No. Dated:
Sub: OFFER OF APPOINTMENT FOR THE POST OF ASSISTANT GRADE III
() IN THE FOOD CORPORATION OF INDIA.
Shri (Date of birth :) is hereby offered a post of AG.III
() in the Food Corporation of India on the following terms and conditions:-
1. He/she will be eligible to draw a pay of Rs.9300/- per month in the pay scale of Rs.9300-22940. In addition, he/she will be eligible to draw allowances as admissible and subject to the conditions laid down in rules/regulations and orders of the Corporation governing the grant of such allowances in force from time to time.
2. He/she will be on probation for a period of one year from the date of his/her appointment which may be extended for a further period not exceeding one year. During the period of probation, he/she shall be liable to be discharged from service without assigning any reason by giving a notice of 30 days or pay and allowances in lieu thereof. On satisfactory completion of the period of probation, he/she will be considered for confirmation in that post.
3. His/her appointment is subject to the provisions of the Food Corporation Act 1964 and the Rules and Regulations framed there under & amended from time to time and also such orders and directions as have been or may be issued by the Corporation from time to time.
4. He/she will be liable to serve in any part of India but for the present he/she is posted in for further deployment.
5. After joining, the Corporation reserves the right not to accept the resignation of the employees, if circumstances so warrant.
6. He/she will not be entitled to any travelling allowances for joining the post.
7. The Corporation reserves the right to terminate the services of an employee after confirmation at any time by giving 90 days notice or pay and allowance in lieu thereof.
8. The appointment will be provisional and subject to the following:
i) his/her being found medically fit by the prescribed Medical Authority i.e. Civil Surgeon/Medical Superintendent. In case he/she is found medically unfit by the civil surgeon/ medical superintendent he/ she shall be discharged from service. The cost of Medical Examination will be reimbursed by the Corporation.
ii) verification of caste (SC/ST/OBC) certificate through proper channel and if the verification reveals that the certificate submitted by the candidate is false, his/her services will be liable for termination without assigning any reason or without prejudice to any such further action as may be taken under the provisions of the Indian Penal Code for production of false certificate.
9. The process of simple verification is to be adopted for appointments to Group – C posts in accordance with E.P. Circular No.1(1)/2011 dated 18.2.2011 and DOPT OM No.18011/9(S/78) Estt.(B) dated 17th July 1982. The candidate is required to furnish:
i) an attestation form duly filled in without the identity certificate (Annexure I); and
ii) a certificate of character in the form prescribed duly attested by District Magistrate or a Sub- Divisional Magistrate or their superior officers (Annexure II).
10(a) If the above terms and conditions are acceptable to him/her, he/she should communicate his/her

acceptance of offer to the undersigned by \_\_\_\_\_\_.

10(b) He/she should report for duty to Deputy General Manager (Personnel), FCI of 4th/5th/6th April (specific date to be determined by region for individual candidates) 2011.	on
10(c) If his/her acceptance is not received by and he/she does not join by the this offer liable to be cancelled, subject to the decision of the appointing authority.	is
11. He/she will be required to attend a 6 day (9 day for Quality control and Accounts Cadre) orientation program at regional level immediately after joining.	on
12. At the time of reporting for duty he/ she must bring with him/ her the following documents original in support of his/ her candidature for verification :-	in
i) Documents in support of his/her educational qualification, age and experience.	
ii) Latest certificate from a designated authority in support of his/ her claim of being SC/ ST/ OBC in the prescribed Performa.	<b>1</b> e
iii) Relieving order from present employer, if employed.	
iv) Service particulars/ certificate from the office in case he/ she is seeking age relaxation as departmental candidate.	а
v) Complete discharge certificate in support of his/ her claim of belonging to Ex- Serviceman category, applicable.	if
13. He/ She must also furnish the following documents duly filled and signed at the time of reporting f duty:-	or
i) For Verification	
a) Attestation form ( Annexure I)	
b) Certificate of character duly attested by District Magistrate or a Sub-Divisional Magistrate or their superior officers (Annexure II)	
ii) Certificate of marital status ( Annexure-III).	
iii) Medical Certificate from the Civil Surgeon/Medical Superintendent of his/her area (Annexure-IV).	
iv) Declaration of Fidelity & Secrecy (Annexure – V)	
v) Statement of immovable property ( Annexure VI)	
vi) Cardex Form (Annexure VII) with self attested photograph.	
vii) Three passport size latest photograph (attested on backside). He/she is advised to bring all origin certificates for verification at the time of joining.	ıal
14. He/she will not be allowed to join duty till he/she produces all the above said documents to the entire satisfaction of the Management.	<b>1</b> e
GENERAL MANAGER	
То	
Shri/Ms.	
S/o Shri	
Copy to:	

1. The Executive Director (), FCI, Zonal Office ()with reference
to his letter Nodt
2 The Asstt Cont. Manager (DDI) ECL Headquarters, New Dolhi

- 2. The Asstt.Genl. Manager (RPI), FCI, Headquarters. New Delhi.
- 3. The Manager (E.II/E.III/Bills/CR), Local.

GENERAL MANAGER

#### **ATTESTATION FORM**

#### "WARNING":

Affix signed passport size (5cm.x7 cm. approx.) copy of recent photograph – where asked for.

- 1. The furnishing of false information or suppression of any factual information in the Attestation Form would be a disqualification, and is likely to render the candidate unfit for employment under the Government.
- 2. If detained, arrested, prosecuted, bound down, fined, convicted, debarred, acquitted etc. subsequent to the completion and 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 a suppression of factual information.
- 3. If the fact that false information has been furnished or that there has been suppressions 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".

<ol> <li>Name in full (in block capitals) with aliases, if any, (Please</li> </ol>	SURNAME	NAME
indicate if you have added or		
dropped in any stage any part		
of your name or surname.		
2. Present Address in full (i.e.		
Village, Thana and District or		
House Number, Lane/ Street		
Road and Town).		
3. (a) Home Address in full (i.e.		
Village, Thana, and District or		
House Number, Lane Street /		
Road and Town and name of		
District Headquarters.		
(b) If originally a resident of		
Pakistan/ Bangladesh		
(erstwhile East Pakistan) the		
address in that country and		
the date of migration to Indian		
Union.		

4. Particulars of places (with periods, of residences) where you have resided for more than one year at a time during the preceding 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.

From	То	Residential addresses in full (i.e., Village, Thana and Distt. or House No. Lane / Street Road and Town.	Name of the District Headquarters of the place mentioned in the preceding column.

Name Nationality Place of Occupation Present Permanent (by birth birth postal Home (if and/ or by employed address (if address. domicile) dead, give give designation & last official address) address).

- (i) Father (Name in full aliases, if any.
- (ii) Mother
- (iii) Wife/husband
- (iv) Brother(s)
- (v) Sister(s)

Name	Nationality (by birth and or by domicile)	Place of bii		Country in whic studying living wif full address	
6. Nationality :					
7. (a) Date of birth		(	(a)		
(b) Present Age		(	(b)		
(c) Age at Matricula	ntion	(	(c)		
8. (a) Place of birth which situated	n, District and	State in (	(a)		
(b) District and State to which you belong.			(b)		
(c) District and Stat originally belor	•	ur father (	(c)		
9. (a) Your religion.					
•	nember of a So ed Tribe? Answ				
10. Educational Qualifi Year of age.	ication showing	places of ed	ducat	ion with years in S	Schools and Colleges sin
Name of School/C with full address	College Date of	entering		Date of leaving	Examination passed.

11. (A) Are you holding or have any time held an appointment under the Central or State Government or a Semi-Government or a Quasi-Government body, or an autonomous body, or a public undertaking, or a private firm or institution? If so, give full particulars with dates of employment, up-to-date.

	Period		Designation,	Full na	me and	Reasons	s for
 		T -	emoluments and	address	of	leaving	previous
Fro	m	То	nature of	employe	er	service.	
			employment				

11. (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/an autonomous Body/University/Local Body.

If you had left service on giving a month's notice under Rule 5 of the Central Civil Services (Temporary Service) Rules, 1965, or any similar corresponding rules, were any disciplinary proceedings framed against you, or had you been called upon to explain your conduct in any matter at the time you gave notice of termination of service, or at a subsequent date, before your services actually terminated?

12. (i) (a) Have you ever been arrested?	Yes/ No
(b) Have you ever been prosecuted?	Yes/ No
(c) Have your ever been kept under detention	Yes/ No
(d) Have you ever been bound down?	Yes/ No
(e) Have you ever been fined by a Court of Law?	Yes/ No
(f) Have you ever been convicted by a Court of Law for any offence?	Yes/ No
(g) Have you ever been debarred from any examination or	Yes/ No

rusticated by any University or any other educational authority/institution?	
(h) Have you ever been debarred/ disqualified by any Public Service Commission/Staff Selection Commission for any of its examination selection?	Yes/ No
(i) Is any case pending against you in any Court of Law at the time of filling up this Attestation Form?	Yes/ No
(j) Is any case pending against you in any University or any other educational authority/institution at the time of filling up this Attestation Form?	Yes/ No
(k) Whether discharged/expelled/withdrawn from any training institution under the Government or otherwise?	Yes/No
(ii) 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 form.	

NOTE: (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.

1.
2.

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances which might impair my fitness for employment under Government.

Signature of candidate
Date
Place

#### **IDENTITY CERTIFICATE**

(Certificate to be signed by any one of the following):

- (i) Gazetted Officers of Central or State Government;
- (ii) Members of Parliament or State Legislature belonging to the constituency where the candidate or his parent/ guardian is ordinary resident:
- (iii) Sub-Divisional Magistrate/Officers;
- (iv) Tehsildars or Naib/Deputy Tehsildars authorized to exercise magisterial powers;
- (v) Principal/Head-Master of the recognised School/College/Institution where the candidate studied last;
- (vi) Block Development Officer;
- (vii) Post Masters;
- (viii) Panchayat Inspectors.

Certified that I have kn	own Shri/Smt/Kumari		Son/daugnter of
Shri	for the last	years	months and
that to the best of my knowled	ge and belief the particular	s furnished by him/her are	correct.
Date	Signature		
D.	D : !!		
Place	Designation or status and	address	

#### TO BE FILLED BY THE OFFICE

- (i) Name, designation and full address of the appointing authority.
- (ii) Post for which the candidate is being considered.

#### Annexure II

## CERTIFICATE OF CHARACTER

Certified that I ha	ave known Shri/Smt./Kum.		son/ daughter of
Shri/Smt	for the last	t years	months and I consider him
/ her suitable for appointr	ment as	in the	Food Corporation of India.
So far as I know,	there is nothing adverse	in his / her charac	ter and antecedents or previous
work which makes him/h	er unsuitable for appointme	ent.	
I am not related to	o him / her.		
Place	Signature		
Date	Designation		
	Occupation		
	Address		
To be attested by :-			
For Category – III posts : I	District Magistrate or a Sub	-Divisional Magistra	ate or their superior officers.
For Category – IV posts :	Gazetted Officer or a Ma	ngistrate.	

\*\*\*\*\*

## **DECLARATION**

I, Shri/Smt./Kum	_declare as under :-
(a) That I am unmarried/ a widower/ a widow	v.
(b) That I am married and have only one wife	e living.
(c) That I am married and my husband has n knowledge.	no other living wife to the best of my
(d) That I am married and have more than or of exemption is enclosed.)	ne wife living. (Application for grant
(e) That I am married to a person who have a (Application for grant of exemption is	3
I solemnly affirm that the above declaration is to event of the declaration being found to be income be liable to be dismissed from service.	
	(Signature)
Dated :	
Note : Delete clauses not applicable.	

#### **FOOD CORPORATION OF INDIA**

#### MEDICAL REPORT FORM FOR EXAMINATION OF CANDIDATES FOR CATEGORIES I &II POSTS

#### **Candidate's statement and Declaration**

#### PART-A

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 in full(in block letters)				
2.	State your age and birth place				
3.	<ul> <li>(a) Have you ever had small-pox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, heart disease, lung disease, failing attacks, rheumatism, appendicitis OR</li> <li>(b) any other disease or accident requiring confinement to bed and medical or surgical</li> </ul>				
	treatment?				
		ou last vaccinated?			
5.			ons been afflicted with consun	nption, scrotula, gout,	
6		epilepsy, or insanity?	f norvousnoss due to over wer	k or any other cause?	
6. 7.			fnervousness due to over-wor oncerning your family:	k of any other cause?	
Father		Father's age	No. of brothers	No. of brothers	
If living	•	at death and	living, their ages	dead, their ages and	
	f health	cause of death	and state of health	cause of death.	
Mothe	•	Mother's age	No. of sisters	No. of sisters dead,	
If living	•	at death and	living, their ages	their ages and cause	
	f health	cause of death	and state of health	of death	
	All the above	answers are to the be	st of my belief, true and correc	et.	
			•	turesence	
			Signature of the	examining medical authority	

NOTE: The candidate will be held responsible for the accuracy of the above statement. By wilfully suppressing any information he will incur the risk of losing the appointment, and if appointed, of

# REPORT OF THE EXAMINING MEDICAL AUTHORITY BY(Name of candidate)\_\_\_\_\_

#### PART-B

Physical Exa	<u>amination</u> :				
1. Genera	l development	GOODF	AIRP	OOR	
Nutrition:	Thin	Average	Obsc		
Height(with	nout shoes)	V	Veight		
Best weight	t	When?	Any ı	recent chang	e in
Weight?		Temperature	9		
Girth of Che	est:				
	(After full inspi (After full expir	•			
<ul><li>2. Skin:</li><li>3. Eyes:</li></ul>	<ol> <li>Any disease</li> <li>Night blinds</li> <li>Field of vision</li> <li>Defect in co</li> </ol>	ness on Ilour visiony.			 
Acuity of Vision	Naked eye	With Glasses	Strength of Sph.	of glasses Cyl.	Axis.
Distant Vision R.E. L.E.  Near Vision R.E. L.E.					
4. Ears:	Inspection	Hearing:			
6. Conditi	on of tooth tory System: D	Thyroid oes physical examinatio			
If yes, e	explain fully				
(a) Hea	Aft 2 n	organic losers? er keeping 25 times ninutes after hopping			
(b) Blo	od Pressure:	Systolic	Diastolic.		

9.	(a)Pelpalo	: Liver	Sploon	HerniaKidneys	
				Fistula	
10.	Nervous s	•	Indications of nervo	us or mental disabilities	
		,	abnormality Any evidence of Lydroco	olo, varicocole etc.	
	Urine Ana a) Physic	-	(b) Sp. Gr.	(c) Albumin	
	d) Sugar.		(e) Casts	 (f) Cells	
	likely to re is a candid	ender him unfit date? e candidate is een examined a	t for the efficient discha	rge of his duties in the service for value of his duties in the service for value of his duties in the service for value of his duties in the service for which service of his considered unfit.	which he  services
NO		amining Medic categories:	al Authority should reco	rd their findings under one of the fo	ollowing
	i) ii) iii)	Fit. Unfit Temporarily	Unfit on account of		
Pla	ce		Sign	ature of the Examining Medical Aut	hority
*/N	loto. This	rofors to tompo	arany ailmonts which con	be completely cured within a perio	ad of

\*(Note:- This refers to temporary ailments which can be completely cured within a period of Six months).

## **DECLARATION OF FIDELITY AND SECRECY**

(Under Section 38 of the Food Corporation Act, 1964)

I, declare that I will faithfully, truly and to the best
of my judgement, skill and ability execute and perform the duties which are
required of me as director, member of the committee, officer employee or auditor
(as the case may be) of the Food Corporation of India or as member of the Board of
Management of Food Corporation of India at New Delhi, under the Food Corporation
of India and which properly relate to the office or position in or in relation to that
Corporation held by me.
I further declare that I will not communicate or allow to be communicated to any person not legally entitled thereto an information relating to the affairs of any person having any dealing with the said Corporation nor will I allow any person not legally entitled as aforesaid to inspect or have access any books or documents belonging to, or in the possession of, the said Corporation and relating to the business of the said Corporation or the business of any person having any dealing with the said Corporation.
(Signature)

(Signed before me)

#### STATEMENT OF IMMOVABLE PROPERTY ON FIRST APOINTMENT/ FOR THE YEAR

1. Name of the officer (In full and service to which he/she belongs):

2. Present post held :3. Present pay :

4. Date of Birth

Name of distt., sub- Divn, Taluk and village in which property is situated	Name and details of Property* Housing and other* Present Building Land value	If not in own name state in whose name held and his/ her relationship to the Corpn. Employee%	How acquired wheather by purchase, lease, mortgage, Inheritence, gift or otherwise date of acquisition and name with details of person whom acquired@	Annual Income from the property	Remarks

Note :The declaration form is required to be filled in and submitted by every employee of the Corporation under Regulation 48 of the FCI(Staff) Regulations on first appointment to the service and thereafter at the interval of every twelve months, giving particulars of all immovable property owned, acquired or inherited by him or held by him on lease or mortgage, either in his own name or any member of his family or in the name of any other person.

Signature:

Date:

@Included short term lease also.

<sup>\*</sup>In case where it is not possible to assess the value accurately the approximate value in relation to present conditions may be indicated. %In applicable clause to be struck out.

#### FOOD CORPORATION OF INDIA

#### <u>Cardex form</u>

(To be filled in by all employees at the time of joining service)

1.	Name of the Employee :				
	Father's Name : Designation of the post to which appointed :				
4.		al status ied/single)	:		
5.	(a)	ther member of Scl Caste Tribe	neduled : :		
	(Spec	ify the particular ca	ste/ tribe)		
6.	Ident	ification Mark	:		
7.	(a)	Permanent Addres	es:		
	(b)	Present address	:		
8.	Home	e-Town (for the purp	cose of LTC):		
9.		ate of Birth articulars of birth i) Place ii) District iii) state	: : :		
10	. Lang	uages the employed	e can		
	(a) (b)	Read Speak Write	: : :		
11	. Moth	er Tongue	:		
12	12.Educational Qualifications :				
13	.Techr	nical Qualifications	:		

14	. Partio	culars of previous experience	(service)	
	(a)	From :		
	(b)	To :		
	(c)	Posts(s) held :		
		(a brief description of nature	of work/ respon	nsibilities in each
		assignment)		
	(d)	Officiating/ Substantive		
		Capacity. :		
	(e)	Name of Employer:		
	(f)	Scale of pay of the		
		Post(s) :		
15	. Whet	her a Food Transferee/ :		
	Direct	Recruit/ Absorbed Deputation	nist	
16	. If tra	nsferee		
	(i)	Date of joining the :		
		Food Deptt. & Designatio	n held there	
	(ii)	Gazette Notification No. :		
		& Date under which servi	ces	
		Finally transferred to FCI		
17	. Partio	culars of wholly dependant m	ember of family	(for the purpose of
	claimi	ng LTC and reimbursement o	f medical expen	ses etc.)
	SI. No	Name of family member	Relationship	Age
		_		
			<u>laration</u>	
		eby declare that the above p		•
		est of my knowledge. I also ι		•
	-	ulars shall be intimated by		
		stand that any incorrect info		,
		make me liable for service of	disciplinary action	on which may include a
	major	penalty.	0.1	
			J	ture
	<b>.</b> .		Name	
			•	nation
	Statio	n	Office	
			Joinir	ng

# <u>Certificate</u>

(To be recorded in case of existing employees only)

This is to certify that I have verified the above particulars submitted by the
employee with the available documents and personnel file of the employee and
found these in order and accepted the same.

Office Stamp	Signature
	Name and Designation

#### Note:

- A) For Category III posts, the following are applicable.
- i) Appointment letters will be issued to selected candidates by respective appointing authorities i.e. General Manager (Region) of FCI.
- ii) On receiving the Appointment letters candidates are required to convey acceptance of offer by 31st March 2011.
- iii) Candidates are required to report at their respective joining places on 4th/5th/6th April 2011. Specific date of joining will be mentioned in the Appointment letter.
- iv) Candidates are required to undergo a 6 days orientation program at their respective places of joining (9 days for candidates joining to the posts of Quality Control and Accounts).
- v) The newly recruited Category III officials will join at the respective place of posting on conclusion of training.
- B) For Category II posts, the following are applicable.
- i) Appointment letters will be issued to selected candidates by respective appointing authorities i.e. Executive Director (Zone) of FCI.
- ii) On receiving the Appointment letters candidates are required to convey acceptance of offer by 31st March 2011.
- iii) Candidates are required to report for the training at IFS Gurgaon. Specific date of Training will be informed later.
- iv) The newly recruited Category II officials will join at the respective place of posting on completion of training.