

Website: www.keralapsc.gov.in
e.mail: dowyd@psc.kerala.gov.in



Telephone No: 04936 202539

KERALA PUBLIC SERVICE COMMISSION DISTRICT OFFICE, WAYANAD

Ranked List No. **121/2016/DOW**
Category No: **624/2013**

Kalpetta North,
Dated : **01.03.2016.**

NOTIFICATION

The following is the list of candidates found suitable by the Commission on the basis of the Objective Type (OMR) Test and Practical Test held on 04.09.2014 and 14.01.2016 respectively for selection to the post of **Driver Grade II (HDV) (NCA Hindu Nadar) in Various Departments in Wayanad District** and arranged in the order of merit. This Ranked List is brought into force with effect from **01.03.2016**.

The Ranked List will be in force until candidates are advised and appointed against the vacancies earmarked for Hindu Nadar community, but remain unfilled due to paucity of candidates during the currency of the Ranked List published on 11.02.2013 (Category No.256/2008) for the above post. 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, re-valuation of Answer Script is not allowed. But re-checking of marks will be done on payment of ₹ 75/- (**Rupees Seventy Five only**) The fee should be remitted in any one of the treasuries in the State under the Head of Account "**0051 PSC 105 State PSC-99 Examination Fee**" and original chalan enclosed with the application. Applications for re-checking 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 original chalan receipt together with the application for re-checking should reach the **District Officer, Kerala Public Service Commission District Office, Kalpetta, Wayanad – 673 122 within 45**

days from the date on which the Ranked List is brought into force. The fee once remitted will not be refunded on any account.

Candidates who wish to obtain a photocopy of their OMR answer sheet (Part A & Part 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 (Head of Account “**0051-PSC-800-State-99-Other receipts**”). The duly filled up application in the prescribed form (available from the Commission’s Website) along with the original chalan should be submitted to **the District Officer, KPSC District Office, Kalpetta, Wayanad 673 122 within 45 days from the date on which the Ranked List is brought into force. Copy of the answer sheet will be issued only once to a candidate. Candidates are prohibited from applying for copy of answer sheet which is not their own, and legal proceedings will be initiated against those who do so.**

“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.”

Valid applications for re-checking/photocopy of answer script addressed to the **District Officer, K.P.S.C., District Office, Kalpetta, Wayanad 673 122** shall reach this office within 45 days from the date on which the Ranked List is brought into force. The last date for receipt of applications for re-checking/photocopy of answer script is 14.04.2016. Applications for re-checking/photocopy received after the prescribed time limit and not in the prescribed form will not be entertained.

(By Order of the Commission)

Sd/-

OOTHAMAN. M. K,
DISTRICT OFFICER,
KERALA PUBLIC SERVICE COMMISSION,
DISTRICT OFFICE, WAYANAD.

Approved for issue,

Sd/-

SECTION OFFICER



Website: www.keralapsc.gov.in
e.mail: dowyd@psc.kerala.gov.in

Telephone No: 04936 202539

**KERALA PUBLIC SERVICE COMMISSION
DISTRICT OFFICE: WAYANAD**

**Ranked List for the post of Driver Grade II (HDV) NCA-Hindu Nadar in Various
Departments in Wayanad District**

No.121/2016/DOW

Category No.624/2013

The following is the Ranked List of candidates for the post of **Driver Gr.II (HDV) (NCA-Hindu Nadar) on the scale of pay of ₹ 9190-15780/- in Various Departments in Wayanad District**, found suitable by the Commission and arranged in the order of merit based on the OMR Test and Practical Test held on **04.09.2014 and 14.01.2016** respectively. This Ranked List is brought into force with effect from **01.03.2016**.

Rank	Reg. No.	Name	in the OMR testMark secured	Grade for driving skill	Total	DOB	Comm- unity	Remarks
1.	101559	DILEEP S.	69	15	84	18.05.1986	HN	
2.	102220	GIREESHRAJ A.R.	40.67	20	60.67	27.05.1989	HN	
3.	101257	PRATHEEP KUMAR N.	45	15	60	25.06.1977	HN	
4.	101090	SAJAN S.S.	40	20	60	15.05.1986	HN	
5.	101882	SHIJU B.S.	44.67	15	59.67	30.05.1984	HN	

(By Order of the Commission)

Sd/-

OOTHAMAN M.K.

DISTRICT OFFICER

KERALA PUBLIC SERVICE COMMISSION

DISTRICT OFFICE, WAYANAD

Approved for issue,
Sd/-

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-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. ഓ.എം.ആർ. ഉത്തരക്കടലാസിന്റെ ഫോട്ടോ കോപ്പി ആവശ്യമുള്ള ഉദ്യോഗാർത്ഥികൾ 300 രൂപ ഫീസ് '**0051-PSC-800-State-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	

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