



UCO BANK

Application for the post of Specialist Officer on contractual Basis (Mention name of Post applied)

The General Manager
UCO Bank
HRM Department, Head Office
10, BTM Sarani, Kolkata
West Bengal – 700 001

**Affix your Recent
Coloured
Passport Size
photograph

(Self-attested)**

With reference to your advertisement for selection of Specialist Officer dated 05.12.2023 on **contractual basis**; I submit my application in prescribed format along with requisite documents.

01	Application for the post of (Mention name of the post)			
02	Applicant's Full Name			
03	Father's/Husband's name			
04	Date of Birth	DD/MM/YYYY		
05	Marital Status		Gender	
06	Age as on 01.11.2023Days MonthsYears
07	Mobile No.		Email Address	
08	PAN		AADHAAR	
09	Category	SC/ST/OBC/GEN/EWS	Nationality	
10	Minority	Yes/No	Religion	
11	Person with disability	Yes/No	Type of Disability	
12	Father Name	Mother Name	Spouse Name	
13	Address for Communication			

FORM SC/ST

FORM OF CERTIFICATE TO BE PRODUCED BY A
CANDIDATE BELONGING TO SCHEDULED CASTE OR
SCHEDULED TRIBE IN SUPPORT OF HIS / HER CLAIM.

1. This is to certify that Sri / Smt / Kum* _____ son
/ daughter* of _____ of village / town*
_____ in District / Division* _____ of the State / Union
Territory* _____ belongs to the _____ Caste/Tribe* which is recognized as
a Scheduled Caste/ Scheduled Tribe* under :

- * The Constitution (Scheduled Castes) Order, 1950 ;
- * The Constitution (Scheduled Tribes) Order, 1950 ;
- * The Constitution (Scheduled Castes)(Union Territories)Orders, 1951 ;
- * The Constitution (Scheduled Tribes)(Union Territories)Order, 1951 ;

[as amended by the Scheduled Castes and Scheduled Tribes lists Modification) Order,1956; the Bombay Reorganisation Act, 1960; the Punjab Reorganisation Act 1966, the State of Himachal Pradesh Act, 1970, the North-Eastern Areas (Reorganisation)Act, 1971, the Constitution (Scheduled Castes and Scheduled Tribes) Order (Amendment) Act,1976, The State of Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Reorganization) Act, 1987.]:

- * The Constitution (Jammu and Kashmir) Scheduled Castes Order,1956 ;
- * The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976 ;
- * The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962 ;
- * The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order, 1962 ;
- * The Constitution (Pondicherry) Scheduled Castes Order 1964;
- * The Constitution (Uttar Pradesh) Scheduled Tribes Order,1967;
- * The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968 ;
- * The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968 ;
- * The Constitution (Nagaland) Scheduled Tribes Order, 1970 ;
- * The Constitution (Sikkim) Scheduled Castes Order, 1978 ;
- * The Constitution (Sikkim) Scheduled Tribes Order, 1978 ;
- * The Constitution (Jammu and Kashmir) Scheduled Tribes Order, 1989 ;
- * The Constitution (Scheduled Castes) Orders (Amendment)Act, 1990;
- * The Constitution (ST) Orders (Amendment) Ordinance, 1991 ;
- * The Constitution (ST) Orders (Second Amendment) Act,1991 ;
- * The Constitution (ST) Orders (Amendment) Ordinance, 1996;
- * The Scheduled Caste and Scheduled Tribes Orders (Amendment) Act 2002;
- *The Constitution (Scheduled Castes) Order (Amendment) Act, 2002;
- *The Constitution (Scheduled Caste and Scheduled Tribes) Order (Amendment) Act, 2002;
- *The Constitution (Scheduled Caste) Order (Second Amendment) Act, 2002].

2. Applicable in the case of Scheduled Castes / Scheduled Tribes persons , who have migrated from one State / Union Territory Administration.

This certificate is issued on the basis of the Scheduled Castes / Scheduled Tribes* Certificate issued to Shri / Smt/ Kumari* _____ Father /Mother* of Sri / Smt / Kumari* _____ of _____ village / town _____ in District/Division* _____ of the State/Union Territory* _____ who belong to the _____ Caste / Tribe* which is recognized as a Scheduled Caste/Scheduled Tribe* in the State/Union Territory* issued by the _____ [Name of the authority] vide their order No. _____ dated _____.

3. Shri/Smt/Kumari* _____ and/or* his/her* family ordinarily reside(s) in village/town* _____ of _____ District / Division* of the State / Union Territory* of _____

Signature _____

Designation _____

Place:

[With seal of Office]

Date :

State/Union Territory

Note : The term "Ordinarily resides" used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.

* Please delete the words which are not applicable.

Delete the paragraph which is not applicable.

List of authorities empowered to issue Caste / Tribe Certificates:

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector/I Class Stipendiary Magistrate / Sub-Divisional Magistrate / Extra-Asst. Commissioner / Taluka Magistrate / Executive Magistrate.
2. Chief Presidency Magistrate/ Additional Chief Presidency Magistrate / presidency Magistrate.
3. Revenue Officer not below the rank of Tehsildar.
4. Sub-Divisional Officers of the area where the candidate and / or his family normally resides.

Note: The Certificate is subject to amendment/modification of Scheduled Castes and Scheduled Tribes lists from time to time as per Government of India Guidelines.

FORM OBC

**FORM OF CERTIFICATE TO BE PRODUCED BY
OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT
TO POSTS UNDER THE GOVERNMENT OF INDIA**

This is to certify that Sri / Smt. / Kumari _____ son/daughter of
_____ of village/Town _____ District/Division
_____ in the State/ Union Territory _____ belongs to the
_____ community which is recognized as a backward class under the Government of
India, Ministry of Social Justice and Empowerment's Resolution No. _____ dated _____.
Shri/Smt./Kumari _____ and/or his/her family ordinarily reside(s) in the
_____ District/Division of the _____ State/Union Territory. This is
also to certify that he/she does not belong to the persons /sections (Creamy Layer) mentioned in column 3 of the
Schedule to the Government of India, Department of Personnel & Training OM No.36012/22/93- Estt.[SCT],
dated 8-9-1993 **.

Dated :

District Magistrate
Deputy Commissioner etc.

Seal

* - the authority issuing the certificate may have to mention the details of Resolution of
Government of India, in which the caste of the candidate is mentioned as OBC.

** - As amended from time to time.

Note:- The term "Ordinarily" used here will have the same meaning as in Section 20 of the
Representation of the People Act, 1950.

The Prescribed proforma shall be subject to amendment from time to time as per Government of India
Guidelines.

FORM EWS

Government of

(Name & Address of the authority issuing the certificate)

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

(Prescribed proforma subject to amendment from time to time)

Certificate No.

Date :

VALID FOR THE YEAR

This is to certify that Shri/Smt./Kumari son/daughter/wife of.....permanent resident of Village/Street Post Office..... District..... in the State/Union Territory Pin Codewhose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her family** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year His/her family does not own or possess any of the following assets*** :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in. areas other than the notified municipalities

2. Shri/Smt./Kumari belongs to the..... caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Name

Signature with seal of Office

Designation

Recent Passport
size
attested
photograph
of the applicant

* Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

Note 2 :The term 'Family**' for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

***Note 3 : The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

NOTE :- The Income and Asset Certificate issued 'by anyone of the following authorities in the prescribed format as given above shall only be accepted as proof of candidate's claim as 'belonging to EWS : -

- (i) District Magistrate/Additional District Magistrate/ Collector/ Deputy Commissioner/Additional Deputy Commissioner/1st Class Stipendiary Magistrate/ Sub-Divisional Magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner,
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/ Presidency Magistrate,
- (iii) Revenue Officer not below the rank of Tehsildar and
- (iv) Sub-Divisional Officer or the area where the candidate and/or his family normally resides.

FORM-I
Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in cases of blindness) (Prescribed proforma subject to amendment from time to time)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent passport
size attested
photograph
(Showing face
only) of the
person with
disability

Certificate No. :

Date :

This is to certify that I 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 :

(A) he/she is a case of :

- locomotor disability
- Dwarfism
- Blindness

(Please tick as applicable)

(B) The diagnosis in his/her case is _____

(A) He/She has _____% (in figure) _____ percent (in words) permanent locomotor disability/ dwarfism /blindness in relation to his/her _____ (part of body) as per guidelines (..... number and date of issue of the guidelines to be specified)

2. The applicant has submitted the following documents as proof of residence :-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Signature/Thumb
impression of the
person in whose
favour disability
certificate is issued.

FORM - II
Certificate of Disability

(In case of multiple disabilities)

(Prescribed proforma subject to amendment from time to time)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent PP size
Attested
Photograph
(Showing face
only) of the person
with disability

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 :

(A) He/she is a Case of Multiple Disability. His/her extent of 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 table below :

Sr. No.	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			

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (..... number and date of issue of the guidelines to be specified), is as follows :-

In figures :- _____ percent

In words :- _____ percent

2. This 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

£ - e.g. Left / Right / both ears

4. The applicant has submitted the following documents as proof of residence :-

Nature of Document	Date of Issue	Details of authority issuing certificate

5. Signature and Seal of the Medical Authority

Name and seal of Member	Name and seal of Member	Name and seal of Chairperson

Signature/Thumb impression of the person in whose favour disability certificate is issued.

FORM - III
Certificate of Disability

(In cases other than those mentioned in Form I and II)

(Prescribed proforma subject to amendment from time to time)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent passport size Attested Photograph (Showing face only) of the person with disability

Certificate No. :

Date :

This is to certify that I 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:

Sr. No.	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 are 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. The applicant has submitted the following documents as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)
(Name and Seal)

Countersigned

{Countersignature and seal of the
CMO/Medical Superintendent/Head of
Government Hospital, in case the
certificate is issued by a medical
authority who is not a government
servant (with seal)}

Signature/Thumb impression of the person in whose favour disability certificate is issued.
