under Rule 5 of the Central Civil Service (Temporary Service) Rules 1965, or any similar corresponding rules, where any disciplinary proceedings frame against you, or had you been called upon to explain your conduct in an matter at the time you gave notice of termination of service, or at a subsequent date(s), before your services are actually terminated?

15. (i) Have you ever been arrested? | Yes/No
   (b) Have you ever been prosecuted? | Yes/No
   (c) Have you ever been kept under detention? | Yes/No
   (d) Have you ever been fined by a Court of Law? | Yes/No
   (e) Have you ever been convicted by a court of Law for any Office? | Yes/No
   (f) Is any case pending against you in any Court of Law at the time or filling up this Attestation Form? | Yes/No
   (g) Whether discharged/expelled/withdrawn from any training/institution under the Government or otherwise? | Yes/No

If the answer to any of the above mentioned question is 'Yes' give full particulars of the case/arrest/detention/fine/conviction/sentence/punishment etc and/or the nature of the case pending in the Court/University/Educational Authority etc at the time of filling up this attestation form:

Notes: (i) Please also see the 'WARNING' at the top of this Attestation Form

(ii) Specific answers to each of the questions should be given by striking out 'Yes' or 'No' as the case may be.

16. Name of two responsible persons of your locality or two references to whom you are known:
   1) 
   2)
I certify that the foregoing information is correct and complete to the best of my knowledge and belief.

I am fully aware that by providing false information or suppressing material information while filling this form, the authorities have full right to terminate my appointment letter and I am also liable for appropriate criminal/civil action as a consequence.

I am not aware of any circumstances which might impair my fitness for employment under Government.

Signature of the Candidate:

Date:

Place

TO BE FILLED BY THE OFFICE

Name, Designation and full address of the appointment authority.

Post for which the candidate is being considered
CHARACTER CERTIFICATE

1. Certified that I have known Sri/Smt/Ms. ____________________________
   Son/Daughter/Wife of Sri ____________________________ for the last
   ________ years ________ months and that to the best of my knowledge and belief,
   he/she bears reputable character and has no antecedents which tender his unsuitable for
   Government Employment.

2. Sri/Smt/Ms ____________________________ is not related to me.

Date : Signature (1):
Place : Designation

To be attested by the District Magistrate

“ATTESTED”

Office Seal
Date : Signature (2):
Place : Designation

Instructions: 1. Signature (1) is to be signed by Gazetted Officer attesting the Photograph.
2. Signature (2) is to be signed by the officer not below the rank of District
   Magistrate or equivalent alongwith round seal.
3. Police verification be enclosed with this certificate.

Note: This certificate is sought for absorption / recruitment to Naval Dockyard,
   Visakhapatnam for the post of Tradesman Skilled (SK).
MEDICAL EXAMINATION
(On Admission to Government Service in terms of Article 49 of Civil Service Regulations)

I hereby certify that I have examined Shri/Smt/Ms ____________________________
a candidate for employment as ____________________________ in Naval Dockyard, Visakhapatnam and cannot discover that he/she has any disease communicable or otherwise constitutional weakness or infirmity or bodily infirmity except ____________________________. I do not consider this is a disqualification for employment as ____________________________. His/her age according to his/her own statement is _____ years and by appearance about _______ years.

Signature of Medical Officer
Office Seal

Date: __________________

I hereby certify that to the best of my knowledge and belief my age is _________ years.

Marks of Identification:
1. ____________________________
2. ____________________________

Signature or Left Thumb impression
Of the individual
Surname & Name ____________________________
in capital letters ____________________________

Date: __________________
1. General Development: Good _______ Fair _______ Poor _______
   Nutrition: Thin _______ Average _______ Obese _______
   Height (without shoes ____________) Weight ____________
   Any recent change in weight?
   Temperature ____________
   Girth of Chest:-
   (a) (After full inspiration)
   (b) (After full expiration)

2. Skin: Any obvious disease

3. Eyes:
   (1) Any disease
   (2) Night Blindness
   (3) Defect in colour vision
   (4) Field of vision
   (5) Visual Acuity
   (6) Colour Perception

<table>
<thead>
<tr>
<th>Acuity of vision</th>
<th>Naked eye</th>
<th>With glasses</th>
<th>Strength glasses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distant R.E</td>
<td></td>
<td></td>
<td>Sp.  Cyl. Axis</td>
</tr>
<tr>
<td>Vision L.E.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Near R.E.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision L.E.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Hypermetropia (Manifest)
R.E.
L.E.

4. Ears: Inspection _______ Hearing Right Ear ____________
   Left Ear ____________

5. Glands ____________ Thyroid _______

6. Condition of teeth

7. Respiratory System: Does physical examination reveal anything abnormal in the respiratory organs; If yes, explain fully.
CIRCULATORY SYSTEM

8. (a) Heart: Any organic lesions?
Rate ____________________ Standing ____________________
After hopping 25 times ____________________
2 minute after hopping ____________________
(b) Blood pressure: Systolic ____________
    Diastolic ____________

9. Abdomen
   Girth ________ Tenderness ________ Hernia ________
   (a) Palpable: Liver ______ Spleen ______ - Kidneys ______ Tumors ______
   (b) Hemorrhoids ____________ Fistula ____________

10. Nervous system: Indications of nervous or mental disability

11. Locomotor System: Any abnormality ____________________

12. Genito Urinary System Any evidence of hydrocele
   Varicocele, etc. ________

   (a) Physical appearance ________ (b) Sp. Gr ________
   (c) Albumin ________________ (d) Sugar ________
   (e) Casts ________________ (f) Cells ________

13. Is there anything in the health of the candidate likely to render him/her unfit
    for the efficient discharge of his/her duties in the service for which he/she is a
    candidate?

14. State whether the candidate is:

    (i) Fit ________________
    (ii) Unfit on account of ________________
    (iii) Temporarily unfit on account of ________________

    Name and Designation of the Medical Officer

Station:

Date

Note: In the case of female candidate: If it is found that she is pregnant of 12 weeks
standing or over, she should be declared temporarily unfit.
CANDIDATE'S STATEMENT AND DECLARATION

(The candidate must take the statement required below prior to medical examination and must sign the declaration appended thereto; his attention is specially directed to the warning contained in the note below.)

1. State your name in full ________________________________
   (In Block letters)

2. State your age and place of birth ________________________________

3. (a) Have you ever had smallpox, any other intermittent fever, enlargement or suppuration of glands, spitting of blood, asthma, heart fainting attacks, rheumatism, appendicitis and ________________________________

   (b) Any other disease or accident requiring confinement to bed. ________________________________

4. When were you last vaccinated ________________________________

5. Have you or any of your near relations been afflicted with consumption, Sore Lungs, Gout, asthma, fits, epilepsy or insanity ________________________________

6. Have you been examined and declared unfit for Government service by Medical Officer/Medical Board with the last three years ________________________________

7. Have you suffered from any form of the nervousness due to overwork or any other causes ________________________________

8. Furnish the following particulars concerning to your family:

<table>
<thead>
<tr>
<th>Father's age if staying and state of health</th>
<th>Father's age at death and cause of death</th>
<th>No. of brothers living their ages and state of health</th>
<th>No. of brothers dead, their ages of death and cause of death</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

___________________________________________________________
<table>
<thead>
<tr>
<th>Mother's age if</th>
<th>Mother's age at</th>
<th>No. of sisters living</th>
<th>No. of sisters dead</th>
</tr>
</thead>
<tbody>
<tr>
<td>starving and state of health</td>
<td>death and cause of death</td>
<td>their ages and state of health</td>
<td>their ages of death and cause of death</td>
</tr>
</tbody>
</table>

I declare all the above answers to the best of my belief are true and correct. I also solemnly affirm that I have not received disability certificate pension on account of any disease of their condition.

1) Signature of Candidate

2) Signed in my presence

3) Signature of Medical Officer

(Note: The candidate will be held responsible for the accuracy of the above statement by willfully suppressing any information he will incur the risk of losing the appointment and if appointed for re-filling all claims to superannuation allowances or gratuity.)
INVESTIGATION FORM

RECRUITMENT MEDICAL ND (V) FOR POST OF: ________________

NAME : ____________________________ AGE : ____________________________

TRADE : __________________________ NO : ____________________________

DATE : ____________________________

URINE RE / ME

REFERRED TO ____________________________

SEAL ____________________________ MEDICAL OFFICER