

List of Documents that need to be produce before Documents Checking Committee by Candidates for the post of Assistant Lineman vide CRA 295/19

Sr. No.	Category	10th or Equivalent Certificate	NAC DMC	NAC Pass Certificate	Experience Certificate (s)	Caste Certificate	Income and Asset Certificate(EWS Certificate)	Exerciceman Certificate (Self)	LDC Certificate	Discharge Book	Sports Certificate	Freedom Fighter Certificate	PWD Certificate	Annexure B-2	Annexure C-1	Annexure C-2	Domicile/Residence Certificate (Not Before 01-01-2019)	ID Proof(Adhaar Card Preferable)
1	Gen	✓	✓	✓	As Applicable	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓
2	Gen (EWS)	✓	✓	✓	As Applicable	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓
3	BC Only	✓	✓	✓	As Applicable	✓	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✓	✓
4	SC/OT ONLY	✓	✓	✓	As Applicable	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓
5	SC/OT(XSM-Self)	✓	✓	✓	As Applicable	✓	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓
6	SC/OT(XSM-Dep.)	✓	✓	✓	As Applicable	✓	✗	✗	✓	✓	✗	✗	✗	✗	✓	✓	✓	✓
7	SC/OT(SP)	✓	✓	✓	As Applicable	✓	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✓	✓
8	SC/MZB	✓	✓	✓	As Applicable	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓
9	SC/MZB(XSM-Self)	✓	✓	✓	As Applicable	✓	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓
10	SC/MZB(XSM-Dep)	✓	✓	✓	As Applicable	✓	✗	✗	✓	✓	✗	✗	✗	✗	✓	✓	✓	✓
11	SC/MZB(SP)	✓	✓	✓	As Applicable	✓	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✓	✓
12	BC/XSM-Self)	✓	✓	✓	As Applicable	✓	✗	✓	✗	✓	✗	✗	✗	✓	✗	✗	✓	✓
13	BC/XSM-Dep)	✓	✓	✓	As Applicable	✓	✗	✗	✓	✓	✗	✗	✗	✓	✓	✓	✓	✓
14	XSM/Self	✓	✓	✓	As Applicable	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓
15	XSM/Dep.	✓	✓	✓	As Applicable	✗	✗	✗	✓	✓	✗	✗	✗	✗	✓	✓	✓	✓
16	PWD(HH)	✓	✓	✓	As Applicable	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✓	✓
17	Sports Person	✓	✓	✓	As Applicable	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✓	✓
18	Freedom Fighter	✓	✓	✓	As Applicable	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✓	✓

Note:

- 1 Residence/Domicile Certificate should be made on or after 01-01-2019.
- 2 All the documents in-original along with one photocopy set is mandatory at the time of documents checking.
- 3 Person With Disability Certificate should be made in new format as per Annexure-E.

ਸੀਆਰਏ 295/19 ਅਧੀਨ ਸਹਾਇਕ ਲਾਈਨਮੈਨ ਦੀ ਆਸਾਮੀ ਲਈ ਡਾਕੂਮੈਂਟ ਚੈਕਿੰਗ ਕਮੇਟੀ ਸਾਹਮਣੇ ਪੇਸ਼ ਕੀਤੇ ਜਾਣ ਵਾਲੇ ਦਸਤਾਵੇਜ਼ਾਂ ਦੀ ਸੂਚੀ

ਲੜੀ ਨੰ:	ਕੈਟਾਗਰੀ	10ਵੀਂ ਜਾਂ ਬਰਾਬਰ ਸਰਟੀਫਿਕੇਟ	ਅਪਰੈਂਟਿਸ਼ਿਪ ਮਾਰਕਸ ਸ਼ੀਟ	ਅਪਰੈਂਟਿਸ਼ਿਪ ਪਾਸ ਸਰਟੀਫਿਕੇਟ	ਤਜਰਬਾ ਸਰਟੀਫਿਕੇਟ	ਜਾਂਤੀ ਸਰਟੀਫਿਕੇਟ	ਆਮਦਨ ਅਤੇ ਸੰਪਤੀ ਸਰਟੀਫਿਕੇਟ (EWS)	ਸਾਬਕਾ ਡੱਜੀ ਸਰਟੀਫਿਕੇਟ	ਐਲ.ਡੀ.ਸੀ ਸਰਟੀਫਿਕੇਟ	ਡਿਸਚਾਰਜ ਬੁੱਕ	ਖੇਡ ਸਰਟੀਫਿਕੇਟ	ਆਜ਼ਾਦੀ ਘੁਲਾਟੀਆ ਸਰਟੀਫਿਕੇਟ	ਦਿਵਿਆਂਗ ਸਰਟੀਫਿਕੇਟ	ਅਨੈਕਸਚਰ B-2	ਅਨੈਕਸਚਰ C-1	ਅਨੈਕਸਚਰ C-2	ਰਿਹਾਇਸ਼ੀ/ਡੋਮੀਸਾਈਲ ਸਰਟੀਫਿਕੇਟ (01.01.2019 ਜਾਂ ਉਸ ਤੋਂ ਬਾਅਦ ਦਾ)	ਪਹਿਚਾਣ ਪੱਤਰ (ਆਧਾਰ ਕਾਰਡ ਨੂੰ ਪਹਿਲ)
1	Gen	✓	✓	✓	ਲੋੜ ਅਨੁਸਾਰ	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓
2	Gen (EWS)	✓	✓	✓	ਲੋੜ ਅਨੁਸਾਰ	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓
3	BC Only	✓	✓	✓	ਲੋੜ ਅਨੁਸਾਰ	✓	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✓	✓
4	SC/OT ONLY	✓	✓	✓	ਲੋੜ ਅਨੁਸਾਰ	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓
5	SC/OT(XSM-Self)	✓	✓	✓	ਲੋੜ ਅਨੁਸਾਰ	✓	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓
6	SC/OT(XSM-Dep.)	✓	✓	✓	ਲੋੜ ਅਨੁਸਾਰ	✓	✗	✗	✓	✓	✗	✗	✗	✗	✓	✓	✓	✓
7	SC/OT(SP)	✓	✓	✓	ਲੋੜ ਅਨੁਸਾਰ	✓	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✓	✓
8	SC/MZB	✓	✓	✓	ਲੋੜ ਅਨੁਸਾਰ	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓
9	SC/MZB(XSM-Self)	✓	✓	✓	ਲੋੜ ਅਨੁਸਾਰ	✓	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓
10	SC/MZB(XSM-Dep)	✓	✓	✓	ਲੋੜ ਅਨੁਸਾਰ	✓	✗	✗	✓	✓	✗	✗	✗	✗	✓	✓	✓	✓
11	SC/MZB(SP)	✓	✓	✓	ਲੋੜ ਅਨੁਸਾਰ	✓	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✓	✓
12	BC/XSM-Self)	✓	✓	✓	ਲੋੜ ਅਨੁਸਾਰ	✓	✗	✓	✗	✓	✗	✗	✗	✓	✗	✗	✓	✓
13	BC/XSM-Dep)	✓	✓	✓	ਲੋੜ ਅਨੁਸਾਰ	✓	✗	✗	✓	✓	✗	✗	✗	✓	✓	✓	✓	✓
14	XSM/Self	✓	✓	✓	ਲੋੜ ਅਨੁਸਾਰ	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓
15	XSM/Dep.	✓	✓	✓	ਲੋੜ ਅਨੁਸਾਰ	✗	✗	✗	✓	✓	✗	✗	✗	✗	✓	✓	✓	✓
16	PWD(HH)	✓	✓	✓	ਲੋੜ ਅਨੁਸਾਰ	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✓	✓
17	Sports Person	✓	✓	✓	ਲੋੜ ਅਨੁਸਾਰ	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✓	✓
18	Freedom Fighter	✓	✓	✓	ਲੋੜ ਅਨੁਸਾਰ	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✓	✓

ਨੋਟ:

- 1 ਰਿਹਾਇਸ਼ੀ/ਡੋਮੀਸਾਈਲ ਸਰਟੀਫਿਕੇਟ 01.01.2019 ਜਾਂ ਉਸ ਤੋਂ ਬਾਅਦ ਦਾ ਬਣਿਆ ਹੋਣਾ ਚਾਹੀਦਾ ਹੈ।
- 2 ਦਸਤਾਵੇਜ਼ ਚੈਕਿੰਗ ਦੇ ਸਮੇਂ ਸਾਰੇ ਅਸਲ ਸਰਟੀਫਿਕੇਟ ਸਮੇਤ ਇਕ ਸੈਟ ਫੋਟੋਕਾਪੀ ਉਮੀਦਵਾਰ ਕੋਲ ਹੋਣਾ ਜ਼ਰੂਰੀ ਹੈ।
- 3 ਦਿਵਿਆਂਗਜਨ ਦਾ ਸਰਟੀਫਿਕੇਟ ਅਨੈਕਸਚਰ-ਈ ਦੇ ਅਨੁਸਾਰ ਨਵੇਂ ਫਾਰਮੈਟ ਵਿੱਚ ਹੋਣਾ ਚਾਹੀਦਾ ਹੈ।

Annexure B-2

FORM OF DECLARATION REGARDING BACKWARD CLASS STATUS

I _____ DOB _____ S/O_Sh./Smt./ _____
_____ Resident of _____
_____ belong to backward class(_____ Caste) which
has been declared as backward class by Govt. of Punjab. That no change occurred
in my previous status and I do not fall in the section of creamy layer as per Punjab
Govt. letter No. 1/41/93RC 1/459 dated 17.1.1994 and No. 10/9/2009 RC 1/62 dated
8.1.2010 and letter No.1/41/93/RC 1/609 dt.24.10.2013

Signature of Applicant.

AFFIDAVIT

ANNEXURE-'C-1'

Affidavit from the Ex-serviceman

I _____ DOB _____ S/O Sh _____
_____ resident of _____ do hereby solemnly affirm and
declare as under:-

1. That I am Ex-serviceman released vide discharge order No. _____ dated _____.
2. I have been working in the Army/Air/Force/Navy as _____ from _____ to _____ and was discharged on _____ grounds _____.
3. That any other Member of my family have not availed, any concession in respect of availing post against reserve categories meant for Ex-service-man throughout my life .
4. That my son/daughter/wife do possess the requisite qualification for the post of Assistant Lineman
5. That in the event of the selection of Assistant Lineman I undertake that any of my dependant will not avail/ take any further concession/post in Ex-serviceman quota in future.

DEPONENT

I _____ DOB _____ S/O Sh _____ Solemnly
affirm and declares that my above statement is correct to the best of my knowledge
and belief. Nothing has been concealed in this declaration.

DEPONENT

AFFIDAVIT

ANNEXURE-'C-2'

Affidavit from the Ex-serviceman(Dependent)

I _____ DOB _____ S/O Sh _____
_____ resident of _____ do hereby solemnly affirm and
declare as under:-

1. That My Father/Mother/Husband is an Ex-serviceman released vide discharge order No. _____ dated _____.
2. He have been working in the Army/Air/Force/Navy as _____ from _____ to _____ and was discharged on _____ grounds _____.
3. That I have not availed any concession in respect of availing post against reserve categories meant for Ex-service-man throughout my life either by me or any other Member of my family.
4. That I do/do not possess the requisite qualification for the post,
5. That in the event of the selection of Assistant Lineman , I undertake that I shall not avail/ take any further concession/post I for me or any of my dependant against reserve category quota/seal for Ex-serviceman in future.

DEPONENT

I _____ DOB _____ S/O Sh _____
Solemnly affirm declare that my above statement is correct to the best of my
knowledge and belief. Nothing has been concealed in this declaration

DEPONENT

Annexure E

FORMAT OF MEDICAL CERTIFICATE FOR PERSON WITH DIABILITIES (PwD)

NAME AND ADDRESS OF THE INSTITUTE/HOSPITAL _____

Certificate No. _____ Date: _____

1. This is to certify that Smt/Shri/Kum _____
son/daughter of Shri _____ age _____
Male/Female having identification marks as below: _____
is suffering from permanent disability of following category:

Paste here your recent
colour photograph showing
the disability (The
photograph should be
attested by the Chairperson
of the Medical Board)

Signature of the candidate

- A. Locomotor or cerebral palsy:
(i) BL – Both legs affected but not arms.
(ii) BA- Both arms affected : a) Impaired reach b) Weakness of grip
(iii) OL-One leg affected (right or left): a) Impaired reach b) Weakness of grip c) Ataxic
(iv) OA- One arm affected (right or left): a) Impaired reach b) Weakness of grip c) Ataxic
(v) BH- Stiff Back and hips (cannot sit or stoop)
(vi) MW- Muscular Weakness and limited physical endurance.
- B. Blindness or Low Vision : (i) B-Blind (ii) PB- Partially Blind
C. Hearing Impairment: (i) D-Deaf (ii) PD- Partially Deaf. (Delete the category whichever is not applicable)
2. This condition is progressive/non-progressive/likely to improve/ not likely to improve. Re-assessment of this case is not recommended/ recommended after a period _____ years
_____ months.
3. Percentage of disability in his/ her case is _____ Percent.
4. Smt./Shri/Kum _____ meets the following physical requirement for discharge of his/her duties :

- | | |
|--|--------|
| (i) F – can perform work by manipulating with fingers. | Yes/No |
| (ii) PP- can perform work by pulling and pushing. | Yes/No |
| (iii) L – can perform work by lifting. | Yes/No |
| (iv) KC- can perform work by kneeling and crouching. | Yes/No |
| (v) B – can perform work by bending. | Yes/No |
| (vi) S – can perform work by sitting. | Yes/No |
| (vii) ST- can perform work by standing. | Yes/No |
| (viii) W – can perform work by walking. | Yes/No |
| (ix) SE- can perform work by seeing. | Yes/No |
| (x) H – can perform work by hearing/speaking. | Yes/No |
| (xi) RW- can perform work by reading and writing. | Yes/No |

(Signature of Doctor)
Name :
Registration No.
Member, Medical Board

(Signature of Doctor)
Name:
Registration No.
Member, Medical Board

(Signature of Doctor)
Name :
Registration No.
Member/Chairperson,
Medical Board

* Please delete the words which are not applicable.

Place : _____ Date: _____

Counter Signature of the Medical Superintendent/CMO/Head of Hospital (with seal)