

GOVERNMENT OF INDIA, MINISTRY OF DEFENCE

HEADQUARTERS ANDAMAN AND NICOBAR COMMAND



RECRUITMENT TO THE POST OF CIVILIAN MOTOR DRIVER (ORDINARY GRADE)

CERTIFICATE VERIFICATION AND MEDICAL EXAMINATION

- 1. Refer to the Notification published in the Employment News dated 19 25 Feb 2022.
- 2. The registration number of the candidates, who appeared in the written examination held on 12 Feb 23 at Port Blair, and have been placed in the 'Provisionally Select List' and 'Wait List' for consideration for appointment to the post of Civilian Motor Driver (CMD) (Group "C" Non-Gazetted, Non-Industrial in Pay Band PB-1 of VII CPC Rs.19900/- to 63200/- with Grade Pay of Rs. 1900/-) has been published on the websites www.indiannavy.nic.in on 19 Jul 2023. A separate call letter is also being sent by email and post for information of the candidates.
- 3. Candidates are required to download the following documents, placed at Appendix 'A' to 'C' to this Notification from the websites www.andaman.gov.in & www.undiannavy.nic.in and make two sets of the same and submit these documents, duly filled (without any corrections/ overwriting), affixing latest colour passport size photographs, wherever necessary, by speed post latest by 25 Aug 2023: -
 - (a) Medical Examination Form (Appendix 'A')
 - (b) Character Certificate (Appendix 'B')
 - (c) Attestation Form (Appendix 'C')
- 4. The offer of Appointment will be issued to candidates who will submit, duly completed, above mentioned forms on time to this Headquarters at following address: -

The Officer-in-Charge Command Civilian Recruitment Cell Headquarters, Andaman and Nicobar Command Haddo, Port Blair – 744 102

- 5. Candidates issued with the Appointment Letter are to bring along with them the following **Original** documents towards certificate verification: -
 - (a) Educational Qualification Certificates.
 - (b) Original Driving License for Heavy Motor Vehicles.
 - (c) Document against one-year practical experience in Heavy Motor Vehicles (HMVs) driving.
 - (d) Latest Caste Certificate and PwBD Certificate as applicable.
 - (e) Discharge Book for Ex-Serviceman.
 - (f) Acceptance certificate for Resignation/ Technical Resignation issued by the Competent Authority for Departmental Candidates.
 - (g) Photo Identity proof submitted at the time of Written Examination.
 - (h) Permanent Account Number (PAN) card and Aadhar Card.
 - (j) Ten (10) latest passport size colour photographs.

Note: Candidates reporting without above all or any one of the relevant certificates/ documents as applicable will not be entertained and their candidature will be rejected.

6. It may be noted that you have been placed in the "Provisionally Select List" and "Wait List" based on your merit in the Written Examination. 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.

Port Blair

Date: 24 Jul 2023

Sd/-xxx
Officer-in-Charge
Command Civilian Recruitment Cell
for Commander-in-Chief

Appendix 'A' refers to Para 3(a)

Affix

photo

latest

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
Headquarters, Andaman and Nicobar Command at	Port Blair and cannot discover that
he/she has any disease communicable or otherw	rise 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 ap	pearance about years.
	Signature of Medical Officer
Date:	Office Seal
II	
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
Date: i	n capital letters

Government service, the authority which directs him for medical examination should also attach with the form of the medical certificate a declaration form, as indicated below, which is to be filled in by the candidate concerned in the presence of the Medical Officer.

CANDIDATE'S STATEMENT AND DECLARATION

The candidate must make the statement required below prior to his 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	e in full (in block letters)	:	
2.		State your age a	and place of birth	:	
3.	(a)	fever, enlargem blood, asthma,	had smallpox, intermittent of nent or suppuration of glands heart disease, lung disea tism, and appendicitis?	s, spitting of	
			Or		
	(b)		ase or accident requiring cor all or surgical treatment?	nfinement to :	
4.		When have you	last vaccinated?	:	
5.			y of your near relations been crofula, asthma, fits, epilepsy c		
6.		Have you suffer overwork or any	•	eness due to :	
7.			edical Officer / Medical Board	Government :d, within the	
8.		Furnish the follo	wing particulars concerning yo	our family :- :	
	ther's a te of h	age if living and ealth	Father's age at death and cause of death	No. of brothers living, their ages and state of health	No. of brothers dead, their ages at death and cause of death
		age if living of health	Mother's age at death and cause of death	No. of sisters living, their ages and state of health	No. of sisters dead, their ages at death and cause of death
	1 (declare all the ab	ove answers to be, to the best	t of my belief, true and correct.	
othe	l a er cond		irm that I have not received di	sability certificate/pension on a	ccount of any disease or
				Candidate's Signature	
				Signed in my presence _	
				Signature if Medical Office	JEI

NOTE: The candidate will be held responsible for accuracy of the above statement. By willfully suppressing any information he/ she will incur the risk of losing the appointment and, if approved, of forfeiting all claim to superannuation allowances or gratuity.

PHYSICAL EXAMINATION

1.	Genera	al Dev	elopment: Go	od	Fair		Poor			
	Nutritio	n:	Tł	nin	Aver	age	_ Obese_			
	Height	(with	out shoes		Weight					
	Any red	cent c	hange in weig	jht ?						
	Tempe	rature	;							
	Girth of	f Che	st:-							
	` '	`	full inspiratior full expiration	,						
2.	Skin:			Any ob	vious disea	ase				
 3. Eyes: (1) Any disease (2) Night Blindness (3) Defect in colour vision (4) Field of vision (5) Visual Acuity (6) Colour Perception 										
Acı	uity of vis	ion	Naked eye	With	glasses		ength glass			
	stant R.E ion L.E.					Sp.	Cyl.	Axis		
l l	ar R.E. ion L.E.									
Нуре	ermetropi	a (Ma	nifest)							
	R.E.									
	L.E.									
4.			ction							
					Left E	ar				
5.	Glands	.		Thyro	oid					
6.	Conditi	on of	teeth							
7	Resnir	Respiratory System: Does physical examination reveal anything abnormal in								

the respiratory organs: If yes, explain fully.

CIRCULATORY SYSTEM

(a)	Heart:	Any org	ganic lesion	s?					
Rate			Sta	anding					
After hopping 25 times									
2 min	ute after hop	ping							
(b)	Blood press	sure: Syst	olic						
	Diastolic								
Abdo	men Girth		_ Tenderne	SS	Hernia				
(a)	Palpable : L	_iver	_Spleen _	Kidney	/s Tumors	_			
(b)	Hemorrhoid	ls		Fistula					
Nervo	ous system: I	ndications	s of nervous	s or mental di	sability				
Locor	motor System	n: Any abr	normality						
				Varicocele,	etc				
(a)	Physical ap	pearance		_ (b)	Sp. Gr				
(c)	Albumin			_ (d)	Sugar				
(e)	Casts			_ (f)	Cells				
					•				
State	whether the ca	andidate is	s:						
(i) (ii) (iii)	Unfit on acco	ount of	count of						
·			Name	e and Designat	ion of the Medical Offic	cer			
	Rate After 2 min (b) Abdo (a) (b) Nervo Locor (a) (c) (e) Is the efficidate? State (i) (ii)	Rate	Rate	RateSta After hopping 25 times 2 minute after hopping (b) Blood pressure: Systolic Diastolic Abdomen Girth Tenderne (a) Palpable: Liver Spleen (b) Hemorrhoids Nervous system: Indications of nervous Locomotor System: Any abnormality Genito Urinary System (c) Albumin (e) Casts Is there anything in the health of the ce efficient discharge of his/her duties date? State whether the candidate is: (i) Fit (ii) Unfit on account of (iii) Temporarily unfit on account of	RateStanding After hopping 25 times 2 minute after hopping (b) Blood pressure: Systolic	RateStanding			

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.

Date

INVESTIGATION FORM

RECRUITMENT MEDICAL HQANC FOR POST OF: _____

NAME	:	AGE :
TRADE	:	NO :
DATE	:	
LIDINE	RE / ME	
ORINE	RE / IVIE	
REFERRE	D TO	
SEAL		MEDICAL OFFICER

CHARACTER CERTIFICATE

1.	Certified that	I have kno	own Sri/Smt/	Ms				
Son/D	aughter/Wife	of Sri _				_ for	the	last
	years _		months and	that to the be	est of my know	wledge	and b	elief,
he/she	e bears reputa	able characte	r and has no	antecedents	s which tender	his uns	suitabl	le for
Gover	nment Employ Sri/Smt/Ms _			is not rela	ated to me.	passport The significer a be clear signature be co photog	nature ond stame and hal	tograph. of the p are to f of the imp is to n the ind the
Date	:	Signa	ture (1):					
Place	:	Desig	nation					
		To be a	ittested by the	e District Maç	gistrate			
			"ATTE	STED"				
Office	Seal							
Date	:			Signature (2):			
Place	:			Designation	n :			
Instru	Magist		to be signed alent alongw	by the office ith round sea	er not below t I.			
Note:	This certific		_	•	/ recruitmer			post o daman

and Nicobar Command

ATTESTATION FORM

			WARNING				
1		1 in the	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.				
	Affix signed Passport size (5 cms x 7 cms) Approx. Copy of recent photograph	debar 2 this autho	etained, arrested, prosecuted, bound down, red, acquitted etc., subsequent to the completion form, the details should be communicated in rities to whom the Attestation Form has been it will be deemed to be suppression of factual info	n of submission of nmediately to the sent early, failing			
3 been so notice			e fact that false information has been furnished or that there has suppression of any factual information in the Attestation Form comes to at any time during the service of a person, his services would be to be terminated.				
			NAME	SURNAME			
1	Name in Full (in BLOCK CAPITAL	LS)					
			T				
2	Present Address in full (i.e.,, \ and District, or House No., Lane & Town):	_					
3	Home Address in full (i.e., Vill District, or House No., Lane/Str Town and name of District Head	eet/Road and					
	1		T				
4	Aadhar Card No.						
5	PAN No.						
			T				
6	Nationality						
7	(a) Date of Birth (DD/MM/YYY	Y)					
	(b) Present age						
	(c) Age at Matriculation						

Appendix 'C'

8	(a)	Place of Birth, District and State in which situated							
	(b)	District and State to which you belong							
	(c)	District and State which orignally belong	your father						
9	(a)	Your Religion							
	(b)	Are you a member of a S Caste/Scheduled Tribe? Yes/No)							
10	the	ticulars of places (with p proceeding five years. ded for more than one ye	In case of s	taty	y abroad (ii	ncluding Pa	kistan) particulars	•	_
		From To			Residential Address in full (i.e., Village, Thana & District or House No. Lane/Street/Road & Town		Name of the District Headquarters or the place mentioned in the preceding column.		
11		Name (in full & alias	es if any)	(by	lationality y birth & or y domicile)	Place of Birth	Occupation if employed give designation & official address	Present postal address (if dead give last address)	Premane nt Home address
	(a)	Father							
									1
	(b)	Mother							
	(c)	Spouse							
		l .		-					<u> </u>

12		ormation to be furnishe untry:	d with regard	to son(s) and/or daugh	ters in case they are studyir	ng/living in a foreign
	Nationality by Name birth & or by domicile			Country in which studying/living with full address	Date from which studying/living in the country mentioned in the previous column	
13	Edu	ucational Qualification sho	owing places o	f education with years in	Schools and Colleges since 15	ch year of age:
		Name of School/College address)	(with full	Date of Entering Date of Leaving		Examination Passed
14	(a)	Government or a Quas	si Governmen	t body or an autonom	under Central or State Gove ous body or a Public Secto of employment up-to-date	
		Period From		Designation emoluments & nature of employment		Reasons for leaving previous service
	(b)				ndia/a State Government/ annt / a Autonomous Body/Univ	

14	(b)	Rules 1965, or any similar corres you been called upon to explain	a month's notice under Rule 5 of the Central Civil Service (Temporar ponding rules, where any disciplinary proceedings frame against yo your conduct in an matter at the time you gave notice of termi), before your services are actually terminated?	u, or had
15	(i)	(a) Have you ever been arrested	?	Yes/No
		(b) Have you ever been prosecut		Yes/No
		(c) Have you ever been kept und		Yes/No
		(d) Have you ever been fined by	a Court of Law?	Yes/No
		(e) Have you evern been convict	red by a court of Law for any Office?	Yes/No
		(f) Is any case pending against yo	ou in any Court of Law at the time or filling up this Attestation Form?	Yes/No
		(g) Whether discharged/expelled otherwise?	d/withdrawn from any training/institution under the Government or	Yes/No
	(ii)		the above mentioned question is 'Yes' give full partic onviction/sentence/punishment etc and/or the nature of the case al Authority etc at the time of filling up this attestation form:	
Note	es:	(i) Please also see the 'WARNING	G' at the top of this Attestation Form	
		(ii) Specific answers to each of th	ne questions should be given by striking out 'Yes' or 'No' as the case ma	y be.
16		ne of two responsible persons of r locality or two references to		
10	2)			

Appendix 'C'

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 fillling 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