Tele: 0891- 2816372

Reply should be addressed to The Admiral Superintendent

Naval Dockyard Visakhapatnam- 530 014

Quoting No: HRP/8005/BC/ 2018-19/Roll_No:	May 2019
Sri/Ms.	
S/D/W/o	
Address:	
	9
	_
DIRECT RECRUITMENT OF BOAT	
CERTIFICATE(S) VERIFICATION AND	MEDICAL EXAMINATION

- 1. Refer to your application for the Direct Recruitment of Boat Crew Personnel for the post of ______ in response to the notification published in the Employment News dated 14-20 Jul 2018.
- 2. It is intimated that you have been **provisionally selected** for the said post subject to the following:-
 - (a) The relative merit position secured in the written examination and having qualified swimming test.
 - (b) Medical Examinations and Fitness.
 - (c) Verification of original certificates like educational, caste, PWD, Sports Certificates etc.
 - (d) Verification of Character and Antecedents.
 - (e) Final outcome of Court cases pending in the Hon'ble Courts, if any.
- 3. In view of the above, you are hereby requested to report to Manager (Human Resource Planning), Naval Dockyard, Visakhapatnam through <u>Kakatiya Gate by 0900 Hrs on 17 Jun 2019 but not later than three weeks from the scheduled date i.e. 08 Jul 2019</u> along with the following original documents and two set of Xerox copies (duly self attested) of all certificates for further pre-appointment formalities like Verification of certificates, Medical Examination, etc.
 - (a) Educational qualification certificates.
 - (b) All Essential Experience certificates.
 - (c) Latest Caste Certificate and PWD certificate as applicable.
 - (d) Ex-Serviceman Discharge Book (as applicable)
 - (e) Sports Certificate (in the format as applicable)

- (f) No Objection Certificate issued by the competent authority for Departmental candidates.
- (g) Photo Identity proof submitted at the time of Written Examination.
- (h) Xerox copy of the originally filled in Application applied for the post in response to the Notification.
- (j) Call letter issued by ND (V) for attending the Written Examination.
- (k) Permanent Account Number (PAN) Card and Aadhar Card.
- (I) Ten (10) latest passport size colour photographs.
- (m) A Letter from appropriate authorities which has 'Grade Point' system converted into the percentage of marks scored in 10th standard.
- 4. You are further directed to refer Indian Navy Website link www.indiannavy.nic.in/content/naval-dockyard-visakhapatnam and download the following documents, make two sets of the same and submit the duly filled forms in all aspects while attending for certificate verification and medical examination:-
 - (a) Medical Examination Form
 - (b) Character Certificate
 - (c) Attestation Form
- 5. You are to report as per the schedule mentioned in the intimation letter along with the relevant certificates and photocopies as mentioned at Para 3 and 4 above without fail.
- 6. Reporting without the above mentioned certificates / documents will not be entertained.
- 7. In case, you do not report to this Yard within the stipulated time mentioned above, your candidature may be cancelled and appropriate action will be taken by this Yard to fill up the vacancy.

Yours faithfully,

(Dhanya Kumar Singh) Commander Manager (HRP) (AOL) for Admiral Superintendent

GOVERNMENT OF INDIA, MINISTRY OF DEFENCE NAVAL DOCKYARD, VISAKHAPATNAM

RECRUITMENT OF BOAT CREW PERSONNEL THROUGH DIRECT RECRUITMENT CERTIFICATE VERIFICATION AND MEDICAL EXAMINATION SCHEDULE

- 1. Refer to the Notification published in the Employment News dated 14-20 Jul 18 inviting applications for the 09 posts of Boat Crew to be filled by Direct Recruitment uploaded in Indian Navy website. The Select List and Reserve list for the 07 posts of Boat Crew was declared on 23 May 19.
- 2. The Select list and Reserve list of candidates for 07 posts is uploaded in www.indiannavy.nic.in/content/naval-dockyard-visakhapatnam. All the selected candidates are requested to report to the Manager (Human Resource Planning), Naval Dockyard, Visakhapatnam through Kakatiya Gate. Based on the provisional select list, the Pre-Appointment letter has also been dispatched by registered post to all candidates qualified under the Select list and the pre-appointment formalities scheduled as follows: -

S.No	<u>Posts</u>	Date of Commencement	Last Date of Submission	No. of Candidates	<u>Total</u> <u>Candidates</u>
(a)	Master Grade II			5	
(b)	Syrang of Lascar		4.5	6	
(c)	Engine Driver II	47 1 40	08 Jul 19	1	41
(d)	Engine Driver	17 Jun 19	08 301 19	14	41
(e)	Greaser			6	
(f)	Fireman			9	
(g)	Lascar	18 Jun 19	09 Jul 19	46	46
			h	Total	87

- 3. The candidates have been provisionally selected subject to the following:-
 - (a) The relative merit position secured in the written examination and having qualified swimming test.
 - (b) Medical Examinations and Fitness.
 - (c) Verification of original certificates like age, educational, caste, etc., as applicable.
 - (d) Verification of Character and Antecedents.
 - (e) All the candidates who have been appeared in the written examination and swimming test vide virtue of Hon'ble CAT(Hyd) orders in OA Nos. 270/2019, 271/2019, 277/2019, 278/2019, 279/2019, 290/2019, 291/2019, 299/2019, 303/2019 and 304/2019 results are kept in abeyance and subject to outcome of the court cases pending before the Hon'ble CAT(Hyd).
- 4. The selected candidates are to bring along with them the following <u>Original</u> documents along with two sets of Xerox copies (duly self attested) of all certificates for further pre-appointment formalities like Verification of certificates, Medical Examination, etc.:-
 - (a) Educational qualification certificates.
 - (b) All Essential Experience certificates.
 - (c) Latest Caste Certificate and PWD certificate as applicable.
 - (d) Ex-Serviceman Discharge Book (as applicable)
 - (e) Sports Certificate (in the format as applicable)

- (f) No Objection Certificate issued by the competent authority for Departmental candidates.
- (g) Photo Identity proof submitted at the time of Written Examination.
- (h) Xerox copy of the originally filled in Application applied for the post in response to the Notification.
- (j) Call letter issued by ND (V) for attending the Written Examination.
- (k) Permanent Account Number (PAN) Card and Aadhar Card.
- (I) Ten (10) latest passport size colour photographs.
- (m) A Letter from appropriate authorities which has 'Grade Point' system converted into the percentage of marks scored in 10th standard.
- 5. Candidates are also directed to refer Indian Navy Website link www.indiannavy.nic.in/content/naval-dockyard-visakhapatnam and download the following documents, make two sets of the same and submit the duly filled forms in all aspects while attending for certificate verification and medical examination:-
 - (a) Medical Examination Form (Enclosure-1)
 - (b) Character Certificate (Enclosure-2)
 - (c) Attestation Form (Enclosure-3)

02 sets each

- 6. It may be noted that you have been placed in the "Select List" and "Reserve List" based on the position secured in written examination and having qualified in the swimming test. No bribe in cash or kind is required to be paid to anyone who-so-ever for your appointment. Any, canvassing or paying bribes directly or indirectly in cash or kind by the candidates will disqualify his/her candidature and termination of his/her service, if proved post recruitment.
- 7. Medical examination of selected candidates will be carried out by the KGH (V) authorities through PMO post certificate verification which is likely to take two to three days as per administrative contingencies. As such, outstation candidates would be required to stay for a period of 04-05 days. Outstation candidates are requested to make their necessary arrangements for stay at Visakhapatnam accordingly.

NOTE:-

- 1. Candidates not in possession of any of the above mentioned relevant certificates / documents will not be considered for selection.
- 2. While every care has been taken in preparing the above results, ND (V) shall not be responsible for any inadvertent errors. The Admiral Superintendent, Naval Dockyard, Visakhapatnam reserves the right to rectify errors and omissions, if any.
- No correspondence will be entertained from the candidates not qualified.

Ref. No.HRP/8005/Boat Crew/18-19

Visakhapatnam

Dated: May 2019

Sd/-xxx Deputy General Manager (HR) for Admiral Superintendent

ATTESTATION FORM

				-	WARNING	**
			1 t	the A	rnishing of false information or suppression of any factorial transfer in the state of the state	actual information in likely to render the
		Affix signed	Π.	f -l -t		
		Passport size (5 cms x 7 cms) Approx. Copy of recent photograph	2 c	acquit details Attesta	ained, arrested, prosecuted, bound down, fines ted etc., subsequent to the completion of submiss should be communicated immediately to the authation Form has been sent early, failing which it wession of factual information.	ion of this form, the norities to whom the
			-	f the	forther file is a second of the second of th	
			3 a	suppre	fact that false information has been furnished or ession of any factual information in the Attestation For time during the service of a person, his services wated.	orm comes to notice
Г	T				NAME	SURNAME
1	Na	me in Full (in BLOCK CAPITALS)				JOHNALVIE
2	an	esent Address in full (i.e.,, Villag d District, or House No., Lane/Stre Town) :				
	_					
3	Dis	me Address in full (i.e., Village, strict, or House No., Lane/Street/F wn and name of District Headquar	Roac	d and		
4	Aa	dhar Card No.				
5	PA	N No.				
-		LL PL				
6	Iva	tionality				
7	(a)	Date of Birth (DD/MM/YYYY)		Т		
	(b)	Present age				
	(c)	Age at Matriculation				

1000	1		A Real Property and the Control of t						
U	(a)	Place of Birth, District ar situated	nd State in wh	ich		Commence of Commence of Conference			
	(b)	District and State to whi	ch you belong	3		and the second s		and the state of t	
	(c)	District and State which orignally belong	your father						
9	(a)	Your Religion							**************************************
	(b)	Are you a member of a S Caste/Scheduled Tribe? Yes/No)							
10	pro	ticulars of places (with poceeding five years. In care than one year after att	se of staty ab	roa	d (including	g Pakistan) _I	particulars of all pl	an one year at a time aces where you have r	during the
		From	То		Thana		n full (i.e., VIllage, or House No. ad & Town	Name of the Dis Headquarters or th mentioned in the pr column.	e place
								ш	
							4		
11		Name (in full & alias	es if any)	(by	ationality / birth & or / domicile)	Place of Birth	Occupation if employed give designation & official address	Present postal address (if dead give last address)	Premane nt Home address
	(a)	Father							
							Y		~
	(b)	Mother	-			1			
	_			1					
	(c)	Spouse				e		T	

1_	Info	rmation to be furnished.	with execute		manusia maskan kassista kasan kanan kanan kanan kalini mani misa misa manina kanan kanan kanan kanan kanan kan	
		mation to be furnished	with regard to	son(s) and/or daughters i	n case they are studying/living	in a foreign country:
		Name	Nationality b birth & or by domicile		Country in which studying/living with full address	Date from which studying/living in the country mentioned in the previous column
13	Edu	icational Qualification sho	owing places o	f education with years in :	Schools and Colleges since 15t	h year of age:
		Name of School/College address)	(with full	Date of Entering	Date of Leaving	Examination Passed
*						
14	(a)	or a Quasi Governmen	t body or an		entral or State Government o Public Sector Undertaking up-to-date	
		Period From	1	Designation emoluments & nature of employment		Reasons for leaving previous service
			i i	,		
	(b)				dia/a State Government/ an u a Autonomous Body/Universi	
		6				

-			
7++	(b)	If you had left service on giving a month's notice under Rule 5 of the Central Civil Service (Temporary Se 1965, or any similar corresponding rules, where any disciplinary proceedings frame against you, or hat called upon to explain your conduct in an matter at the time you gave notice of termination of services subsequent date(s), before your services are actually terminated?	d you been
15	(i)	(a) Have you ever been arrested?	Yes/No
		(b) Have you ever been prosecuted?	Yes/No
		(c) Have you ever been kept under detention?	Yes/No
		(d) Have you ever been fined by a Court of Law?	Yes/No
		(e) Have you evern been convicted by a court of Law for any Office?	Yes/No
		(f) Is any case pending against you in any Court of Law at the time or filling up this Attestation Form?	Yes/No
		(g) 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 particula case/arrest/detention/fine/conviction/sentence/punishment etc and/or the nature of the case pen Court/University/Eductional Authority etc at the time of filling up this attestation form:	
Note	es:	(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 m	ay be.
16	you	me of two responsible persons of or locality or two references to om you are known	

	AND ADDRESS OF THE PARTY OF THE
I certify that the foregoing information is	correct and complete to the best of my knowledge and belief.
	information or suppressing material information while fillling this form, the pointment letter and I am also liable for appropriate criminal/civl action as a
I am not aware of any circumstances whi	ch might impair my fitness for employment under Government.
p g	
3	Signature of the Candidate:
	Date:
¥	Place

TO BE FILLED BY THE OFFICE

Name, Designation and full address of the appointment authority.

Post for which the candidate is being considered

CHARACTER CERTIFICATE

Certified that	I have known Sri/Smt/Ms	S	
Son/Daughter/Wife	of Sri		for the last
years	months and the	at to the best of my kno	wledge and belief,
he/she bears reputab	le character and has no a	ntecedents which tende	r his unsuitable for
Government Employn	nent.		Please affix a recent
			passport size photograph. The signature of the
2. Sri/Smt/Ms		is not related to me.	officer and stamp are to be clear and half of the
			signature and stamp is to be covered on the photograph and the
			remaining half on the
Data	Cianatura (1)		
Date :	Signature (1):		
Place:	Designation		
	To be attested by the [District Magistrate	
	"ATTES	TED"	
Office Seal			
Date :		Signature (2):	
Place:		Designation :	
2. Signa Magistr	ature (1) is to be signed by ature (2) is to be signed b ate or equivalent alongwith se verification be enclosed	by the officer not below round seal.	
	cate is sought for abso e post of Tradesman Skille		Naval Dockyard,

Affix

latest

photo

MEDICAL EXAMINATION

(On Admission to Government Service in terms of Article 49 of Civil Service Regulations)

I hereby certify that I have examined Shri/Smt/Ms
a candidate for employment as
Naval Dockyard, Visakhapatnam and cannot discover that he/she has any diseas
communicable or otherwise constitutional weakness or infirmity or bodily infirmity except
I do not consider this is a disqualification for employment a
His/her age according to his/her own statement is
years and by appearance about years.
Signature of Medical Officer
Date:
· II
I hereby certify that to the best of my knowledge and belief my age is years.
Marks of Identification:
1.
2.
Signature or Left Thumb impression Of the individual
Surname & Name
Date: in capital letters

PHYSICAL EXAMINATION

1.	General Dev	velopment: God	odFai	r	_Poor	
	Nutrition:	Thi	n Ave	rage	Obese_	
	Height (with	out shoes	Weigh	t		7/
	Any recent of	change in weigh	nt ?			
	Temperature	e				
	Girth of Che	st:-				
		full inspiration) full expiration)				
2.	Skin:	,	Any obvious dise	ease		
3,	Eyes:		(1) Any disease(2) Night Blindne(3) Defect in cole(4) Field of visio(5) Visual Acuity(6) Colour Perce	our vision n		
Ac	uity of vision	Naked eye	With glasses		trength glas	
Vis Ne	stant R.E sion L.E. ear R.E.			Sp.	Cyl.	Axis
Vis	sion L.E.					
Нуре	ermetropia (Ma	nifest)				
	R.E.					
	L.E.					
4.			Hearing Right			
		v	Left E	Ear		
5.	Glands		Thyroid			
6.	Condition of	teeth		_		
7.	Respiratory	System: Does	physical examina	ation reve	al anything	abnormal i

the respiratory organs: If yes, explain fully.

CIRCULATORY SYSTEM

After	hopping 25 tir		Sta	ndina		
	hopping 25 tir					
	hopping 20 til	nes				
2 min						
	Diastolic					
Abdo	men Girth		_ Tendernes	SS	Hernia	
(a)	Palpable : Li	ver	_Spleen	Kidne	ys Tumors	3
(b)	Hemorrhoids	3		Fistula _		
Nervo	ous system: In	dications	s of nervous	or mental d	isability	
Locor	motor System:	: Any abi	normality			
200 SM 400 SM 500 SM 500 SM				Varicocele	etc	
(a)						
(c)	Albumin	-		(d)	Sugar	
(e)	Casts			(f)	Cells	
Is the	re anything ir	the hea	alth of the c	andidate like	ely to render hin	n/her unfi
State	whether the car	ndidate is	:			
(i) (ii) (iii)						
	2 min (b) Abdo (a) (b) Nervo Locor (a) (c) (e) Is the efficient of th	2 minute after hopp (b) Blood press Diastolic Abdomen Girth (a) Palpable : Li (b) Hemorrhoids Nervous system: In Locomotor System Genito Urina (a) Physical app (c) Albumin (e) Casts Is there anything in e efficient discharge date? State whether the car (i) Fit (ii) Unfit on accounts	2 minute after hopping	2 minute after hopping	2 minute after hopping	Diastolic

Name and Designation of the Medical Officer

Station:

Date

Note:-In the case of female candidate: If it is found that she is pregnant of 12 weeks standing or over, she should be declared temporarily unfit.

CANDIDATE'S STATEMENT AND DECLARATION &

(The candidate must take the statement required below prior to medical examination and must sign the declaration appended thereto, his attention is specially directed to the warning contained in the note below)

State your name in full (In Block letters)	And the second s	gamender per i de grif de Mandre, Periodor, et un terre de perdemenge personal despetations (1975 est	aurici (me. 1
State your age and place	of birth	a annual to the second of the	and a second
(a) Have your ever suppuration of glands, appendicitis and	Shirang or mo	y other intermittent asthma, heart fainting	fever, enlargement or attacks, rheumatism,
(b) Any other diseas surgical treatment	se OR accident requir	ing confinement to bed	medical or .
When were you last vac			
Have you or any of you	our near relations b	een afflicted with con-	sumption Sorfula, Gout
asthma, fits, epilepsy o	T III29@III3y	Start spanished Allegates and State of Allegates and Alleg	
Have you been example of the control	mined and declared with the last three ye	d unfit for Governme ars	ent service by Medica -
Have you suffered from	n any form of the ne	rvousness due to over	work or any other cause
Have you suffered from	n any form of the ne	rvousness due to over	work or any other cause
and production and delicate the production of the contract of	ingentione of the second agreement of the second of the se	godenno i vete:	work or any other cause
Furnish the following programmer for the foll	particulars concerning	godenno i vete:	No. of brothers dead their ages of death and cause of death
Furnish the following p	particulars concerning Father's age at death and	g to your family :- No. of brothers fiving their ages and	No. of brothers dead their ages of death
Furnish the following programmer for the foll	particulars concerning Father's age at death and	g to your family :- No. of brothers fiving their ages and	No. of brothers dead their ages of death
Furnish the following programmer for the foll	particulars concerning Father's age at death and cause of death	g to your family :- No. of brothers fiving their ages and	No. of brothers dead their ages of death
Furnish the following programmer for the foll	particulars concerning Father's age at death and cause of death	g to your family :- No. of brothers fiving their ages and	No. of brothers dead their ages of death
Furnish the following programmer for the foll	particulars concerning Father's age at death and cause of death	g to your family :- No. of brothers fiving their ages and	No. of brothers dead their ages of death

Mother's age if staying and state of health	Mother's age at death and cause of death	No. of sisters living their ages and state of health	No. of sisters dead their ages of death and cause of death
	the transfer and the transfer and transfer and transfer and the second transfer and the second transfer and tr		
· · · · · · · · · · · · · · · · · · ·	habanna ka nadiran muran ya ya sa sa amana i	And the second second of the second s	

i declare all the above answers to the best of my belief are true and correct. I also sciemnly affirm that I have not received disability certificate pension on account of any disease of their condition.

1)	Signature of Candidate		
2)	Signed in my presence		
3)	Signature of Medical Office	ð í	٠

(Note: The candidate will be held responsible for the accuracy of the above Statement by willfully suppressing any information he will incur the risk of loosing the appointment and if appointed for re-filling all claims to superannuation allowances or gratuity.

INVESTIGATION FORM

RECRUITMENT MEDICAL ND (V) FOR POST OF:

NAME : AGE: TRADE : NO : DATE : URINE RE/ME REFERRED TO _____

MEDICAL OFFICER

SEAL