

INDIAN OIL CORPORATION LIMITED (MARKETING DIVISION) NORTHERN REGION

Advertisement No. IOCL/MKTG/NR/APPR/2020-21/1

Date of Examination: 03.01.2021

3rd LIST OF CANDIDATES PROVISIONALLY SHORTLISTED FOR DOCUMENT VERIFICATION

S. No.	Reg. No.
1	9003569
2	9001182
3	9000127
4	9000191
5	9002750
6	9002999
7	9000589
8	9000855
9	9001664
10	9003652
11	9001322
12	9002492
13	9002994
14	9001948
15	9000189
16	9003444
17	9002834
18	9003554
19	9002731
20	9000521
21	9002769
22	9001750
23	9002594
24	9001756
25	9001783
26	9003175
27	9003185
28	9003659
29	9003491
30	9001301
31	9002033
32	9001546
33	9002026
34	9002175
35	9000857
36	9001481
37	9000853
38	9002400
39	9002810
40	9003472
41	9002277

INDIAN OIL CORPORATION LIMITED (MARKETING DIVISION) NORTHERN REGION

Advertisement No. IOCL/MKTG/NR/APPR/2020-21/1

Date of Examination: 03.01.2021

42	9002627
43	9000247
44	9001766
45	9001385
46	9002163
47	9002741
48	9002280
49	9000101
50	9000760
51	9000950
52	9001818
53	9003266
54	9002726
55	9002984
56	9002572
57	9001439
58	9002346
59	9000481
60	9003012
61	9003504
62	9003038
63	9000359
64	9001450
65	9000945
66	9001565
67	9002602
68	9002833
69	9003093
70	9000431
71	9001667
72	9001289
73	9000782
74	9001905
75	9002679
76	9001771
77	9002362
78	9000662
79	9001128
80	9003245
81	9000231
82	9001609
83	9001527
84	9001942
85	9003299

INDIAN OIL CORPORATION LIMITED (MARKETING DIVISION) NORTHERN REGION

Advertisement No. IOCL/MKTG/NR/APPR/2020-21/1

Date of Examination: 03.01.2021

86	9003566
87	9001966
88	9000249
89	9001277
90	9001504
91	9002647
92	9002807
93	9002651
94	9002712
95	9001722
96	9002704
97	9001012
98	9002296
99	9003507
100	9001505
101	9002451
102	9002533
103	9002578
104	9003550
105	9003153
106	9001844
107	9001858
108	9002131
109	9003298
110	9002040
111	9002986
112	9003396
113	9000520
114	9001323
115	9000839
116	9002922
117	9002997
118	9002611
119	9001070
120	9002581
121	9002588
122	9002286
123	9001285
124	9000703
125	9001324
126	9000483
127	9002109
128	9003171
129	9003033

INDIAN OIL CORPORATION LIMITED (MARKETING DIVISION) NORTHERN REGION

Advertisement No. IOCL/MKTG/NR/APPR/2020-21/1

Date of Examination: 03.01.2021

130	9000296
131	9003000
132	9001982
133	9001008
134	9000192
135	9000988
136	9000625
137	9001716
138	9001963
139	9002042
140	9000634
141	9002701
142	9002949
143	9000122
144	9000087
145	9000974
146	9002891
147	9003238
148	9001210
149	9001171
150	9001987
151	9000986
152	9003398
153	9000413
154	9000447
155	9000532
156	9000130
157	9002567
158	9001724
159	9002911
160	9000348
161	9001715
162	9002719
163	9002616
164	9001734
165	9001843
166	9000704
167	9003272
168	9002016
169	9003342
170	9001107
171	9002172
172	9001124
173	9002473

INDIAN OIL CORPORATION LIMITED (MARKETING DIVISION) NORTHERN REGION

Advertisement No. IOCL/MKTG/NR/APPR/2020-21/1

Date of Examination: 03.01.2021

174	9003132
175	9002711
176	9001597
177	9001093
178	9003236
179	9003251
180	9001430
181	9003005
182	9000798
183	9001792
184	9002924
185	9001382
186	9002177
187	9002684
188	9003423
189	9003602
190	9002271
191	9002246
192	9002193
193	9001626
194	9002842
195	9002412
196	9002645
197	9002648
198	9001269
199	9001661
200	9002082
201	9000796
202	9002734
203	9002872
204	9002672
205	9002685
206	9000612
207	9000911
208	9001049
209	9001214
210	9000434
211	9002195
212	9002658
213	9001578
214	9003210
215	9002084
216	9002826
217	9002664

INDIAN OIL CORPORATION LIMITED (MARKETING DIVISION) NORTHERN REGION**Advertisement No. IOCL/MKTG/NR/APPR/2020-21/1****Date of Examination: 03.01.2021**

218	9000888
219	9001605
220	9003066
221	9003222
222	9001915
223	9001165
224	9001268
225	9003172
226	9002207
227	9001212
228	9003459
229	9003668
230	9000741
231	9003549
232	9002273
233	9002486
234	9001229
235	9002407
236	9001327
237	9001960
238	9003192
239	9001309
240	9001473
241	9000045
242	9001341
243	9003460
244	9000052
245	9001059
246	9001406
247	9002352
248	9000837
249	9001022
250	9001949
251	9003254
252	9000951
253	9001010
254	9000702

- Call letters have been sent to the shortlisted candidates. Candidates are requested to check their mail inbox as well as spam mailbox (junk mails) and download the call letter along with other documents.
- Caste/Disability certificate formats are given below:

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD
CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER GOVERNMENT
OF INDIA AND CENTRAL GOVT. PUBLIC SECTOR UNDERTAKINGS**

Regn. No. _____ Date _____

A. This is to certify that Shri./Smt./Kum. _____ son /
daughter of _____ of village town _____ in District /
Division _____ of the State / Union Territory _____ belongs to the
_____ community which is recognised as a backward class under :

Please Tick Mark :

- (i) Govt. of India, Ministry of Welfare Resolution No.12011/68/93-BCC dated 10.09.1993, published in Gazette of India, Extraordinary - Part 1, Section 1, No.186 dated 13.09.1993.
- (ii) Govt. of India, Ministry of Welfare Resolution No.12011/9/94-BCC dated 19.10.1994 published in Gazette of India, Extraordinary Part I, Section 1, No.163 dated 20.10.1994.
- (iii) Govt. of India, Ministry of Welfare Resolution No.12011/7/95-BCC dated 24.05.1995 published in Gazette of India Extraordinary Part I, Section I No.88 dated 25.05.1995.
- (iv) Govt. of India, Ministry of Welfare Resolution No.12011/96/94-BCC dated 6.12.1996 published in Gazette of India Extraordinary Part I, Section 1 No.210 dated 11.12.1996.

B. Applicable in the case of OBC persons who have migrated from another State/U.T. (delete the paragraph if not applicable) :

This certificate is issued on the basis of the Other Backward Classes Certificate issued to
Shri./Smt./Kum. _____ father/mother of Shri./Smt./Kum. _____
_____ in District / Division _____ of the State / Union Territory
_____ who belong to the _____ caste which is recognised as a
Backward Class in the State / Union Territory _____ issued by the _____
_____ (name of prescribed authority) vide their No. _____ dated
_____.

C. Shri./Smt./Kum. _____ and / or his / her family ordinarily reside(s) in
village / town _____ of _____ District / Division of the State / Union Territory
of _____.

D. This is also to certify that he/she does not belong to the persons / sections (Creamy Layer)
mentioned in column 3 of the Schedule to the Govt. of India, Department of Personnel & Training
O.M.No.36012/22/93-Estt.(SCT) dated 08.09.1993.

Place : _____ Signature _____

State /Union Territory _____ Name of Issuing Authority _____

Dated : _____ Designation _____
(With seal of Office)

Note : (1) The term 'ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

(2) List of authorities competent to issue caste certificate for Other Backward Classes:-

- i. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner/ Deputy Collector / Ist Class Stipendary Magistrate / City Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st Class Stipendary Magistrate).
- ii. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
- iii. Revenue Officers not below the rank of Tehsildar.
- iv. Sub-Divisional Officer of the area where the candidate and / or his family normally resides.

(3) The certificate issued by an authority other than stated above will not be accepted.

Annexure-I

Government of
(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife 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 his/her 'family'** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. 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/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office _____

Name _____

Designation _____

Recent Passport size
attested photograph of
the applicant

*Note1: 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.

G. Srinivasan

Annexure – 5
(Sub-clause 2.14.2)

Form of Certificate to be produced by a candidate belonging to Scheduled Caste or Scheduled Tribe in support of his claim

FORM OF CASTE CERTIFICATE

Regn. No. _____ Date _____

A. This is to certify that Shri./Smt./Kum. _____ son / daughter of _____ of village/ town _____ in District/Division _____ of the State/Union Territory _____ belongs to the _____ caste/ tribe which is recognised as Scheduled Caste / Scheduled Tribe under :

Please Tick Mark :

1. The Constitution (Scheduled Castes) Order, 1950
2. The Constitution (Scheduled Tribes) Order, 1950
3. The Constitution (Scheduled Castes) (Union Territories) Order, 1951
4. The Constitution (Scheduled Tribes) (Union Territories) Order, 1951
(as amended by the Scheduled Castes and Scheduled Tribes Lists (Modification) Order, 1956, the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971 and Scheduled Tribes Orders (Amendment) Act, 1976).
5. The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956.
6. The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989.
7. The Constitution (Andaman & Nicobar Islands) Scheduled Tribes Order, 1959.
8. The Constitution (Dadra & Nagar Haveli) Scheduled Castes Order, 1962.
9. The Constitution (Dadra & Nagar Haveli) Scheduled Tribes Order, 1962.
10. The Constitution (Pondicherry) Scheduled Castes Order, 1964.
11. The Constitution Scheduled Tribes (Uttar Pradesh) Order, 1967.
12. The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968.
13. The Constitution (Goa, Daman & Diu) Scheduled Tribes Order, 1968.
14. The Constitution (Nagaland) Scheduled Tribes Order, 1970.
15. The Constitution (Sikkim) Scheduled Castes Order, 1978.
16. The Constitution (Sikkim) Scheduled Tribes Order, 1978.
17. The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989.
18. The Constitution (Scheduled Castes) Orders (Amendment) Act, 1990.
19. The Constitution (Scheduled Tribes) Orders (Amendment) Act, 1991.
20. The Constitution (Scheduled Tribes) Order Second Amendment Act, 1991.

B. Applicable in the case of Scheduled Caste / Scheduled Tribe persons who have migrated from the State/U.T. of their origin (delete the paragraph if not applicable) :

This certificate is issued on the basis of the Scheduled Caste / Scheduled Tribe Certificate issued to Shri./ Smt./Kum. _____ father / mother of Shri./Smt./ Kum. _____ of village/ town _____ in District/ Division _____ of the State / Union Territory _____ who belong to the _____ caste / tribe which is recognised as Scheduled Caste / Scheduled Tribe in the State / Union Territory _____ issued by the _____ (name of prescribed authority) vide order No. _____ dated _____.

C. Shri./Smt./Kum. _____ and / or his / her family ordinarily reside(s) in village / town _____ of _____ District / Division of the State / Union Territory of _____.

Place : _____

Signature _____

State / Union Territory _____

Name of Issuing Authority _____

Date : _____

Designation _____

(With seal of Office)

Note :

1. The term "ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
2. List of authorities empowered to issue Scheduled Caste / Scheduled Tribe Certificates :
 - (i) District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner/ Additional Deputy Commissioner/ Deputy Collector / Ist Class Stipendary Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate
 - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
 - (iii) Revenue Officer not below the rank of Tehsildar.
 - (iv) Sub-Divisional Officer of the area where the candidate and / or his family normally resides.
3. The caste certificate issued by an authority other than the stated above will not be accepted.

Form-V
Certificate of Disability
(In cases of amputation or complete permanent paralysis of limbs or dwarfism and
in case of blindness)
[See rule 18(1)]
(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 (DD/MM/YY) _____ Age _____ years, male/female _____
registration No. _____ permanent resident of House No. _____
Ward/Village/Street _____ Post Office _____ District
_____ State _____, whose photograph is affixed above, and am
satisfied that:

(A) he/she is a case of:

- locomotor disability
 - dwarfism
 - blindness
- (Please tick as applicable)

(B) the diagnosis in his/her case is _____

(A) he/she has _____ % (in figure) _____ percent (in words)
permanent locomotor disability/dwarfism/blindness in relation to his/her _____
(part of body) as per guidelines (.....number and date of issue of the guidelines
to be specified).

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

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorised Signatory of
notified Medical Authority)

Signature/thumb
impression of the
person in whose
favour certificate of
disability is issued

Form - VI

Certificate of Disability

(In cases of multiple disabilities)

[See rule 18(1)]

(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 we have carefully examined Shri/Smt./Kum.
 _____ son/wife/daughter of Shri
 _____ Date of Birth (DD/MM/YY) _____ Age
 _____ years, male/female _____.

Registration No. _____ permanent resident of House No. _____
 Ward/Village/Street _____ Post Office _____ District _____ State
 _____, whose photograph is affixed above, and am satisfied that:

(A) he/she is a case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid attack Victim			
7.	Low vision	#		
8.	Blindness	#		
9.	Deaf	£		
10.	Hard of Hearing	£		
11.	Speech and Language disability			
12.	Intellectual Disability			

13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			
15.	Mental illness			
16.	Chronic Neurological Conditions			
17.	Multiple sclerosis			
18.	Parkinson's disease			
19.	Haemophilia			
20.	Thalassemia			
21.	Sickle Cell disease			

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (.....number and date of issue of the guidelines to be specified), is as follows : -

In figures : - ----- percent

In words :- ----- percent

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)

@ e.g. Left/right/both arms/legs

e.g. Single eye

£ e.g. 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. Signature and seal of the Medical Authority.

Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson
Signature/thumb impression of the person in whose favour certificate of disability is issued.		

Form – VII
Certificate of Disability
(In cases other than those mentioned in Forms V and VI)
(Name and Address of the Medical Authority issuing the Certificate)

(See rule 18(1))

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 (DD/MM/YY)_____
_____ Age _____ years, male/female _____ 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
percentage physical impairment/disability has been evaluated as per guidelines
(.....number and date of issue of the guidelines to be specified) and is shown against
the relevant disability in the table below:-

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	€		
8.	Hard of Hearing	€		
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			

14.	Chronic Neurological Conditions			
15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

(Please strike out the disabilities which are not applicable)

2. The above 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) ____ ____ ____

@ - eg. Left/Right/both arms/legs

- eg. Single eye/both eyes

€ - eg. 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

(Authorised Signatory of notified Medical Authority)
(Name and Seal)

Countersigned
{Countersignature and seal of the
Chief Medical Officer/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 certificate
of disability 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