

Form-II

Disability Certificate

(In case of amputation or complete permanent paralysis of limbs and in cases of blindness)

(See rule 4)

NAME AND ADDRESS OF THE MEDICAL
AUTHORITY ISSUING THE CERTIFICATE

Recent PP size
Attested Photograph
(Showing face only) of
the person with
disability

Certificate No.

Date:

This is to certify that I have carefully examined Shri/Smt./Kum. _____

_____ Son/wife/daughter of Shri. _____

_____ Date of Birth ____ / ____ / ____ Age ____ years, male/female _____

(DD / MM/ YEAR)

Registration No. _____ permanent resident of House No. _____ Ward/Village/

Street _____ Post Office _____ District _____

_____ State _____ whose photograph is affixed above, and am satisfied that:

(A) He/she is a case of :

- Locomotor disability
- Blindness

(Please tick as applicable)

(B) The diagnosis in his/her case is

(A) He/She has.....%(in figure).....percent

(in words) permanent physical impairment/blindness in relation to his her

(part of body) as per guidelines (to be specified).

2. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorized Signatory of
Notified Medical Authority)

Signature /Thumb
impression of the
person in whose
favour disability
certificate is issued

FORM-III

**Disability Certificate
(In case of multiple disabilities)
(See rule 4)**

**NAME AND ADDRESS OF THE MEDICAL
AUTHORITY ISSUING THE CERTIFICATE**

Recent PP size Attested Photograph (Showing face only) of the person with disability
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Certificate No. _____

Date: _____

This is to certify that I have carefully examined Shri/Smt./Kum. _____

_____ Son/wife/daughter of Shri. _____

_____ Date of Birth ____/____/____ Age _____ years, male/female _____

(DD / MM/ YEAR)

Registration No. _____ permanent resident of House No. _____ Ward/Village/

Street _____ Post Office _____ District _____

_____ State _____ whose photograph is affixed above, and am satisfied that:

(A) He/she is a Case of **Multiple Disability**. His/her extent of permanent physical impairment/ disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

Sr.No	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental- illness	X		

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines(to be specified), is as follows:-

In figures: - _____percent

In words: - _____percent

2. This condition is progressive/ non-progressive / likely to improve/ not likely to improve.

3. Reassessment of disability is:

(i) not necessary,

Or

(ii) is recommended/ after _____years_____months, and therefore this

Certificate shall be valid till _____

(DD)

(MM)

(YY)

@ e.g. Left/Right/both arms/legs

e.g. Single eye/both eyes

£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority.

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Name and Seal of Member

Name and seal of Member

Name and seal of the Chairperson

Signature /Thumb
impression of the
person in whose
favour disability
certificate is issued

FORM-IV

Disability Certificate
(In cases other than those mentioned in Forms II and III)
(See rule 4)

**NAME AND ADDRESS OF THE MEDICAL
AUTHORITY ISSUING THE CERTIFICATE**

Recent PP size
Attested Photograph
(Showing face only) of
the person with
disability

Certificate No.

Date:

This is to certify that I have carefully examined Shri/Smt./Kum. _____
_____ Son/wife/daughter of Shri _____
_____ Date of Birth ____ / ____ / ____ Age _____ years, male/female _____
(DD / MM/ YEAR)

Registration No. _____ Permanent resident of House No. _____ Ward/Village/
Street _____ Post Office _____ District _____
_____ State _____ whose photograph is affixed above, and am satisfied that he/she is a
case of _____ disability. His/her extent of percentage physical impairment/
disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in
the table below:-

Sr.No	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental- illness	X		

(Please strike out the disabilities which are not applicable)

2. The above condition is progressive / non-progressive /likely to improve/ not likely to improve.

3. Reassessment of disability is:

(i) Not necessary,

Or

(ii) Is recommended / after _____ years _____ months, and therefore this certificate shall be valid till _____
(DD) (MM) (YY)

@ E.g. Left/Right/both arms/legs

e.g. Single eye/both eyes

£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorized Signatory of notified Medical Authority)
(Name and Seal)

Countersigned

Signature /Thumb
impression of the
person in whose
favour disability
certificate is issued

{Countersignature and seal of the
CMO/Medical Superintendent/ Head
of Government Hospital, in case the
certificate is issued by a medical
authority who is not a government
servant (with seal)}

Note: In case this certificate is issued by a medical authority who is not a government servant it shall be valid only if countersigned by the Chief Medical Officer of the District”

Note: The principal rules were published in the Gazette of India vide notification number S.O. 908(E), Dated 31st December, 1996.

DISABILITY CERTIFICATE

As per ANNEXURE – I to OFFICE MEMORANDUM No. 336035/3/2004-Estt(Res) dated 29th December, 2005 from the Government of India, Ministry of Personnel, Public Grievances & Pensions, Department of Personnel & Training – up to 28.11.2013 as from 29.11.2013 forms of Disability Certificates have been revised as above i.e. Form II, Form III & Form IV]

NAME AND ADDRESS OF _____
THE INSTITUTE / HOSPITAL _____

Certificate No. _____

Date - _____

Recent Photograph
Of the candidate
showing the disability
duly attested by the
Chairperson of the
Medical Board

This is certified that Shri / Smt./ Kum. _____ Son / wife / daughter of Shri
_____ age _____ Sex _____ identification mark(s)
_____ is suffering from permanent disability of following category: -

A. Locomotor or cerebral palsy:

- (i) BL - Both legs affected but not arms.
- (ii) BA - Both arms affected
 - (a) Impaired reach
 - (b) Weakness of grip
- (iii) BLA - Both legs and both arms affected
- (iv) OL - One leg affected (right or left)
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (v) OA - One arm affected
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (vi) BH - Stiff back and hips (Cannot sit or stoop)
- (vii) MW - Muscular weakness and limited physical endurance.

B. Blindness or Low Vision:

- (i) B – Blind
- (ii) PB - Partially Blind

C. Hearing impairment:

(i) D - Deaf

(ii) PD - Partially Deaf

(Delete the category, whichever is not applicable)

2. This condition is progressive / non-progressive / likely to improve / not likely to improve. Re -assessment of this case is not recommended / is recommended after a period of _____years _____ months*.

3. Percentage of disability in his / her case is _____per cent.

4. Sh. / Smt. / Kum. _____meets the following physical requirement for discharge of his / her duties: -

- | | |
|---|----------|
| (i) F- can perform work by manipulating with fingers. | Yes / No |
| (ii) PP - can perform work by pulling and pushing. | Yes/ No |
| (ii) L - can perform work by lifting. | Yes / No |
| (iv) KC - can perform work by kneeling and crouching. | Yes / No |
| (v) B - can perform work by bending. | Yes / No |
| (vi) S - can perform work by sitting. | Yes / No |
| (vii) ST - can perform work by standing. | Yes / No |
| (viii) W - can perform work by walking. | Yes / No |
| (ix) SE - can perform work by seeing. | Yes / No |
| (x) H - can perform work by hearing / speaking. | Yes / No |
| (xi) RW - can perform work by reading and writing. | Yes / No |

(Dr. _____)

(Dr. _____)

(Dr. _____)

Member
Medical Board

Member
Medical Board

Chairperson
Medical Board

Countersigned by the
Medical Superintendent / CMO /
Head of Hospital (with seal)

**Strike out which is not applicable.*

PLEASE NOTE THAT THE FORM OF DISABILITY CERTIFICATES TO BE PRODUCED HAS BEEN REVISED VIDE O.M. NO.36035/1/2012-Estt. (Res) DATED 29th NOVEMBER, 2013. ACCORDINGLY, THE CERTIFICATES ISSUED AFTER THAT SHOULD BE IN THE REVISED FORMS AS APPLICABLE i.e. FORM II, FORM III & FORM IV AS GIVEN ABOVE.

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA

[Govt. of India Department of Personnel & Training Circular No. 36036/2/2013-Estt.(Res.) dated 30th May, 2014]

This is to certify that Shri/Smt. Kumari _____ son/daughter of _____ of village/town _____ in District/Division _____ in the State/Union Territory _____ belongs to the _____ community which is recognized as a Backward Class under the Government of India, Ministry of Social Justice and Empowerment's Resolution No. _____ dated _____. Shri/Shri/Kumari _____ and/or his/her family ordinarily reside (s) in the _____ District/Division of the _____ State/Union Territory.

This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel and Training, O.M. No. 36012/22/93-Estt. (SCT), dated 8.9.1993**

**District Magistrate,
Deputy Commissioner, etc.**

Date:

SEAL

*The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

** As amended from time to time.

N.B. – (a) The term **ORDINARILY** used here will have the same meaning as in Section 20 of the Representation of the People's Act, 1950.

(a) The authorities competent to issue caste certificates are indicated below:-

- (i) District Magistrate/Additional Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/ First Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of First Class Stipendiary Magistrate).
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/ Presidency Magistrate.
- (iii) Revenue Officer not below the rank of Tehsildar; and
- (iv) Sub-Divisional Officer of the area where the candidate and/or his family resides.

The OBC certificates issued prior to the forms as revised vide Govt. Of India, Department of Personnel & Training Circular no. 36036/2/2013-estt.(res.) dated 30th may, 2014, as above, will be accepted in the pre-revised forms

DECLARATION

[To be given by the candidate before the interview]

I _____ son/daughter of Shri _____ resident of village / town /
city _____ district _____ state _____ hereby declare that I belong to the
_____ community which is recognized as a backward class by the Government of India for the
purpose of reservation in services as per orders contained in Department of Personnel and Training Office
Memorandum No. 36012/22/93-Estt. (SCT), dated 8.9.1993. It is also declared that I do not belong to
persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the above referred Office
Memorandum dated 8.9.1993.

(Signature of the candidate)

(Name)

Address :

Mobile/Phone number :

e-mail :