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KERALA PUBLIC SERVICE COMMISSION DISTRICT OFFICE, WAYANAD

Ranked List No. **423/2016/DOW**
Category No. **023/2014**

Kalpetta North,
Dated : 13.07.2016

NOTIFICATION

The following is the Ranked List of candidates for the post of **Lab Attender (Category No. .023/2014)** in **Homoeopathy Department** in **Wayanad District** on ₹ 8730 - 13450/- found suitable by the Commission and arranged in the order of merit based on the marks secured in OMR test held on **14.01.2015**. This Ranked List is brought into force with effect from **13.07.2016**.

The Ranked List will be in force till the publication of a new ranked list after the expiry of a minimum period of one year or till the expiry of 3 years whichever is earlier. Candidates from this list will be advised for appointment in accordance with the Rules and Orders regarding reservation and rotation as amended from time to time, if applicable, against vacancies reported to the Commission during the pendency of the List. As the advice for appointment depends on the occurrence of vacancies, there is no guarantee that all candidates included in the list will secure appointment. The candidates remaining in the List at the time of cancellation will have no claim at all for appointment on the basis of the inclusion of their names in the List.

According to the existing procedure, revaluation of answer script is not allowed. But answer scripts will be rechecked, to see that all the answers are valued and that there is no mistake in the totalling of marks for various answers if the candidates apply for rechecking, remitting the prescribed fee of ₹ 75/- (**Rupees Seventy Five only**) in any one of the Treasuries in the State under the Head of Account **“0051 PSC 105 State PSC 99 Examination Fee”**. Applications for rechecking of answer scripts should be submitted in

the prescribed form available free of cost from the enquiry sections of the various offices of the Commission or its photocopy or downloaded and printed in A4 size paper from the Commission's website www.keralapsc.gov.in or photocopied therefrom. **Applications submitted in any other manner will not be considered.** The application for rechecking along with the original chalan receipt should reach the **District Officer, Kerala Public Service Commission District Office, Wayanad within 45 days from the date on which the Ranked List has come into force** (i.e. the date on which the Ranked List has been approved by the Commission). **Application for rechecking received after the prescribed time limit or not in the prescribed form will not be entertained. The fee once remitted will not be refunded on any account.** In the case of candidates who sent applications for rechecking in the prescribed form within the prescribed time limit **enclosing original chalan receipt** as stated above, the marks awarded will be rechecked and the result of the rechecking will be intimated to the candidates from this office. **Applications for rechecking received from candidates whose answer scripts have been invalidated will not be considered.**

Candidates who wish to obtain a photocopy of their OMR answer sheet (Part A & B) relating to this selection shall remit a **fee of ₹ 300/-** (Rupees Three hundred only) by way of chalan in any of the Treasuries in the State under the Head of Account **"0051-PSC-800-State PSC-99 Other receipts"**. The duly filled up application in the prescribed form (available in the Commission's Website www.keralapsc.gov.in) along with the original chalan should be submitted to **the District Officer, KPSC District Office, Wayanad within 45 days from the date on which the Ranked List has come into force. A copy of the answer sheet will be issued only once to a candidate. Candidates are prohibited from applying for a copy of answer sheet which is not their own, and legal proceedings will be initiated against those who do so.**

The last date for the receipt of applications for rechecking/obtaining Photocopy of the answer scripts is **27.08.2016**. Application for rechecking/obtaining Photocopy, received after the prescribed time limit and not in the prescribed form will not be entertained.

Any candidate can relinquish his/her right for appointment in writing duly attested by a **Gazetted Officer of State/Central Government with signature, name, designation and office seal**. The request for relinquishment received **within 15 days from the date of publication of Ranked List** will be honoured against the requisitions of vacancies that are pending with the Commission up to the finalisation of Ranked List. After the publication of the Ranked List, the request for relinquishment will be considered only if such request is received on or before the date of receipt of requisition, based on which he/she is to be advised.

Letter ‘**..W..**’ shall be prefixed to the Register Number.

(By Order of the Commission)

Sd/-
LIMANTALY ZACARIAS
DISTRICT OFFICER
KERALA PUBLIC SERVICE COMMISSION
DISTRICT OFFICE, WAYANAD.

Approved for issue

Section Officer

KERALA PUBLIC SERVICE COMMISSION

Application for obtaining Photo copy of the OMR Sheet

(Fill in all columns)

Prescribed fee of ₹ 300/- shall be remitted in any of the Treasuries in the State which is to be credited to the Head of Account “**0051-PSC-800-State PSC-99 Other receipts**” and original chalan receipt attached with this application. For more details refer to notification publishing the Short List or Ranked List relating to the test.

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of PSC Office

- 1 Name & Address of the applicant :
- 2 Name of Post :
- 3 Category No. :
- 4 Whether applied for Photocopy of the
answer script of this test earlier :
- 5 Register Number of the applicant (with
prefix such as S,T.O etc. if any) :
- 6 Address to which copy is to be sent :
- 7 Particulars of remittance
Amount :
Name of Treasury :
Chalan No. & Date :

DECLARATION

I hereby declare that I have applied for Photo Copy of my own OMR answer script for the aforesaid test and that the details furnished above are true to the best of my knowledge and belief.

Place :

Date :

Signature of Candidate.

ഒ.എം.ആർ. ഉത്തരക്കടലാസിന്റെ ഫോട്ടോ കോപ്പി നൽകുന്നത് സംബന്ധിച്ച് ഉദ്യോഗാർത്ഥികൾക്കുള്ള നിർദ്ദേശങ്ങൾ താഴെ പറയുന്നു.

1. ഒ.എം.ആർ. ഉത്തരക്കടലാസിന്റെ ഫോട്ടോ കോപ്പി ആവശ്യമുള്ള ഉദ്യോഗാർത്ഥികൾ 300 രൂപ ഫീസ് **“0051-PSC-800-State PSC-99 Other receipts”**. എന്ന Head of Account ൽ ഒടുക്കി Original Chalan സഹിതം റാങ്ക് ലിസ്റ്റ് പ്രസിദ്ധീകരിച്ച് 45 ദിവസത്തിനുള്ളിൽ നിശ്ചിത മാതൃകയിലുള്ള അപേക്ഷ സമർപ്പിക്കേതാണ്.
2. 31.03.2015 മുതൽ പ്രസിദ്ധീകരിക്കുന്ന റാങ്ക് ലിസ്റ്റുകൾക്ക് ഈ ഉത്തരവ് ബാധകമാണ്.
3. സ്വന്തം ഉത്തരക്കടലാസിന്റെ പകർപ്പ് മാത്രമേ നൽകുകയുള്ളൂ.
4. ഒരു തവണ മാത്രമേ കോപ്പി നൽകുകയുള്ളൂ
5. ഉത്തരക്കടലാസിന്റെ ഫോട്ടോ കോപ്പി Registered Post - ൽ അയയ്ക്കുന്നതാണ്.
6. ഉത്തരക്കടലാസുകളുടെ A,B ഭാഗങ്ങളുടെ കോപ്പികൾ നൽകുന്നതാണ്.
7. തന്റേതല്ലാത്ത ഉത്തരക്കടലാസ് ആവശ്യപ്പെട്ടുവെന്ന് തെളിഞ്ഞാൽ അപേക്ഷകനെതിരെ നിയമ നടപടികൾ സ്വീകരിക്കുന്നതാണ്.
8. ന്യൂനത മൂലം അസാധ്യ ആക്കപ്പെടുന്ന ഉത്തരക്കടലാസുകളുടെ പകർപ്പ് നൽകുന്നതല്ല.

(By Order of the Commission)

Sd/-

DISTRICT OFFICER
KERALA PUBLIC SERVICE COMMISSION
DISTRICT OFFICE, WAYANAD.

Approved for issue.

Sd/-
(Section Officer)

KERALA PUBLIC SERVICE COMMISSION

APPLICATION FOR RECHECKING OF ANSWER SCRIPT

(Prescribed fee of ₹ 75/- shall be remitted under the Head of Account “0051 PSC 105 State PSC 99 Examination Fee” in any of the treasuries in the State and original chalan receipt attached with this application. For more details refer to notification publishing the Short List or Ranked List relating to the test)

Fill in all columns.

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1	Number & Date of Short List/ Ranked List published	
2	Name of Post & Category No.	
3	Name of Department/Corporation/ Company/Organisation	
4	State-wise/District - wise selection (If District- wise, specify name of District)	
5	Whether applied for rechecking of answer script of this test earlier	
6	Date of written test & Type of test (Descriptive or Objective)	
7	Register Number for the Test (With prefix such as 'S', 'T', 'Q' etc if any)	
8	Name & address of candidate (As given in the Admission Ticket)	
9	Address to which reply is to be sent	
10	Religion & Community as claimed in application	
11	Whether claimed to be PH. (If 'Yes' specify whether Blind / Deaf or Dumb / Orthopaedically Handicapped)	
12a	Whether included in Short List/ Ranked List published for the post	
12b	If included in ranked list specify Sl.No./Reg. No. and Rank No.	
13	Particulars of remittance:	

	Amount Name of Treasury Chalan No. & Date	
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I hereby apply for rechecking of my answer script for the aforesaid test, and declare that the details furnished above are true to the best of my knowledge and belief.

Place:

Date:

Signature of the candidate