

Roll No. \_\_\_\_\_

**PARLIAMENT OF INDIA** (To be filled in by Recruitment Branch)  
**(RECRUITMENT BRANCH, LOK SABHA SECRETARIAT)**

\*\*\*\*\*  
**APPLICATION FORMAT**

**Affix recent self-attested passport size Photograph**

**Advt. No. 1/2020**

Name of the Post applied for: **TRANSLATOR**

1. FULL NAME (In Capital Letters):

Signature of Candidate

\_\_\_\_\_

First Name

Middle Name

Surname

(Exactly as mentioned in matriculation or equivalent examination certificate. Please leave one box blank between each part of name.)

2. FATHER'S NAME (In Capital Letters): \_\_\_\_\_  
(Exactly as mentioned in matriculation or equivalent examination certificate of the applicant.)

3. MOTHER'S NAME (In Capital Letters): \_\_\_\_\_  
(Exactly as mentioned in matriculation or equivalent examination certificate of the applicant.)

4. NATIONALITY: \_\_\_\_\_

5. PREFERRED CITY FOR TAKING PRELIMINARY EXAMINATION: (i) BHOPAL  ; (ii) DELHI  ;  
(iii) JAIPUR  ; (iv) LUCKNOW  (Please  $\checkmark$  mark in the appropriate box against the preferred city)

6. ADDRESS FOR COMMUNICATION: \_\_\_\_\_  
\_\_\_\_\_ PIN \_\_\_\_\_

Tel./Mobile No(s). \_\_\_\_\_ Email address \_\_\_\_\_

7. DETAILS OF RESIDENCE DURING LAST 5 YEARS WHERE THE APPLICANT HAS RESIDED FOR MORE THAN ONE YEAR:

ADDRESS	PERIOD OF STAY

8. PERMANENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ PIN \_\_\_\_\_

9. DATE OF BIRTH:  
(Please enclose self-attested **scanned** copy of the matriculation certificate)

D D M M Y E A R

\_\_\_\_ -- \_\_\_\_ -- \_\_\_\_

10. PLACE OF BIRTH (Village/Town/City/District/State): \_\_\_\_\_

11. AGE AS ON **27.07.2020**: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

12. CATEGORY (GEN/SC/ST/OBC/EWS): \_\_\_\_\_  
(The candidates belonging to SC/ST/OBC/EWS category must enclose self-attested **scanned** copy of the certificate as proof)

13. Whether you are a physically challenged person Yes/No  
*(If yes, please attach self-attested scanned copy of the certificate in the prescribed format)*

14. GROUNDS FOR CLAIMING AGE RELAXATION: \_\_\_\_\_

15. A. Whether you are an ex-Serviceman/in the last year of Service Yes/No

B. If yes, your date of joining \_\_\_\_\_ date of Discharge \_\_\_\_\_  
*(Please enclose self-attested scanned copy of relevant pages of Discharge Book/Permission to seek re-employment)*

C. Are you boarded out or relieved on medical grounds and granted medical disability pension. Yes/No

16. DETAILS OF EDUCATIONAL & TECHNICAL QUALIFICATIONS:  
*(Please enclose self-attested scanned copies of the certificates/degrees as well as marks sheets)*

(a) Educational Qualifications:

Exam Passed	Institution/ University	Subjects studied	*Medium of Instruction	Duration of study	Year of passing	% of marks

\*Please see para 2 of advertisement.

(b) Professional/Technical Qualifications:

Exam Passed	Institution/ University	Subjects studied	Medium of Instruction	Duration of study	Year of passing	% of marks

17. DETAILS OF EXPERIENCE: *(Candidates are advised to fill-up this column carefully and in terms of conditions stipulated in the Advertisement to avoid rejection)*

(a) GOVERNMENT SERVICE

Name of Govt. Orgn.	Post held	Pay Scale*	Duration of service (Exact dates to be given) (From - To)	Whether regular or not	Nature of duties performed

\* Please indicate Grade Pay/ Level in the Pay Matrix also, wherever applicable.

(b) SERVICE IN OTHER ORGANISATIONS

Name of Orgn.	Status of organisation [Government etc.]	Post held	Pay Scale*	Duration of service (From – To)	Whether regular or not	Nature of duties performed

\* Please indicate Grade Pay/Level in the Pay Matrix also, wherever applicable.

18. Do you possess the essential educational qualifications as required for the post applied for? Yes/No

19. Do you possess relevant experience prescribed for the post applied for? Yes/No/N.A.

If yes, please specify clearly whether the experience mentioned in column 17 above has been obtained from:

Sl. No.	Category	Tick (✓) against appropriate Category
1.	Offices under Central/State Government	
2.	Union/State Legislature Secretariats	
3.	Supreme Court/High Courts/Subordinate Courts	
4.	Central/State Public Sector Undertakings	
5.	Statutory Corporations of Centre/States	
6.	Commissions/Tribunals and other institutions established by law/notifications of the Union/State Governments	
7.	Private Organisations/Any other institution	

(Please attach a self-attested **scanned** copy of the experience certificate)

20. **DECLARATION :**

(i) I declare that I fulfil the eligibility conditions as per the advertisement and that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage or not satisfying the eligibility conditions according to the requirements mentioned in the advertisement, my candidature/appointment is liable to be cancelled/terminated.

(ii) I have attached the **scanned** Attendance Sheet duly completed including self-attested recent passport size photograph.

**PLACE:**

**DATE:**

**(SIGNATURE OF CANDIDATE)**

**Note: 1. Applications without self-attested scanned copies of necessary certificates as mentioned in column nos. 9, 12 (wherever applicable), 13 (wherever applicable), 15 (wherever applicable), 16 and 19 (wherever applicable) [both Certificates/ Degree and Marks Sheets for each Educational/ Professional/Technical qualification] also recent identical photographs at the prescribed spaces in the application form and the attendance sheet will be summarily rejected.**

**2. ONLY SCANNED COPIES OF THE APPLICATION FORM ALONGWITH REQUISITE DOCUMENTS WILL BE ACCEPTED. THE APPLICATION FORM IN OTHER THAN DIGITAL FORMAT AS SPECIFIED ABOVE WILL BE SUMMARILY REJECTED.**

**3. Single/consolidated SCANNED PDF of the signed application along with its enclosures and complete in all respects should be mailed to the recruitment-iss@sansad.nic.in. File name of the SCANNED PDF attached should invariably indicate name and date of birth of the applicant.**

**PARLIAMENT OF INDIA**  
(RECRUITMENT BRANCH, LOK SABHA SECRETARIAT)

**ATTENDANCE SHEET**

*(To be filled in on a separate sheet by the candidate when submitting Application Form)*

1. Advt. No. 1/2020

2. Name of the Post: **TRANSLATOR**

Affix recent self-  
attested passport  
size Photograph

Signature of Candidate

3. **NAME** *(In block letters)*: \_\_\_\_\_

4. **CATEGORY** \_\_\_\_\_

5. **FATHER'S NAME** *(In block letters)*: \_\_\_\_\_

6. **MOTHER'S NAME** *(In block letters)*: \_\_\_\_\_

7. **ADDRESS FOR COMMUNICATION:** \_\_\_\_\_

\_\_\_\_\_

PIN \_\_\_\_\_

*(To be filled in by the candidate at the Examination Venue)*

8.

Subject	Date of Exam.	Signature

9.

<b>ROLL NO.</b>	
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*(To be allotted by Recruitment Branch)*

**UNDERTAKING**

I understand that I shall not be eligible to be appointed to the post of **Translator** in Lok Sabha Secretariat (vacancies notified *vide* Advt. No. 1/2020) if I have at any time prior to such appointment, secured any employment on the civil side by availing of the concession of reservation of vacancies admissible to Ex-Servicemen, except as per DOPT O.M. No. 36034/1/2014-Estt. (Res.) dated 14<sup>th</sup> August, 2014.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

**Form of declaration to be submitted by OBC candidate**  
**(in addition to the community certificate)**

I, \_\_\_\_\_ son/daughter of Shri \_\_\_\_\_  
resident of Village/Town/City \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_ hereby  
declare that I belong to the \_\_\_\_\_ community which is recognised as a Backward Class by the  
Government of India for the purpose of reservation in service as per orders contained in Department of Personnel and  
Training Office Memorandum No.36012/22/93-Estt.(SCT) dated 08.09.1993. I also declare that as on the last date for  
receipt of applications, I do not belong to persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to  
the above referred O.M., O.M. No.36033/3/2004-Estt.(Res) dated 9<sup>th</sup> March 2004, O.M. No. 36033/3/2004-Estt. (Res)  
dated 14<sup>th</sup> October 2008, O.M. 36033/1/2013- Estt.(Res.) dated 27<sup>th</sup> May 2013 and O.M. No. 36033/1/2013-Estt.  
(Res.) dated 13<sup>th</sup> September, 2017.

2. I further declare that I will produce OBC certificate as per the instructions contained in the Advertisement  
No. 1/2020 before Preliminary Examination for the post of **Translator**. Otherwise, my candidature/application may  
be considered under General (UR) category.

Signature of the candidate :.....

Full Name : .....

Place : .....

Date : .....

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*Declaration/undertaking not signed by candidate will be rejected.*

Government of.....

(Name & Address of the authority issuing the certificate)

**INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS**

Certificate No.....

Date:.....

**VALID FOR THE YEAR.....**

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

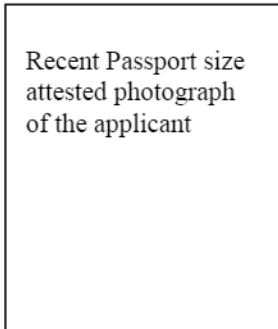
- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

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

Signature with seal of Office.....

Name.....

Designation.....



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

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

**INCOME AND ASSET CERTIFICATE ISSUING AUTHORITY**

The Income and Asset Certificate issued by any one 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 of the area where the candidate and/or her/his family normally resides.

**FORMAT OF DISABILITY CERTIFICATE  
(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 \_\_\_\_\_ Age \_\_\_\_\_ years, male/female \_\_\_\_\_  
(DD/MM/YY)

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 permanent physical impairment /disability has been  
evaluated as per guidelines and shown against the relevant disability in the table below:

Sl. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/ mental disability (in %)
1.	Locomotor disability	@		
2.	Low vision	#		
3.	Blindness	Both Eyes		
4.	Hearing Impairment	\$		
5.	Mental retardation	X		
6.	Mental-illness	X		

*(Please strike out the disabilities which are not applicable)*

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)

continued.....

- 
- @ e.g. Left/Right/both arms/legs
  - # Single eye/both eyes
  - \$ Left/Right/both ears



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

Nature of Document	Date of Issue	Details of authority issuing certificate

5. Sh./Smt./Kumari \_\_\_\_\_ meets the following physical requirements 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(on bench or chair). | 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 |
| (xii) C- can communicate                               | Yes/No |
- (Please strike out which is not applicable)

(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.

Note : In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.

Note : The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated 31<sup>st</sup> December, 1996.

**PARLIAMENT OF INDIA**  
**(RECRUITMENT BRANCH, LOK SABHA SECRETARIAT)**

**RECRUITMENT EXAMINATION FOR THE POST OF TRANSLATOR (Advt. No. 01/2020)**

Application form for availing the facility of SCRIBE by candidates having benchmark disability

I. DETAILS OF CANDIDATE			
1.	Name of the candidate :		Affix a self attested recent passport size coloured photograph
2.	Nature of Physical disability		
3.	Are you physically challenged with disability of 40% and above		
4.	Roll No.		
5.	Centre of Examination		
6.	Venue of Examination		
II. DETAILS OF SCRIBE			
1.	Name of the Scribe		Affix a recent passport size coloured photograph of the Scribe, attested by the Candidate
2.	Date of Birth		
3.	Identification Mark		
4.	Highest educational qualification obtained by SCRIBE		
5.	Whether she/he is a candidate for the above said examination		
6.	Address of the SCRIBE		
7.	Signature of the SCRIBE		

2. A self-attested **scanned** copy of my Disability Certificate in the format prescribed in Advertisement No. 01/2020 is enclosed.

3. A self-attested **scanned** copy of the certificate issued by the Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Government Health Care Institution regarding my physical limitation to write examination is enclosed.

4. A **scanned** copy of the ID proof of the scribe (containing her/his recent photograph) signed by me and the scribe is also enclosed.

**DECLARATION**

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that the Lok Sabha Secretariat may cancel/terminate my candidature/appointment in case any information given in this application form is found to be false or incorrect at any time. I further declare that the Scribe whose particulars are given above fulfils the criteria of engagement of Scribe prescribed by the Lok Sabha Secretariat. I further declare that I have not submitted more than one application for availing the facility of a scribe. I also understand that Recruitment Branch shall not bear any expenses or have any liability towards engagement of the aforesaid Scribe by me.

**Signature of the candidate**

**ANNEXURE-VI**  
(Please see para 6.XIV. of Advt.)

**Certificate regarding physical limitation in an examinee to write**

This is to certify that, I have examined Ms./Mrs./Mr. \_\_\_\_\_  
(name of the candidate with disability), a person with \_\_\_\_\_  
(nature and percentage of disability as mentioned in the certificate of disability), D/o / W/o / S/o  
\_\_\_\_\_, a resident of \_\_\_\_\_  
(Village/District/State) and to state that she/he has physical limitation which hampers her/his writing  
capabilities owing to her/his disability.

Signature  
Chief Medical Officer/Civil Surgeon/Medical Superintendent of a  
Government Health Care Institution  
Name & Designation  
Name of Government Hospital/Health Care Centre with Seal

Place:

Date:

Note: Certificate should be given by a specialist of the relevant stream/disability (e.g. Visual impairment-Ophthalmologist, Locomotor disability-Orthopaedic specialist/PMR).