



PUNJAB STATE TRANSMISSION CORPORATION LIMITED

(Regd. Office: PSEB, Head Office, The Mall, Patiala - 147001, Punjab, India)

Corporate Identity Number : U40109PB2010SGC033814

Office of Dy. Chief Engineer/HR & Admin., Shakti Sadan, Patiala

Telephone No : 0175-2970693

Website: www.pstcl.org

Email ID - helpdesk-cra-5@pstcl.org

CRA-05/2019 (Based on the GATE-2019 Score)

ਵਿਗਿਆਪਨ ਨੰ: CRA-05/2019 ਅਧੀਨ AE(OT)/Electrical ਦੀ ਅਸਾਮੀ ਲਈ ਅਸਲ ਸਰਟੀਫਿਕੇਟ/ਦਸਤਾਵੇਜ਼ ਜਿਹੜੇ ਦਸਤਾਵੇਜ਼ ਚੈਕਿੰਗ ਕਮੇਟੀ ਸਾਹਮਣੇ ਪੇਸ਼ ਕਰਨੇ ਹਨ:-

ਉਪਰੋਕਤ ਵਿਗਿਆਪਨ ਅਧੀਨ AE(OT)/Electrical ਦੀ ਅਸਾਮੀ ਲਈ ਵਿਗਿਆਪਨ ਵਿਚ ਦਿਤੀ ਯੋਗਤਾ ਅਨੁਸਾਰ ਵਿਦਿਅਕ ਯੋਗਤਾ ਦੇ ਅਸਲ ਸਰਟੀਫਿਕੇਟ/ਦਸਤਾਵੇਜ਼ ਅਤੇ ਰਿਜ਼ਰਵੇਸ਼ਨ ਸਬੰਧੀ ਸਰਟੀਫਿਕੇਟ ਹੇਠ ਲਿਖੇ ਅਨੁਸਾਰ ਮੂਲ ਰੂਪ ਵਿੱਚ ਕਮੇਟੀ ਸਾਹਮਣੇ ਪੇਸ਼ ਕੀਤੇ ਜਾਣ।

ਅਸਲ ਸਰਟੀਫਿਕੇਟ/ਦਸਤਾਵੇਜ਼ ਜਿਹੜੇ ਕਮੇਟੀ ਸਾਹਮਣੇ ਪੇਸ਼ ਕਰਨੇ ਹਨ:-

ਵਿਗਿਆਪਨ ਵਿੱਚ ਨਿਰਧਾਰਿਤ ਵਿਦਿਅਕ ਯੋਗਤਾ, ਤਕਨੀਕੀ ਯੋਗਤਾ ਅਨੁਸਾਰ ਡੀਐਮਸੀ ਅਤੇ ਡਿਗਰੀ/ਪਾਸ ਸਰਟੀਫਿਕੇਟ ਪੇਸ਼ ਕਰਨ ਤੇ ਇਲਾਵਾ ਹੇਠ ਦਰਸਾਏ ਸਰਟੀਫਿਕੇਟ/ਦਸਤਾਵੇਜ਼ ਪੇਸ਼ ਕੀਤੇ ਜਾਣ:-

- ❖ ਜਨਮ ਮਿਤੀ ਦਰਸਾਉਂਦਾ ਮੈਟ੍ਰਿਕ/10ਵੀਂ ਦਾ ਸਰਟੀਫਿਕੇਟ।
- ❖ ਮੈਟ੍ਰਿਕ ਪੱਧਰ/10ਵੀਂ ਪੱਧਰ ਦੀ ਘੱਟੋ ਘੱਟ ਪੰਜਾਬੀ ਪਾਸ ਕਰਨ ਦੇ ਸਬੂਤ ਵਜੋਂ ਸਰਟੀਫਿਕੇਟ।
- ❖ 10+2/Diploma ਦਾ ਡੀਐਮਸੀ ਅਤੇ ਡਿਗਰੀ/ਪਾਸ ਸਰਟੀਫਿਕੇਟ।
- ❖ ਵਿਗਿਆਪਨ ਵਿੱਚ ਨਿਰਧਾਰਿਤ ਵਿਦਿਅਕ ਯੋਗਤਾ ਅਨੁਸਾਰ ਡੀਐਮਸੀ ਅਤੇ ਡਿਗਰੀ/ਪਾਸ ਸਰਟੀਫਿਕੇਟ।
- ❖ GATE-2019 score card issued by IIT Madras alongwith affidavit of candidate (As per specimen Annexure-'A') on stamp paper of Rs. 50/- duly attested by the Executive Magistrate.
- ❖ Original Aadhar Card.
- ❖ ਅਨੁਸੂਚਿਤ ਜਾਤੀ ਨਾਲ ਸਬੰਧ ਰੱਖਣ ਵਾਲੇ ਉਮੀਦਵਾਰਾਂ ਨੇ ਸਮਰੱਥ ਅਧਿਕਾਰੀ ਵੱਲੋਂ ਅਨੁਸੂਚਿਤ ਜਾਤੀ ਦਾ ਜਾਰੀ ਕੀਤਾ ਸਰਟੀਫਿਕੇਟ ਪੇਸ਼ ਕਰਨਾ ਹੈ ਜਾਂ ਇਹ ਸਰਟੀਫਿਕੇਟ ਪੰਜਾਬ ਸਰਕਾਰ ਵੱਲੋਂ ਨਾਮਜ਼ਦ ਕੀਤੇ ਗਏ ਅਧਿਕਾਰੀਆਂ ਵੱਲੋਂ ਜਾਰੀ ਕੀਤਾ ਹੋਣਾ ਚਾਹੀਦਾ ਹੈ, ਜਿਨ੍ਹਾਂ ਕੋਲ ਇਹ ਸਰਟੀਫਿਕੇਟ ਜਾਰੀ ਕਰਨ ਦੀ ਅਥਾਰਟੀ ਹੋਵੇ। ਇਸ ਸਰਟੀਫਿਕੇਟ ਤੇ ਜਾਰੀ ਕਰਤਾ ਦਫਤਰ ਦੀ ਸਟੈਂਪ ਅਤੇ ਜਾਰੀ ਕਰਨ ਦੀ ਮਿਤੀ/ਨੰਬਰ ਵੀ ਦਰਸਾਇਆ ਜਾਵੇ (As per specimen Annexure-'B').
- ❖ ਪੱਛੜੀ ਸ਼੍ਰੇਣੀ ਨਾਲ ਸਬੰਧ ਰੱਖਣ ਵਾਲੇ ਉਮੀਦਵਾਰ ਪੰਜਾਬ ਸਰਕਾਰ ਰਾਹੀਂ ਘੋਸ਼ਿਤ ਕੀਤੀਆਂ ਗਈਆਂ ਪੱਛੜੀਆਂ ਜਾਤੀਆਂ ਨਾਲ ਸਬੰਧਤ ਸਰਟੀਫਿਕੇਟ ਪੰਜਾਬ ਸਰਕਾਰ ਵੱਲੋਂ ਨਾਮਜ਼ਦ ਕੀਤੇ ਅਧਿਕਾਰੀਆਂ ਵੱਲੋਂ ਜਾਰੀ ਕੀਤਾ ਹੋਇਆ ਹੋਵੇ, ਪੇਸ਼ ਕਰਨਗੇ, ਜਿਨ੍ਹਾਂ ਕੋਲ ਇਹ ਸਰਟੀਫਿਕੇਟ ਜਾਰੀ ਕਰਨ ਦੀ ਅਥਾਰਟੀ ਹੋਵੇ (As per specimen Annexure-'C-1') ਅਤੇ Creamy layer ਵਿੱਚ ਨਾ ਹੋਣ ਸਬੰਧੀ ਸਵੈ ਘੋਸ਼ਣਾ (As per specimen Annexure-'C-2').
- ❖ ਸਾਬਕਾ ਫੌਜੀ ਜਾਂ ਉਨ੍ਹਾਂ ਤੇ ਨਿਰਭਰ ਬੱਚਿਆਂ ਲਈ :-
 - 1) ਸਾਬਕਾ ਫੌਜੀ ਨੂੰ ਜਾਰੀ ਹੋਈ ਅਸਲ ਡਿਸਚਾਰਜ ਬੁੱਕ।
 - 2) ਜ਼ਿਲਾ ਸੈਨਿਕ ਭਲਾਈ ਅਫਸਰ ਵੱਲੋਂ ਜਾਰੀ ਕੀਤਾ ਲੈਨਲ ਡੈਸੈਂਡੈਂਟ ਸਰਟੀਫਿਕੇਟ (Lineal Descendent Certificate)।
 - 3) ਸਾਬਕਾ ਫੌਜੀ ਅਤੇ ਉਸ ਦੇ ਆਸਰਿਤ ਬੱਚੇ ਵੱਲੋਂ ਹਲਫੀਆਂ ਬਿਆਨ (As per specimen Annexure-'D-1' & 'D-2') ਪੇਸ਼ ਕਰਨਾ ਹੋਵੇਗਾ।

❖ ਖਿਡਾਰੀ ਉਮੀਦਵਾਰਾਂ ਲਈ :-

ਇਸ ਕੈਟਾਗਰੀ ਨਾਲ ਸਬੰਧ ਰੱਖਣ ਵਾਲੇ ਉਮੀਦਵਾਰ ਨੂੰ ਡਾਇਰੈਕਟਰ ਸਪੋਰਟਸ ਪੰਜਾਬ, ਚੰਡੀਗੜ੍ਹ, ਰਾਹੀਂ ਜਾਰੀ ਕੀਤਾ ਗਿਆ ਸਪੋਰਟਸ ਗ੍ਰੇਡੇਸ਼ਨ ਸਰਟੀਫਿਕੇਟ ਪੇਸ਼ ਕਰਨਾ ਹੋਵੇਗਾ।

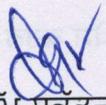
❖ ਅੰਗਰੀਣ ਉਮੀਦਵਾਰਾਂ ਲਈ :-

ਅੰਗਰੀਣ ਉਮੀਦਵਾਰ ਅੰਗਰੀਣਾ ਸਰਟੀਫਿਕੇਟ ਜੋ ਕਿ ਮੈਡੀਕਲ ਬੋਰਡ ਵੱਲੋਂ ਜਾਰੀ ਕੀਤਾ ਹੋਵੇ ਅਤੇ ਅਪੰਗਤਾ ਘੱਟੋ ਘੱਟ 40% ਹੋਵੇ, ਪੇਸ਼ ਕਰਨਗੇ (As per specimen Annexure-'E'). ਇਸ ਤੋਂ ਇਲਾਵਾ ਇਕ ਫੋਟੋ ਜਿਸ ਵਿੱਚ ਉਹਨਾਂ ਦੀ ਅਪੰਗਤਾ ਸਾਫ ਅਤੇ ਸਪਸ਼ਟ ਦਿੱਸਦੀ ਹੋਵੇ, ਨਾਲ ਲੈ ਕੇ ਆਉਣੀ ਲਾਜ਼ਮੀ ਹੈ।

❖ ਜਨਰਲ (ਆਮਦਨ ਅਤੇ ਸੰਪਤੀ ਸਰਟੀਫਿਕੇਟ) :-

ਜਨਰਲ **Economically Weaker Section** ਸ਼੍ਰੇਣੀ ਨਾਲ ਸਬੰਧ ਰੱਖਣ ਵਾਲੇ ਉਮੀਦਵਾਰ ਪੰਜਾਬ ਸਰਕਾਰ ਦੁਆਰਾ ਜਾਰੀ ਤਾਜ਼ਾ ਹਦਾਇਤਾਂ ਅਨੁਸਾਰ ਜਨਰਲ (EWS) ਸਰਟੀਫਿਕੇਟ) ਪੰਜਾਬ ਸਰਕਾਰ ਵੱਲੋਂ ਨਾਮਜ਼ਦ ਕੀਤੇ ਅਧਿਕਾਰੀਆਂ ਵੱਲੋਂ ਜਾਰੀ ਕੀਤਾ ਹੋਇਆ ਹੋਵੇ, ਪੇਸ਼ ਕਰਨਗੇ, ਜਿੰਨਾਂ ਕੋਲ ਇਹ ਸਰਟੀਫਿਕੇਟ ਜਾਰੀ ਕਰਨ ਦੀ ਅਥਾਰਟੀ ਹੋਵੇ। ਇਹ ਸਰਟੀਫਿਕੇਟ ਇੱਕ ਸਾਲ ਲਈ ਵੈਧ ਹੈ। (As per specimen Annexure-'F').

ਨੱਥੀ:- (As per specimen Annexure-'A' to 'G').


ਉੱਪ ਸਕੱਤਰ/ਅਮਲਾ,
ਪੀ.ਐੱਸ.ਟੀ.ਸੀ.ਐੱਲ., ਪਟਿਆਲਾ

Note :-

1. Merely calling of any candidate for document checking does not entitle him/her for selection/appointment to the said post in PSTCL.
2. Punjab Domicile Certificate is mandatory for all the candidates belonging to the Reserved categories only (As per specimen Annexure-'G').
3. Bring your Downloaded confirmation copy of Online Application Form (bearing your original Signature & Photograph), 02 Nos. original photographs (same as that of uploaded in application form) and Annexure as per specimen related to himself/herself available on the link "**List of Documents to be brought**" on PSTCL website is mandatory to submit at the time of document checking.
4. Candidates who are already working shall submit "**No Objection Certificate**" issued by the Head of the Department at the time of document checking.
5. Affidavit as per Annexure-'A' on **stamp paper of Rs. 50/- duly** attested by the Executive Magistrate, Specimen available on the link "**List of Documents to be brought**" on PSTCL website is mandatory to submit at the time of document checking.
6. All the documents in original alongwith one set of photocopy of all documents (**Self attested**) is mandatory at the time of document checking.
7. If the candidate does not complete the required educational qualification certificate at the time of document checking, his / her eligibility may be cancelled by the PSTCL.
8. No TA/DA will be paid for the journeys performed for the document checking/counselling etc.

❖ *Candidates may visit PSTCL website regularly for latest updates regarding document checking.*



AFFIDAVIT FOR AE(OT) ELECTRICAL

I, _____ have applied for the post of AE(OT)/ Electrical against CRA-05/2019/PSTCL vide Registration No. _____

I here declare that I have appeared in GATE(EE)-2019 exam. The detail of the same in as under :-

1. GATE(EE)-2019 Registration No. - _____
2. Marks obtained/Total Marks - _____
3. GATE Score - _____
4. All India Rank in this paper - _____

I further declare that in case the above information is proved to be wrong at any stage, my service should be terminated without any further notice & I will not claim it at any stage.

Dated:- 2020



(Name & Signature)

Verification:-

Verified that the above information is true to my belief and correct to the best of my knowledge and nothing has been concealed in this declaration.

Dated:- 2020

(Name & Signature)

Contd.../-

BACK SIDE OF AFFIDAVIT

STAMP VENDER
LIC. No. 1

Affidavit Attestation

Entry Date _____
ID Number _____
Stamp Paper No _____
Applicant Name _____
Father/Husband Name _____
Address _____



Identity Type _____
Identification No _____

The above person appeared and deposited before me

Executive Magistrate,

Executive Magistrate



SIGNATURE _____

Office of the Tehsildar, _____ (Punjab)
Certificate of Scheduled Caste

Document Sr. No: _____



It is Certified that _____
Son of _____
Town _____
District / Division _____
UID/EID _____

State of Punjab belongs to _____ Caste which has been recognized as Scheduled Caste as per "The Constitution (Scheduled Castes), Order 1950".

Shri _____ and his family lives in town _____ of _____
District/Division _____ of Punjab State.

Date of Issuance: _____

Signature of the Issuing Authority: _____

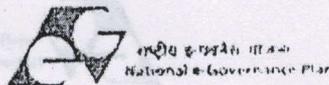
Digitally Signed by: _____
Designation: **Tehsildar**
Date: _____
Place: _____

(Stamp and sign of certificate printing center)

Date: _____
Operator: _____
Signature: _____

Disclaimer - "This is a digitally Signed Certificate and does not require hand written signatures. The responsibility of verification of this document, before accepting the same for any legal purpose, would rest with the Institution or Organization or Company or any other entity where this document is produced."

The Content of this document could be verified using the document serial number at the following web link <http://edistrict.punjab.gov.in/EDA>



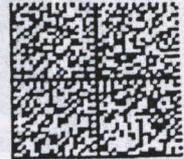
Public services closer home

Government of Punjab

Office of the Tehsildar, _____

Certificate of Backward Class

Document Sr. No : _____



This is to certify that _____

Son of _____

Town _____

District / Division _____

UID/EID _____



In the State of Punjab belongs to the _____ community which is recognized as a backward class under the Government of Punjab, Department of Welfare of SCs and BCs vide Notification No. _____ dated _____

Shri _____ and/or his family ordinarily resides in the _____ District/Division of the State of Punjab.

This is also to certify that he does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of Punjab, Department of Welfare of SCs and BCs Notification no. 1/41/93-RC1/459 dated 17.01.1994, as amended vide Notification No. 1/41/93-RC1/1597 dated 17.08.2005, Notification No. 1/41/93-RC1/209 dated 24.02.2009 and Notification No. 1/41/93-RC1/609 dated 24.10.2013.

Date of Issuance: _____

Signature of the Issuing Authority: _____

Digitally Signed by: _____

Designation: " Tehsildar

Date: _____

Place : _____

(Stamp and Sign of certificate printing center)



SEWA KENDRA PUNJAB

Date _____
Operator ID _____

Disclaimer:- This is a digitally Signed Certificate and does not require hand written signatures. The responsibility of verification of this document, before accepting the same for any legal purpose, would rest with the Institution or Organization or Company or any other entity where this document is produced."

The Content of this document could be verified using the document serial number at the following web link <http://edistrict.punjab.gov.in/EDA>

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



राष्ट्रीय ई-शासन योजना
National e Governance Plan

Public services closer home

Handwritten signature in blue ink

Handwritten signature in blue ink

FORM OF DECLARATION REGARDING BACKWARD CLASS STATUS

I _____ DOB _____ Son/Daughter of
Sh. _____ 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.

Date:

(Signature of Applicant)



AFFIDAVIT**Affidavit from Ex-serviceman (Self)**

I _____ DOB _____ Son/Daughter of 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 had 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 by me nor by any other member of my
family.

4. That I do possess the requisite qualification for the post of AE(OT)/Electrical.

5. That in the event of the selection of AE(OT)/Electrical, I undertake that I shall not avail /
take any further concession/post for me nor any of my family member against reserve category
quota/ seat for Ex-serviceman in future.

Dated :-**Deponent**

I _____ DOB _____ Son/Daughter of Sh. _____

Solemnly affirm and declare that my above statement is correct to the best of my knowledge and
belief and nothing has been concealed in this declaration.

Dated :-**Deponent**



AFFIDAVIT**Affidavit from Ex-serviceman (Dependent)**

I _____ DOB _____ Son/Daughter of Sh. _____ resident of _____ do hereby solemnly affirm and declare as under:-

1. That My Father/Mother/Husband is Ex-serviceman released vide discharge order No. _____ dated _____.
2. I had 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 AE(OT)/Electrical.
5. That in the event of the selection of AE(OT)/Electrical, I undertake that any of my dependant will not avail/ take any further concession/post against reserve category quota/ seat for Ex-serviceman in future.

Dated :-**Deponent**

I _____ DOB _____ Son/Daughter of Sh. _____

Solemnly affirm and declare that my above statement is correct to the best of my knowledge and belief and nothing has been concealed in this declaration.

Dated :-**Deponent**



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:
- 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 |

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

(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)

Document Sr. No. _____



Department of Social Justice, Empowerment and Minorities,
Government of Punjab
Office of the Tehsildar, _____
District _____ Punjab



सत्यमेव जयते

Income and Asset Certificate

(For EWS for appointment in civil posts and services in the Govt. of India/Govt. of Punjab and admission in education institutes of Govt. of India)



Certificate No. : _____

Issuance Date : _____

Valid for financial year : _____



PHOTO

This is to Certify that Shri. _____ S/o _____ resident of _____
Post Office _____ District _____ in the State of Punjab, Pin Code _____

whose photograph is above, belongs to Economically Weaker Sections, since the gross annual income* of his/her family** is below Rs. 8.00 lakh (Rupees Eight Lakh only) for the financial year _____ to ____ 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. _____ belongs to the _____ caste/class which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

3. This certificate is being issued on the basis of the Self Declaration by the Applicant.



Sewa Kendra - Punjab

Date: _____

Operator ID: _____

Signature: _____

(Stamp and Sign of certificate printing center)

Digitally Signed by: _____

Designation: Tehsildar

Location: _____

Date and Time of Signing : _____

*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.

1. This certificate is valid as per Information Technology Act 2000 as amended from time to time.
2. The Authenticity of this certificate should be verified at "<https://esewa.punjab.gov.in/certificateVerification>". Any discrepancy in details on this document when compared to those available on website renders it invalid.
3. The onus of checking the legitimacy is on the users of the document.
4. In case of any discrepancy please inform the issuing authority of the certificate.

(Punjab/ਪੰਜਾਬ)

Office Of Tehsildar /ਦਫ਼ਤਰ ਤਹਿਸੀਲਦਾਰ, _____

Punjab Residence Certificate/ ਪੰਜਾਬ ਰੈਜ਼ੀਡੈਂਸ ਸਰਟੀਫਿਕੇਟ

Document Sr. No : _____







Certified that/ਤਸਦੀਕ ਕੀਤਾ ਜਾਂਦਾ ਹੈ ਕਿ _____

Sh/Sm/Ms / ਸ੍ਰੀ /ਸ੍ਰੀਮਤੀ/ ਕੁਮਾਰੀ _____

S/o/D/o/W/o , Sh. /ਪੁੱਤਰ / ਪੁੱਤਰੀ/ _____

ਪਤਨੀ ਸ੍ਰੀ _____

Resident of/ ਵਾਸੀ _____

Tehsil/ਤਹਿਸੀਲ _____

District/ਜ਼ਿਲ੍ਹਾ _____

UID/AID/ਯੂ ਆਈ ਡੀ/ਈ ਆਈ ਡੀ : _____

was born in the State of Punjab as per Birth Certificate./ਦਾ ਜਨਮ, ਜਨਮ ਸਰਟੀਫਿਕੇਟ ਤੇ ਮੁਤਾਬਿਕ ਪੰਜਾਬ ਰਾਜ ਵਿਚੋਂ ਹੋਈਆ |

Date of Issuance : _____

Signature of the Approving Authority: _____

Digitally Signed by : _____

Designation : **Tehsildar**

Date : _____

Location : _____

(Stamp and Sign of certificate printing center)



Sewa Kendra Punjab

Date : _____

Disclaimer

"This is a digitally Signed Certificate and does not require hand written signatures. The responsibility of verification of this document, before accepting the same for any legal purpose, would rest with the Institution or Organization or Company or any other entity where this document is produced."

The Content of this document could be verified using the document serial number at the following web link
<http://edistrict.punjab.gov.in/EDA>



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National e-Governance Plan