

1..Trade: Fire Safety Executives (4 Seats)

Sl. No.	Reg no / Application Code	Candidate Name	Candidate DOB
1	101155	Luhit Rohidas	23-12-2002
2	98528	Jintumoni Thengal	14-07-1997
3	99079	Rajib Saikia	17-05-2000
4	98100	Ranjit Chetry	28-04-2001
Waiting List-1			
1	98779	Priyam Jyoti Borah	14-01-2001
2	100634	Homendra Sonowal	12-12-1995
3	98702	Ajay Minj	18-08-1999
4	96058	Jiten Boro	05-10-1992

The provisionally shortlisted candidates are to report at the work centre, at ONGC Auditorium, D-Type Colony, ONGC Cinnamara Complex, Jorhat 785704 for verification of documents as mentioned in the enclosures (Annexures - A, B, C and D) as per the following schedule :

Sl. No.	Trade	Date & Time of Reporting
1	Fire Safety Executive	3 rd November 2023, 9: 30 AM

It is informed that document verification for waitlisted candidates are also being done to enable us to issue offer of apprenticeship training in case provisionally shortlisted candidates do not report or are found not fulfilling the eligibility criteria.

Offer of Apprenticeship Training will be issued to selected candidates based on the merit list drawn after document verification for shortlisted candidates.

Note: The selection of the candidates is provisional subject to verification of certificates and medical fitness. In case the candidate does not fulfil eligibility norms or has furnished false information/documents, his/her candidature will be cancelled.

DOCUMENTS CHECKLIST

Annexure A

A. DOCUMENTS REQUIRED TO BE VERIFIED AT THE TIME OF JOINING

(To be produced in original by the candidate and to be checked at the work centre).

A self-attested copy of all these documents will be collected and kept for record.

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|---|--------------------------|
| 1. Proof of Date of Birth: 10 th Standard Certificate or Birth Certificate | <input type="checkbox"/> |
| 2. Proof of Identity : Aadhar card/Voter ID/Passport/Driving Licence | <input type="checkbox"/> |
| 3. Proof for Residence/Domicile: Aadhar Card/Voter ID/Domicile certificate/
certificate from College/institute from where essential qualification acquired | <input type="checkbox"/> |
| 4. Certificates in support of Educational qualification: (Tick Whichever is applicable) | |
| a. 10 th Standard Mark sheet & Certificate | <input type="checkbox"/> |
| b. 12 th Standard Mark sheet & Certificate | <input type="checkbox"/> |
| c. ITI / Diploma / Graduation Mark sheet & Certificate | <input type="checkbox"/> |
| 5. Community/Category Certificate (If applicable) | <input type="checkbox"/> |
| 6. PwBD Certificate mentioning category and with % of Disability (If applicable) | <input type="checkbox"/> |

B. DOCUMENTS TO BE SUBMITTED IN ORIGINAL

These documents are to be retained with ONGC for each candidate.

1. Print out of submitted form in Skill India Portal i.e. <https://apprenticeshipindia.gov.in> and in case of Fire Safety Executive submitted form in www.ongcapprentices.ongc.co.in with photograph and signature.
2. Self-Declaration Form (Annexure B).
3. Medical fitness Certificate (Annexure-C) – To be submitted on selection after document verification.
4. Filled Vendor code form along with requisite enclosures (Annexure D) – To be submitted on selection after document verification.

To
GM (HR)-I/C HR-ER,
Oil and Natural gas Corporation Limited,
2nd Floor Dhansiri Bhavan,
Cinnamara Complex,
Jorhat 785704

Dt. _____

Respected Madam/Sir,

Sub: Apprenticeship Training 2023-24

I, _____ hereby, solemnly affirm & certify the following:

- a) that I have not undergone Apprenticeship Training under the Apprentices Act, 1961 in the same trade i.e. _____ (or any other) in ONGC OR in any other Organization prior to my joining of this training.
- b) that all the information pertaining to age, education, category, etc submitted by me, is true to the best of my knowledge

I understand that If found otherwise I will be liable for action, termination of Apprenticeship Training and bound to refund the cost of training and stipend, as prescribed under the Apprentices Act, by ONGC.

Thanking you,

Yours faithfully,

(Signature of Apprentice)

Name _____

Place: _____

Date: _____

MEDICAL CERTIFICATE
(Parameters enclosed)

Certified that I have examined Mr. /Ms. _____

S/o/D/o/W/o Shri _____

whose signature is given below. I have carried out his/her medical examination for parameters as prescribed under the Apprentices Act for the trade _____

On the basis of above mentioned tests, He/she has been found fit to undertake Apprenticeship training in Oil and Natural Gas Corporation Ltd, _____

(Signature of Candidate)

Signature of Medical Officer

Name: _____

(Seal of Medical Office)

Place: _____

Date: _____

(To be certified by Medical officer not below the rank of an Assistant Surgeon or above

MEDICAL FITNESS PARAMETERS

(As per Apprentices Act, 1961, SCHEDULE-II. (See Rule 4))

Standards of Physical Fitness for Training

1. A candidate should be free from evidence of any contagious or infectious disease. He should not be suffering from any disease which is likely to be aggravated by service or is likely to render him unfit for service or endanger the health of the public. He should also be free from evidence of tuberculosis in any form active or healed.

2. Height, Weight and Chest

Candidate should satisfy the following minimum standards, namely:

Height: 137 Centimeter

Weight: 25.4 Kilograms

Chest: Chest expansion should not be less than 3.8 Centimeters irrespective of size of the Chest.

Provided that where a candidate does not satisfy the said minimum standards but is certified, in writing, by a Medical Officer not below the rank of an Assistant Surgeon (Gazetted) to be physically fit for being engaged as an apprentice in that trade.

3. Eyes

There should be no evidence of any morbid condition of either eye or of the lids of either eye which may be liable to risk of aggravation or recurrence.

STANDARD OF VISION

(A) Visual acuity:

The minimum standard of vision acuity for all trades shall be:

6/18 in each eye or

6/12 in one eye and 6/24 in the other eye without glasses or

6/9 with glasses in both eyes.

Candidate with vision in one eye only shall be rejected.

(B) Color vision not required

4. Ears

Hearing must be good in both ears and there should be no sign of supportive disease. No hearing aid shall be permitted.

5. Skin

There should be no evidence of acute or chronic ulceration.

6. Speech

Speech should preferably be without impediment.

MEDICAL FITNESS PARAMETERS

(As per Apprentices Act, 1961, SCHEDULE-II. (See Rule 4))

7. Alimentary System

- a. Candidate should have sufficient number of natural teeth (in healthy state) for mastication.
- b. Spleen should not be palpably enlarged and there should be no evidence of tenderness in the splenic area.
- c. Liver should not be palpably tender.
- d. There should be no oral sepsis.
- e. There should be no sugar in urine.
- f. Candidate should not be suffering from hemorrhoids, fissures in and testis anal hernia or bubonocoele or ischio-rectal abscess or hydrocele.

8. Cardio-vascular system

- a. Blood pressure should not exceed 85 diastolic and 140 systolic.
- b. Candidates with low blood pressure (i.e. systolic below 100) should be rejected.
- c. There should be no sign of any cardio-vascular disease.

9. Respiratory system

Candidate should be free from all disease of respiratory system, there should be no deformity of chest which may cause impediment to breathing.

10. Genitor-Urinary system

There should be no evidence of genitourinary – urinary disease or any abnormality.

11. Skeletal system

- a. The function of all limbs should be within normal limits.
- b. There should be no evidence of any disease of nervous system or of any mental disease.

12. Nervous system

There should be no evidence of any disease of nervous system or of any mental disease.

13. Glandular system

There should be no evidence of tuberculosis or other disease of the glandular system including the endocrine glands.

VENDOR CODE :

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Name of the Vendor :

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PAN Card No. of Vendor :

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Mobile No. of Vendor :

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E-mail ID of Vendor :

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Bank A/c No. of Vendor :

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Name of Bank :

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Name of Bank Branch :

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Branch Code :

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MICR Code of the Bank :

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IFS Code of the Bank :

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Address of the Bank :

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Note : Please attach a copy of first page of bank passbook containing name, address and bank details.

Please paste a cancelled cheque here

Bank Stamp And Sign

Signature of the Vendor