

(To be produced on the Letter Head of the Department and to be filled by the Head of the Department in which the candidate is working)

NO OBJECTION CERTIFICATE

It is certified that Mr./Mrs./Miss/Dr. _____
(designation) _____ is working in the project entitled
"_____". This organization has no
objection for his/her applying to the post of _____ as mentioned in the
ICMR-NIRRCH Advertisement No. **NIRRCH/12/T/07/2023**

Place:

Date:

Signature _____

Name _____

Designation _____

Seal of the office _____

**(To be produced on the Letter Head of the Department and to be filled by the
Head of the Department in which the candidate is working)**

FORMAT OF CERTIFICATE TO BE SUBMITTED BY GOVT. EMPLOYEE SEEKING AGE RELAXATION

It is certified that Mr/Ms/Mrs/Dr. _____ is a Central Government Civilian employee/State Govt. employee/employee of autonomous body holding the post of _____ in the Pay Level _____ (Rs. _____) of Pay Matrix (as per 7th CPC) with 3 years regular service in the grade as on closing date (i.e. the last date for submission of online application)

There is no object to his/her appearing for the post of _____ and document verification for the said recruitment.

Place:

Date:

Signature _____

Name _____

Designation _____

Seal of the office _____

(To be produced on the Letter Head of the Department and to be filled by the Head of the Department in which the candidate is working)

NO OBJECTION CERTIFICATE

1. It is certified that Mr./Mrs./Miss/Dr. _____ (designation) _____ is working in the permanent capacity with effect from _____. The particulars furnished by him/her in the application form are correct and he/she possesses educational qualification and experience mentioned in the Vacancy Circular no. _____ dated _____. This organization has no objection in his/her applying to the post of _____ as mentioned in the above stated circular.
2. It is certified that his/her Pay Level is _____. He/She is drawing a Basic Pay of Rs. _____. He/her next increment is due on _____.
3. It is certified that in the event of selection of Mr./Mrs./Miss/Dr. _____ to the post of _____ at ICMR-NIRRCH, Mumbai, he/she shall be relieved within a period of 01 month of issue of Appointment letter to Mr/Mrs./Miss/Dr. _____ by ICMR-NIRRCH.

Place:

Date:

Signature _____

Name _____

Designation _____

Seal of the office _____

Annexure- III (B)

(To be produced on the Letter Head of the Department and to be filled by the Head of the Department in which the candidate is working)

Vigilance Clearance Certificate and Integrity Certificate

This is to certify that Dr./Sh./Smt. _____ is presently holding the post of _____ on regular basis in our Organization/Department/Institute.

It is further certified that no vigilance /disciplinary case and departmental enquiry is either pending or contemplated against him /her. The integrity of the officer is also certified.

Place:

Date:

Signature _____

Name _____

Designation _____

Seal of the office _____

Letter of Undertaking for Using Own Scribe

I _____, a candidate with _____ (nature of disability/condition) appearing for the _____ (name of the examination) bearing Roll No. _____ at _____ (name of the center) in the District _____, _____ (name of the State). My educational qualification is _____.

I do hereby state that _____ (name of the scribe) will provide the service of scribe/reader for the undersigned for taking the aforesaid examination.

I do hereby undertake that his qualification is _____. In case, subsequently it is found that his qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims relating thereto.

(Signature of the candidate with Disability)

Place:

Date:

Certificate regarding physical limitation in an examination to write

This is to certify that I have carefully examined Mr/ Ms/ Mrs _____ (name of the candidate with disability), a person with _____ (nature and percentage of disability as mentioned in the certificate of disability), S/o/D/o _____, a resident of _____ (Village/District/State) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Signature

Chief Medical Officer/Civil Surgeon/Medical Superintendent of a
Government Health Care Institution
Name and Designation
Name of Govt Hospital/Health Care Centre with Seal

Place:

Date:

Note:

Certificate should be given by a specialist of the relevant stream/disability (e.g. Visual Impairment-Ophthalmologist, Locomotor disability - Prthopaedic specialist/PMR)

Letter of Undertaking by the person with specified disability covered under the definition of Section 2 (s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing

I _____, a candidate with _____ (nature of disability/condition) appearing for the _____(name of the examination) bearing Roll No. _____ at _____ (name of the centre) in the District _____, _____ (name of the State). My educational qualification is _____.

2. I do hereby state that _____ (name of the scribe) will provide the service of scribe for the undersigned for taking the aforementioned examination.

3. I do hereby undertake that his qualification is _____. In case, subsequently it is found that his qualification is not as declared by the undersigned and is beyond my qualification. I shall forfeit my right to the post or certificate/diploma/degree and claims relating thereto.

(Signature of the candidate)

(counter signature by the parent/guardian, if the candidate is minor)

Place:

Date:

Certificate for person with specified disability covered under the definition of Section 2 (s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing

This is to certify that, we have examined Mr/Ms/Mrs (name of the candidate), S/o /D/o, a resident of(Vill/PO/PS/District/State), aged yrs, a person with (nature of disability/condition), and to state that he/she has limitation which hampers his/her writing capability owing to his/her above condition. He/she requires support of scribe for writing the examination.

2. The above candidate uses aids and assistive device such as prosthetics & orthotics, hearing aid (name to be specified) which is /are essential for the candidate to appear at the examination with the assistance of scribe.

3. This certificate is issued only for the purpose of appearing in written examinations conducted by recruitment agencies as well as academic institutions and is valid upto _____ (it is valid for maximum period of six months or less as may be certified by the medical authority)

Signature of medical authority

(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)
Orthopedic / PMR specialist	Clinical Psychologist/ Rehabilitation Psychologist/Psychiatrist / Special Educator	Neurologist (if available)	Occupational therapist (if available)	Other Expert, as nominated by the Chairperson (if any)
(Signature & Name)				
Chief Medical Officer/Civil Surgeon/Chief District Medical Officer.....Chairperson				

Name of Government Hospital/Health Care Centre with Seal

Place:

Date:

PARTICULARS OF SCRIBE PROPOSED TO BE ENGAGED BY THE CANDIDATE

1. Name of the Candidate:
2. Roll No:
3. Name of Examination Centre:
4. Qualification of Candidate:
5. Disability Type:
6. Name of the Scribe:
7. Date of Birth of the Scribe:
8. Father 's Name of the Scribe:
9. Address of the Scribe:
 - (a) Permanent Address
 -
 -
 - (b) Present Address.....
 -
 -
10. Educational Qualification of the Scribe
-
11. Relationship, if any, of the Scribe to the Candidate.....

Paste here recent colour Passport Size Photograph of the SCRIBE of size 3.5cm x 4.5 cm (The colour photograph should not be more than 3 months old.

12. DECLARATION:

i) We hereby declare that the particulars furnished above are true and correct to the best of our knowledge and belief. We have read/ been read out the instructions of the ICMR-NIRRH regarding conduct of the candidates assisted by Scribe/Scribes at this examination and hereby undertake to abide by them.

ii) We do hereby undertake that the qualification of scribe is mentioned correctly and the qualification of the scribe is one step below qualification of candidate. In case, subsequently it is found qualification of scribe is not as declared by the candidate, I(the candidate) shall forfeit my right to the post and claims relating thereto.

iii) We declare that the Scribe himself/herself is not a candidate in this examination. We understand that in case it is found otherwise the candidature of both of us will be rejected.

iv) We declare that the scribe has not acted/will not act as Scribe to any other candidate of this examination.

(Signature of the Candidate)	(Signature of the Scribe)
Left thumb impression of the Candidate in the box given above	Left thumb impression of the Scribe in the box given above

Signature of the Observer/ Office Supdt. of the Examination Centre

(To be produced on the Letter Head of the Institute/Centre and to be filled by the Head of the Department in which the candidate is working)

EXPERIENCE CERTIFICATE FOR CANDIDATES WORKING IN THE ICMR PROJECTS

It is certified that Mr./Mrs./Miss/Dr. _____ is working at _____ as per the details given below:

Sl. No.	Period (Initial to latest)		Designation	Name of the ICMR funded Project	Emoluments Drawn (Rs.)	Remarks
	From	To				

Please state whether the candidate has entered into the project service within the prescribed age limit for the post for which the candidate is applying: -(YES/NO)

There is no objection to his appearing for the post of _____ and document verification for the said recruitment.

Note: - Please attach copies of the appointment letters and joining orders in r/o of each of the above mentioned work experience.

Place:

Date:

Signature _____

Name _____

Designation _____

Seal of the office _____

FORM OF CASTE CERTIFICATE FOR SC/ST

This is to certify that Shri*/Shrimati/Kumari _____ Son/Daughter of
 _____ Village/Town _____ /District/Division*
 _____ of the _____ State/Union Territory belongs to the
 _____ Caste*/Tribe which is recognised as a Scheduled Caste/Tribe under:

*The Constitution Scheduled Castes Order, 1950.

*The Constitution Scheduled Tribes Order, 1950.

*The Constitution (Scheduled Castes) (Union Territories) (Part C States) Order, 1951;

* The Constitution (Scheduled Tribes) (Union Territories) (Part C States) Order, 1951; [As amended by the Scheduled Castes and Scheduled Tribes List (Modification Order, 1956, the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976.]

The Constitution (Jammu and Kashmir) Scheduled Castes Orders, 1956.

The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959, as amended by the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976

The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962.

The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order, 1962.

*The Constitution (Pondicherry) Scheduled Castes Order, 1964.

*The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967.

*The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968.

*The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968.

*The Constitution (Nagaland) Scheduled Tribes Order, 1970.

*The Constitution (Sikkim) Scheduled Castes Order, 1978

*The Constitution (Sikkim) Scheduled Tribes Order, 1978

*The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989.

*The Constitution (SC) Orders (Amendment) Act, 1990.

*The Constitution (ST) Orders (Amendment) Ordinance Act, 1991.

*The Constitution (ST) Orders (Amendment) Ordinance Act, 1996.

*The Constitution (Scheduled Castes) Orders (Amendment) Act, 2002.

*The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002.

*The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002.

2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration. This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes Certificate issued to Shri/Shrimati* _____ father/mother* _____ of Shri/Shrimati/Kumari _____ of Village/Town* _____ in /District/Division* _____ of the State/Union Territory* _____ who belongs to the _____ Caste*/Tribe which is recognised as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* issued by the _____ dated _____.

3. Shri/Shrimati/Kumari* and /or* his/her* family ordinarily reside(s) in Village/Town* _____ District/Division* of the State/Union Territory* of _____.

Place _____ Signature _____
 Date _____ Designation _____

(with seal of Office) State/Union Territory _____

*Please delete the words, which are not applicable. @ Please quote specific Presidential Order % Delete the Paragraph, which is not applicable.

Note: (a) The term 'ordinarily reside'(s) used here will have the same meaning as in Section 20 of the Representation of People Act, 1950 The Caste Certificate must be issued by the Competent Authorities in the above prescribed format.

The Competent Authorities are enumerated here under :

1. District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendary Magistrate/Sub Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.
2. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
3. Revenue Officer not below the rank of Tehsildar; and
4. Sub-Divisional Officer of the area where the candidate and/or his family normally resides. Ref no:- (O.M.NO.36012/6/88- Estt. (SCT) dated 24.4.1990 and OM No.36012/22/93- Estt(Res) dated 15.11.1993 & OM No. 36011/3/2009- Estt(Res) dated 02.09.2009).

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

This is to certify that Shri/Smt./Km* _____ son/ daughter of _____ of village _____ District/Division _____ in the _____ State _____ belongs to the _____ Community which is recognized as a backward class under:

- i) Resolution No. 12011/68/93-BCC dated the 10th September, 1993, published in the Gazette of India Extraordinary – Part I, Section I, No. 186 dated 13th September, 1993.
- ii) Resolution No. 12011/9/94-BCC, dated 19.10.1994 published in Gazette of India extraordinary Part I Section I No. 163, dated 20th October, 1994.
- iii) Resolution No. 12011/7/95-BCC dated the 24th May 1995 Published in the Gazette of India extraordinary Part-I Section I No. 88 dated 25th May, 1995.
- iv) Resolution No.12011/96/94-BCC dated 9th March, 1996.
- v) Resolution No. 12011/44/96-BCC, dated the 6th December, 1996, published in the Gazette of India – Extraordinary-part I, Section-I, No. 210, dated the 11th December, 1996.
- vi) Resolution No.12011/13/97-BCC dated 3rd December, 1997.
- vii) Resolution No.12011/99/94-BCC dated 11th December, 1997.
- viii) Resolution No.12011/68/98-BCC dated 27th October, 1999.
- ix) Resolution No.12011/88/98-BCC dated 6th December, 1999, published in the Gazette of India, Extra Ordinary Part-I, Section-I No.270, 6th December, 1999.
- x) Resolution No.12011/36/99-BCC dated 4th April, 2000, published in the Gazette of India, Extra Ordinary Part-I, Section-I, No.71 dated 4th April, 2000.
- xi) Resolution No.12011/44/99-BCC dated 21.9.2000, published in the Gazette of India, Extra Ordinary Part-I, Section-I, No.210 dated 21.9.2000.

Shri /Smt./Km. _____ and/or his family ordinarily reside(s) in the _____ District/Division of the _____ State.

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 and modified vide Govt. of India, DOP&T O.M.No.36033/3/2004 dated 09.03.2004 and 14.10.2008.

Dated:

District Magistrate or
Deputy Commissioner etc.
Seal:

- NOTE-I:(a) The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- (b) The authorities competent to issue Caste Certificate are indicated below :-
- (i) District Magistrate/Additional Magistrate/Collector/Dy. Commissioner/ Additional Deputy Commissioner/Deputy Collector/1st Class Stipendary Magistrate/ Sub-Divisional Magistrate/Taluka Magistrate/ Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate).
 - (ii) Chief Presidency Magistrate /Additional Chief Presidency Magistrate/ Presidency Magistrate.
 - (iii) Revenue Officer not below the rank of Tehsildar.
 - (iv) Sub-Divisional Officer of the area where the candidate and/or his family resides.

NOTE-II: The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also, for assuring that the candidate does not fall in the creamy layer. The OBC candidates should furnish the relevant OBC Certificate in the prescribed format prescribed for Central Government jobs issued by the competent authority on or before the Closing Date as stipulated in the Notice.

DECLARATION TO BE SIGNED BY OBC CANDIDATES ONLY

I son/daughter of Shri resident of
village/town/city district..... state
.....certificate enclosed) hereby declare that I belong to
the..... community which is recognized as a backward
class by the Govt. 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-
Esstt(SCT)dated 8-9-1993. It is also declared that I do not belong to the Persons/Sections
(Creamy Layer) mentioned in Column 3 of the Schedule of the Government of India,
Department of Personnel and Training O.M.No.36012/22/93-Estt. (SCT) dated 08.09.93 &
its subsequent revision through O.M.No.36033/3/2004-Estt. (Res) dated 09.03.2004,
27.05.2013, 13.09.2017.

Place.....

(Signature of applicant in running handwriting)

Date.....

Note: The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also for as summing that the candidate does not fall in the creamy layer.

Form-V

Certificate of Disability
(In cases of amputation or complete permanent paralysis of limbs
and in cases of blindness)
[See rule 18(1)]

(Name And Address Of The Medical Authority Issuing The Certificate)

Recent Passport 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 (DD/ MM/
YY) Age years, male/female 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
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is

(C) He/ She has% (in figure)..... percent (in words)
permanent Locomotor Disability/dwarfism/blindness in relation to his/her
(part of body) as per guidelines (.....number and date of issue of the
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 certificate of disability certificate is issued.

Certificate of Disability
(In case of multiple disabilities)
[See rule 18(1)]

(Name and Address of the Medical Authority Issuing the Certificate)

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

Certificate No.
.....

Date:

This is to certify that we have carefully examined Shri/Smt/Kum
/son/wife/daughter of Shri Date of Birth..... (DD)/(MM)/(YY)
Ageyears, male/female..... Registration No..... permanent
resident of House No.....Ward/Village/Street.....
Post Office District..... State whose photograph
is affixed above, and are 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 (.....number and date of
issue of the guidelines to be specified) for the disabilities ticked below, and shown against
the relevant disability in the table below:

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/ mental disability (in%)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy Cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid attack Victim			
7.	Low vision	#		
8.	Blindness	#		
9.	Deaf	£		
10.	Hard of Hearing	£		
11.	Speech and Language disability			
12.	Intellectual Disability			
13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			
15.	Mental illness			

16.	Chronic Neurological Conditions			
17.	Multiple sclerosis			
18.	Parkinson's disease			
19.	Haemophilia			
20.	Thalassemia			
21.	Sickle Cell disease			

(B) In the light of the above, his /her over all permanent physical impairment as per guidelines (.....number and date of issue of the 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

£ 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.

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 certificate of disability is issued.

Certificate of Disability
(In cases other than those mentioned in Forms V and VI)
(Name And Address Of The Medical Authority Issuing The Certificate)
[See rule 18(1)]

Recent Passport 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..... (DD)/(MM)/(YY) Age years, male/female..... 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:-

	Disability	Affected part of body	Diagnosis	Permanent physical impairment/ mental disability (in%)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy Cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	£		
8.	Hard of Hearing	£		
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological Conditions			
15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

(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)

@ - eg. Left/Right/both arms/legs

- eg. Single eye/both eyes

€ - eg. 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

(Authorised Signatory of notified Medical Authority)

(Name and Seal)

Countersigned

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

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 by Ministry of Social Justice and Empowerment vide notification number 489, dated 15.06.2017.

Annexure- IX

FORM OF CERTIFICATE TO BE SUBMITTED BY EX-SERVICEMEN FOR SEEKING AGE-RELAXATION/APPOINTMENT AGAINST VACANCIES RESERVED FOR EX-SERVICEMAN

A. Form of Certificate applicable for Released/Retired Personnel

It is certified that No..... Rank.....
Name.....whose date of birth is.....has rendered service
from.....to in Army/Navy/Air Force.

2. He has been released from military services:

- a) On completion of assignment otherwise than
 - (i) By way of dismissal, or
 - (ii) By way of discharge on account of misconduct or inefficiency, or
 - (iii) On his own request, but without earning his pension, or
 - (iv) He has not been transferred to the reserve pending such release
- b) On account of physical disability attributable to Military Service.
- c) On invalidment after putting in atleast five years of Military service

3. He is covered under the definition of Ex-Serviceman (Re-employment in Central Civil Services and Posts) Rules, 1979 as amended from time to time.

Signature, Name and Designation
of the Competent Authority**
SEAL

Place:

Date:

Delete the paragraph which is not applicable.

ANNEXURE-X

Form of Medical Certificate to be produced by the Persons with Benchmark Disabilities candidates who seek exemption from appearing in the Typewriting Test

This is to certify that Sh./Smt./Kum _____ son/daughter/wife of Shri _____ is suffering from _____.

Clinical diagnosis as a result of which he/ she has the following disabilities. (Brief description of his/ her disabilities) -----

This is a permanent disability and the extent of his/ her disability works out to ____% of disability. This disability is likely to interfere with Typewriting (specify)

Photograph of candidate clearly showing face with affected portion of the body

Signature of Civil Surgeon:
Name:
(Official Stamp)
Place:
Date:

Signature of candidate:
Name:
Roll Number: