

List of following candidates, provisionally authorized to appear for the Mining Mate(R) Competency Examination scheduled to be held on **23.01.2021(Saturday)** at **9.00AM** in the office of the **Director of Mines Safety, DGMS Campus, Agalli, PO: Fatorda, Margao, Goa -403602.**

| <b>Serial No.</b> | <b>Name of Candidate</b>       | <b>Father's Name</b>         |
|-------------------|--------------------------------|------------------------------|
| 1                 | MADALA SANTOSH KUMAR           | M. THIRUPALUNaidu            |
| 2                 | BOTHE RAHUL VILAS              | VILAS                        |
| 3                 | PATIL BALAKRISHNA HINDURAO     | HINDURAO                     |
| 4                 | NIRAJ KUMAR                    | ABHIMANYU RAUT               |
| 5                 | PANKAJ DAS                     | MOHAN DAS                    |
| 6                 | RISHU KUMAR SINGH              | MUNNA SINGH                  |
| 7                 | RAKESH KUMAR                   | NATHUNI GIRI                 |
| 8                 | SHAIKH SHABBIR ALI MEHBOOB ALI | SHAIKH MEHBOOBALI KHAJAMIYAN |

List of following candidates, provisionally authorized to appear for the Blaster's(R) Competency Examination scheduled to be held on **23.01.2021(Saturday)** at **2.00PM** in the office of the **Director of Mines Safety, DGMS Campus, Agalli, PO: Fatorda, Margao, Goa -403602.**

| <b>Serial No.</b> | <b>Name of Candidate</b> | <b>Father's Name</b>   |
|-------------------|--------------------------|------------------------|
| 1                 | JADHAV RAVINDRA TUKARAM  | JADHAV TUKARAM HANMANT |
| 2                 | PAWAR SAGAR TANAJI       | PAWAR TANAJI           |

**COVID-19 SELF DECLARATION FOR APPEARING SIRDAR/ MATE/  
BLASTER/ GAS TESTING EXAMINATIONS CONDUCTED UNDER  
MINES ACT, 1952**

**NAME OF THE CANDIDATE:** \_\_\_\_\_

**FATHER'S / HUSBAND'S NAME:** \_\_\_\_\_

**SELF DECLARATION (UNDERTAKING) TO BE FILLED IN BY THE CANDIDATE**

I \_\_\_\_\_ Father's/ Husband's  
Name \_\_\_\_\_ resident of  
\_\_\_\_\_, do hereby declare the following  
(please tick, wherever it is applicable to you, otherwise leave blank):

1. I have not been suffering from flu-like symptoms of fever, cough, breathlessness, sore throat/ runny nose, body ache in the last 14 days
2. I have not been in close contact with a confirmed case of the COVID-19
3. I have not been in close with a person suffering from COVID-19 and am not under mandatory quarantine

I have read the **instructions, notices** and **SOP for COVID-19 prevention** related to this examination available on the official website of DGMS ([www.dgms.gov.in](http://www.dgms.gov.in)) and the advisory for candidates regarding COVID-19.

\_\_\_\_\_

Candidate's Signature

Date: