



KERALA PUBLIC SERVICE COMMISSION DISTRICT OFFICE, WAYANAD

Ranked List No. **346/16/DOW**
Category No. **504/2012**

Kalpetta North,
Dated :21.06.2016.

NOTIFICATION

The following is the Ranked List of candidates for the post of **Village Extension Officer Gr II (Category No. 504/12) in Rural Development Departments in Wayanad District on ₹ 9940 - 16580/-** found suitable by the Commission and arranged in the order of merit based on the Marks secured in OMR test held on **07.06.2014**. This Ranked List is brought into force with effect from **21.06.2016**.

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 totaling 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 **04.08.2016**. 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

Ranked List for the post of Village Extension Officer Gr II in Rural Development Department in Wayanad District.

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)

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

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.

Space for date stamp of PSC office

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