

**INDIAN OIL CORPORATION LIMITED (MARKETING DIVISION) NORTHERN REGION**

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

**Date of Examination: 03.01.2021**

**2<sup>nd</sup> LIST OF CANDIDATES PROVISIONALLY SHORTLISTED FOR DOCUMENT VERIFICATION**

<b>S. No.</b>	<b>Registration No</b>
1	9000002
2	9000007
3	9000035
4	9000039
5	9000050
6	9000060
7	9000062
8	9000083
9	9000089
10	9000091
11	9000092
12	9000100
13	9000103
14	9000104
15	9000105
16	9000148
17	9000171
18	9000178
19	9000195
20	9000201
21	9000233
22	9000235
23	9000262
24	9000268
25	9000269
26	9000298
27	9000300
28	9000327
29	9000337
30	9000341
31	9000345
32	9000355
33	9000357
34	9000443
35	9000455
36	9000494
37	9000506
38	9000511
39	9000522
40	9000578

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41	9000613
42	9000620
43	9000639
44	9000654
45	9000666
46	9000674
47	9000682
48	9000690
49	9000698
50	9000707
51	9000726
52	9000730
53	9000752
54	9000773
55	9000783
56	9000799
57	9000817
58	9000825
59	9000830
60	9000849
61	9000860
62	9000861
63	9000863
64	9000865
65	9000875
66	9000883
67	9000884
68	9000887
69	9000916
70	9000923
71	9000966
72	9000991
73	9000997
74	9001017
75	9001041
76	9001073
77	9001077
78	9001078
79	9001079
80	9001084
81	9001101
82	9001104
83	9001106
84	9001137

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85	9001155
86	9001176
87	9001205
88	9001207
89	9001217
90	9001237
91	9001248
92	9001255
93	9001260
94	9001265
95	9001270
96	9001305
97	9001307
98	9001314
99	9001351
100	9001361
101	9001377
102	9001394
103	9001431
104	9001476
105	9001479
106	9001484
107	9001500
108	9001514
109	9001515
110	9001522
111	9001525
112	9001532
113	9001533
114	9001542
115	9001567
116	9001580
117	9001581
118	9001592
119	9001638
120	9001643
121	9001652
122	9001657
123	9001658
124	9001659
125	9001662
126	9001663
127	9001691
128	9001706

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129	9001721
130	9001725
131	9001730
132	9001745
133	9001754
134	9001757
135	9001782
136	9001815
137	9001820
138	9001873
139	9001882
140	9001893
141	9001894
142	9001927
143	9001929
144	9001941
145	9001947
146	9001952
147	9001962
148	9001969
149	9001977
150	9001979
151	9001983
152	9001985
153	9002008
154	9002010
155	9002021
156	9002046
157	9002077
158	9002092
159	9002097
160	9002106
161	9002126
162	9002134
163	9002171
164	9002205
165	9002222
166	9002227
167	9002232
168	9002236
169	9002242
170	9002251
171	9002254
172	9002255

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173	9002268
174	9002270
175	9002302
176	9002312
177	9002313
178	9002321
179	9002340
180	9002353
181	9002393
182	9002395
183	9002414
184	9002425
185	9002435
186	9002436
187	9002437
188	9002447
189	9002449
190	9002466
191	9002470
192	9002481
193	9002489
194	9002503
195	9002541
196	9002544
197	9002546
198	9002548
199	9002553
200	9002560
201	9002575
202	9002576
203	9002604
204	9002612
205	9002615
206	9002632
207	9002652
208	9002653
209	9002656
210	9002676
211	9002700
212	9002702
213	9002715
214	9002724
215	9002736
216	9002748

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217	9002780
218	9002789
219	9002791
220	9002794
221	9002819
222	9002821
223	9002839
224	9002862
225	9002870
226	9002880
227	9002893
228	9002904
229	9002906
230	9002907
231	9002932
232	9002938
233	9002940
234	9002954
235	9002958
236	9002973
237	9002990
238	9003003
239	9003009
240	9003023
241	9003024
242	9003025
243	9003037
244	9003052
245	9003056
246	9003065
247	9003088
248	9003123
249	9003125
250	9003176
251	9003186
252	9003188
253	9003199
254	9003205
255	9003207
256	9003211
257	9003232
258	9003235
259	9003246
260	9003253

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261	9003255
262	9003263
263	9003301
264	9003314
265	9003321
266	9003330
267	9003366
268	9003380
269	9003428
270	9003430
271	9003437
272	9003449
273	9003457
274	9003497
275	9003510
276	9003513
277	9003519
278	9003525
279	9003526
280	9003535
281	9003537
282	9003556
283	9003570
284	9003575
285	9003613
286	9003627
287	9003636
288	9003637
289	9003644
290	9003645
291	9003656
292	9003661
293	9003670
294	9003680

- 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 1<sup>st</sup> 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