



F. No. Exam.4(1)2019/Assistant/ 298

कर्मचारी भविष्य निधि संगठन

(श्रम एवं रोज़गार मंत्रालय, भारत सरकार)

**Employees' Provident Fund Organisation
(Ministry of Labour & Employment, Govt. of India)**

मुख्य कार्यालय/ Head Office

भविष्य निधि भवन, 14 - भीकाजी कमा प्लेस, नई दिल्ली-110066

Bhavishya Nidhi Bhawan, 14-Bhikaji Cama Place, New Delhi-110066

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NOTICE

All candidates who appeared in the Phase-I examination for recruitment to the post of Assistants (Assistant Section Officer) which was conducted on 31.07.2019 and who are shortlisted for Phase-II (Main) Examination vide No. Exam.4(1)2019/Assistant/295 dated 15/10/2019 (Published on EPFO's website) are hereby informed that Phase-II (Main) examination will be conducted **on 07.11.2019**.

The shortlisted Candidates are mandatorily required to upload the following documents/certificates, wherever applicable, (As per the prescribed format as per notification dated 17.05.2019 and notice dated 15.10.2019 declaring the result) before 07.11.2019 on the EPFO's website (Miscellaneous >> Recruitment >> 'UPLOAD DOCUMENTS/CERTIFICATES'(link will be made available from 17.10.2019).

- i) Minimum educational qualification Certificate i.e. graduates, having date of issue.
- ii) Matriculation / X class / high School examination Certification or equivalent certificate as proof for Date of Birth.
- iii) Caste / Category Certificate (SC/ST/OBC-NCL/EWS) – Annexure I & IA/V/VI (as applicable).
- iv) Age relaxation certificate by EPFO employees - Annexure-II of notice (as applicable).
- v) Certificate of Disability – Annexure-III of notice (as applicable).
- vi) Certificate of Disability – Annexure-III A of notice (as applicable).
- vii) Certificate of Disability – Annexure-III B of notice (as applicable).
- viii) No Objection Certificate from serving employees with date of Appointment (as applicable).
- ix) Legal documents in case of format change of name (as applicable).
- x) Decree of Divorce / judicial separation from the competent authority of lay as applicable and affidavit stating that the candidate has not remarried (as applicable).

- xi) Certificate regarding physical limitation in an examine to write – Scribe – Annexure-VIII attached with the result notice (as applicable).

Note 1: The maximum size of file/document/certificates, to be uploaded on EPFO website is 200 KB.

Note 2: The candidate, wherever applicable, should have uploaded the certificate for persons having physical limitation to write, and Scribe / Passage Dictator is essential for examination while uploading the other documents. If you fail to upload the documents or it is found at a later stage that the documents uploaded are not genuine, your candidature may be cancelled even if you are selected for the post.

Note 3: Format of documents/certificates are attached with this notice.

Note 4 : The final result of this examination will be subject to the outcome of OA No. 60/804/2019.

Note 5 : The other terms and conditions will be as per notice dated 17.05.2019 and as per EPFO rules/decisions.

Date: 16.10.2019

Regional P.F. Commissioner-I(Exam.)
Employees' Provident Fund Organisation

Annexure 'I'**FORMAT OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA**

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/Smt./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 & Training OM No. 36012/22/93-Estt. (SCT,) dated 08.09.1993**.

Date _____	District Magistrate/ Deputy Commissioner etc.
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Seal of Office

*_	The Authority issuing the Certificate may have to mention the details of Resolution of Government of India, in which the Caste of candidate is mentioned as OBC.
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**_	As amended from time to time.
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Note:	The term ordinarily reside(s) used here will have the same meaning as in section 20 of the Representation of the People Act, 1950.
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List of authorities empowered to issue Caste/Tribe Certificate Certificates:

i.	District Magistrate / Additional District Magistrate/ Collector/ Deputy Commissioner / Additional Deputy Commissioner/ Dy. Collector / 1 st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Extra-Assistant Commissioner/ Taluka Magistrate / Executive Magistrate.
ii.	Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate
iii.	Revenue Officers not below the rank of Tehsildar.
iv.	Sub-Divisional Officers of the area where the applicant and or his family normally resides.

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 Stipendiary 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 assuming that the candidate does not fall in the creamy layer.

Note-III The candidate should furnish the relevant OBC Certificate in the format prescribed for Central Government jobs as per **Annexure 'A'** above issued by the competent authority on or before the Closing

Date as stipulated in this Notice.

ANNEXURE 'IA'

Form of declaration to be submitted by the OBC candidate (in addition to the community certificate)

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
36102/22/93-Estt. (SCT) dated 8-9-1993. It is also declared that I do not belong to persons/
sections/sections (Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office
Memorandum dated 8-9-1993, O.M. No. 36033/3/2004-Estt. (Res.) dated 9th March, 200, O.M. No.
36033/3/2004-Estt. (Res.) dated 14th October, 2008 and OM No. 36033/1/2013-Estt. (Res.), dated: 27th
May, 2013.

Signature:.....

Full Name:.....

Address:.....

ANNEXURE 'II'

**FORM OF CERTIFICATE TO BE SUBMITTED BY EPFO EMPLOYEES/GOVERNMENT SERVANTS
SEEKING**

AGE-RELAXATION

(To be filled by the Head of the Office or Department in which the candidate is working).

(Please see Para 13 of this notice)

It is certified that *Shri/Smt./Km. _____ is holding the post of -----
----- in the pay scale of s _____ with 3 years regular service in
the grade as on **closing date**.

Signature _____

Name _____

Office seal

Place:

Date :

*(*Please delete the words which are not applicable.)*

Annexure-III

FORM-VII

Certificate of Disability

(In cases other than those mentioned in Forms V and VI)

[See Para 13 &18 of this notice]

(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:

1. This is to certify that we have carefully examined Shri/Smt./Kum
son/wife/daughter of Shri.....

Date of Birth.....(DD/MM/YYYY)

Ageyears, Male/Female.....Registration No. Permanent Resident of House No.

Ward/Village/Streetwhose photograph is affixed above and I am satisfied that He/She is a case of
 _____ **Disability**. His/Her extent of
 permanent physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked

S. No.	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			

below and shown against the relevant disability in the table below:

(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/afterYearmonths, and therefore this certificate shall be valid till
..... (DD/MM/YYYY)

@ 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

<i>Countersigned[(Countersignature and seal of the CMO/Medical Supdt.)Superintendent/Head of Government Hospital in case the certificate is issued by a medical authority who is not a government servant (with seal)]</i>		<i>(Authorised Signatory of notified Medical Authority) (Name and Seal)</i>

Signature/Thumb impression of the person in whose favour disability certificate 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 The principal rules were published in the Gazette of India vide notification number S.O. 908(E),dated the 31st December, 1996.

Annexure-III A

FORM-V

Certificate of Disability

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

[See Para 13 &18 of this notice]

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent Passport Size Attested Photograph (Showing face only) of the person
--

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/YYYY)

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

(1) He/She has% (in figure)..... percent (in words) permanent locomotor disability/dwarfism/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
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--	--	--

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

Signature and Seal of Authorized Signatory of notified Medical Authority

Annexure-III B

FORM-VI
Certificate of Disability
(In case of multiple disabilities)
[See Para 13 & 18 of this notice]

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Certificate No.: Date:

1. This is to certify that we have carefully examined Shri/Smt./Kum
son/wife/daughter of Shri.....

Date of Birth.....(DD/MM/YYYY)

Age.....years, Male/Female.....Registration No.Permanent Resident of House No. Ward/Village/Street

.....whose photograph is affixed above and are satisfied that:

Recent PP Size
Attested
Photograph
(Showing face
only) of the
person

(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:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical Impairment/ Mental Disability (in%)
1	Locomotors 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	Hemophilia			
20	Thalassemia			
21	Sickle Cell disease			

(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/afterYearmonths, and therefore this certificate shall be valid till

.....(DD/MM/YYYY)

@ 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

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

Annexure-IV

LETTER OF UNDERTAKING FOR USING SCRIBE

NOTE: Candidates Visually Impaired(VI)/candidates whose writing speed is affected by Cerebral Palsy /muscular dystrophy/ candidates with loco motor disability (one arm)/Intellectual disability (Autism, specific learning disability and mental illness) are eligible for Scribe.

PARTICULARS OF SCRIBE PROPOSED TO BE ENGAGED BY THE CANDIDATE

1. Name of the Candidate
2. Roll No
3. Name of Center
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 3.5 cmx 4.5cm (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 EPFO regarding conduct of the candidates assisted by Scribe/Scribes at this examination and here by 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)

**Left thumb impression of the
Candidate in the box given above**

(Signature of the Scribe)

**Left thumb impression of the
Scribe in the box given above**

Signature of the Invigilator

Annexure-V

FORM OF CASTE CERTIFICATE FOR SC/ST

This is to certify that Shri*/ Srimati/ Kumari* son/daughter* of
..... Village/Town
.....District/Division*.....of
the.....State/UnionTerritory* belongs
to theCaste*/Tribe which is recognised as a Scheduled Caste / Scheduled 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 Lists (Modification Order 1956, the Bombay Re-organisation Act 1960, the Punjab Re- organisation Act 1966, the State of Himachal Pradesh Act 1970, the North Eastern Areas (Re-organisation) 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 Orders, 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 toShri/Srimati*.....father/mother*of
Shri/Srimati/Kumari..... of Village/
Town*inDistrict/Division*.....of the
State/UnionTerritory*.....who belongs to the.....Caste*/Tribe which is recognised as a Scheduled Caste/ Scheduled Tribe in the Station/ Union Territory* issued by thedated
.....

3. Shri/Srimati/Kumari* and /or* his/her* family ordinarily resides in Village/Town*
..... District/ Division* of the State/ Union Territory*
of.....

Place.....
Date.....

Signature.....
Designation.....

..

(with seal of Office)

State/ Union Territory.....

* Please delete the words which are not applicable. @ Please quote the 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 the People Act, 1950. Officers competent to issue Caste/Tribe certificates.

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner. 2. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate. 3. Revenue Officers not below the rank of Tehsildar. 4. Sub-Divisional Officer of the area where the candidate and / or his / her family normally reside(s). 5. Certificates issued by Gazetted Officers of the Central or of a State Government Countersigned by the District Magistrate concerned. 6. Administrator/ Secretary to Administrator (Laccadive, Minicoy and Admindivi Islands).

ANNEXURE VI

Government of (Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No.....

Date.....

VALID FOR THE YEAR

This is to certify that Shri/Smt./Kumari Son/daughter/wife of permanent resident of Village/Street Post Office District in the State/Union Territory Pin Code whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual Income* of his/her 'family*** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year His / her family does not own or possess any of the following assets***;

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari belongs to the caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

Signature with seal of Office

Name

Designation

Recent Passport
size attested
photograph of the
applicant

*Note: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/ her spouse and children below the age of 18 years.

***Note 3: The property held by a "Family" in different locations or different places / cities have been clubbed while applying the land or property holding test to determine EWS status.

ANNEXURE 'VII'

**FORM OF CERTIFICATE TO BE SUBMITTED BY EPFO EMPLOYEES/GOVERNMENT SERVANTS
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 at least 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

Place:

Date:

Signature, Name and Designation of the

Competent Authority**
SEAL

Delete the paragraph which is not applicable.

B. Form of Certificate for Serving Personnel

(Applicable for serving personnel who are due to be released within one year)

It is certified that No. Rank Name..... is serving in the Army/Navy/Air Force from

2. He is due for release retirement on completion of his specific period of assignment on

3. No disciplinary case is pending against him.

Place:

Date:

Signature, Name and Designation of

the Competent Authority**

SEAL

Candidate (Serving Personnel) furnishing certificate B as above will have to give the following undertaking:

Undertaking to be given by serving Armed Force personnel who are due to be released within one year

I understand that if selected on the basis of the recruitment/Examination to which this application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the appointing authority that I have been duly released/retired/discharged from the Armed Forces and that I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen (Re-employment in Central Civil Service and Posts) Rules, 1979, as amended from time to time.

Place:

Date:

Signature and Name of Candidate

C. Form of Certificate applicable for Serving ECOs/SSCOs who have already completed their initial assignment and are on extended assignment

It is certified that No..... Rank..... Name.....
whose date of birth is.....is serving in the Army/Navy/Air Force
from.....

2. He has already completed his initial assignment of five years on..... and is
on extended assignment till

3. There is no objection to his applying for civil employment and he will be released
on three months notice on selection from the date of receipt of offer of appointment.

Place:

Date:

Signature, Name and Designation of the

Competent Authority**

SEAL

**Authorities who are competent to issue certificate to Armed Forces Personnel for
availing Age concessions are as follows:

(a) In case of Commissioned Officers including ECOs/SSCOs. Army - Military
Secretary Branch, Army Hqrs., New Delhi

Navy - Directorate of Personnel, Naval Hqrs., New Delhi
Air Force - Directorate of Personnel Officers, Air Hqrs., New Delhi

(b) In case of JCOs/ORs and equivalent of the Navy and Air Force. Army - By
various Regimental Record Offices

Navy - BABS, Mumbai
Air Force - Air Force Records, New Delhi

Annexure-VIII

Certificate regarding physical limitation in an examine to write

This is to certify that, I have 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 & Designation

Name of Government Hospital / health Care Centre with Seal

Place:

Date:

Note:

Certificate should be given by a specialist of the relevant stream / disability (eg. Visual impairment – Ophthalmologist, Locomotor disability – Prthopaedic specialist / PMR).

