

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

Dated Chandigarh, the 25th August, 2018

To

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

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

Sir/Madam,

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

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

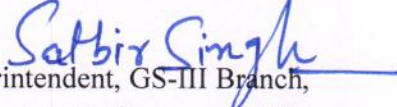
Sr. No.	Kinds of Certificate	Application Form	Verifying Authority	Issuing Authority
1	Orphan Certificate	Annexure A-I	Member Panchayat/ Sarpanch/Councilor/ MLA/ MP of the concerned village/area/ constituency	Naib Tehsildar/ Tehsildar (Certificate in Annexure A- II)
2	Widow Certificate	Annexure B-I	Member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

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

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

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

Yours faithfully,


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

INTERNAL DISTRIBUTION

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

APPLICATION FORM FOR ORPHAN CERTIFICATE

To

The Naib Tehsildar/Tehsildar

Sub:-Issuance of Orphan Certificate

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

Please issue me an "Orphan" Certificate.

Place:

Date:

Signature and Address of Witness

i)

ii)

Signature of applicant

VERIFICATION

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

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

Annexure-A-II

**GOVERNMENT OF HARYANA
ORPHAN CERTIFICATE**

No. Date :

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

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

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

Signature with seal of the Naib Tehsildar/Tehsildar

Annexure-B-I

APPLICATION FORM FOR WIDOW CERTIFICATE

To
The Naib Tehsildar/Tehsildar

Sub:-Issuance of Widow Certificate.

I,widow of Sh..... hereby give my particular as under:-

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

Please issue me an "WIDOW" Certificate.

Place:-

Date

Signature of the Applicant

VERIFICATION

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

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

Annexure-B-II

**GOVERNMENT OF HARYANA
WIDOW CERTIFICATE**

No. Date :

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

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

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

Signature with seal of the Naib Tehsildar/Tehsildar

Experience Certificate

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

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

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

Place:

Signature with seal of Issuing Authority (Head of Office)

Date:

Full Name

Designation

Address

Telephone No. with code

UNDERTAKING

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

(1) That I am to apply for the post ofin HSSC against
Category No....., Advt. No....., Dated.....

(2) That my Aadhaar No./PAN Card No./Voter ID No.(if any) is
.....

(3) That my father, mother, spouse, brother and son are /were not regular employee in any
Department/Board/Corporation /Company/Statutory Body /Commission /Authority of Government of
Haryana or any State Government or Government of India.

(4) That as no person as mentioned above had been in employment, I may be allotted marks under
the socio –economic criteria.

(5) That I fully understand that the marks are given on the basis of information supplied by me and if
at any stage it is found that the information has been provided wrongly then not only my service can be
terminated on the ground of supply of wrong information even if without these marks also my name
would have figured within the select list/recommendation list. I also understand that criminal action can
be taken against me for providing wrong/false information.

(6) That the deponent shall not take advantage of the certificate(s) issued by the Competent Authority
if in the meantime any other eligible person in my family obtains the benefits thereof in the
recruitment.

Place:-
Date:-

DEPONENT

VERIFICATION:-

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

Place:-
Date:-

DEPONENT