

ANNEXURE - I

SPONSORSHIP CERTIFICATE

(Applicable only in case of candidates who are sponsored/deputed)

Note: Sponsorship for Private Hospital/Institute/Nursing Homes, etc. is not accepted.

Certified that Dr. _____ son/daughter of Shri _____ is an employee of the Govt. Deptt/Medical College since (Date) and have been working for **THREE YEARS**. Please select () the type of Institution/ Department sponsoring / deputing the candidate viz.

1. **1. Central Govt. 2. State Govt. 3. Autonomous Body of Central Govt. 4. Autonomous Body of State Govt. 5. Public Undertaking 6. Govt. Medical College / Hospital affiliated to a University and recognized by Medical Council of India.**
2. Certified that if selected for the course applied for by the applicant he/she will be suitably employed by us after the completion of his/her training course to work for at least five years in the specialty in which the training is received by him/her at PGI, Chandigarh.
3. Certificate that no financial implication in the form of emoluments/stipend etc. will devolve upon PGI, Chandigarh during the entire period of applicant's course. Such payment will be the responsibility of sponsoring/deputing authority.

Date: _____
Station: _____

Signature of the sponsoring /deputing
authority with seal

- NB:**
1. Deputation/Sponsorship of candidates holding tenure appointment (like House Job or Junior or Senior or Senior Residency), ad-hoc or contract or honorary or appointment against a leave vacancy shall not be accepted.
 2. **The sponsoring/deputing Institution should not nominate more than one candidate for a specialty/super specialty.**
 3. The candidate must indicate the subject or their choice in the application clearly. Sponsoring/deputation of candidates will be accepted only from the following:-
 - (a) Central Govt. Departments/Institution
 - (b) State Govt. Departments/Institution
 - (c) Autonomous bodies of the central or State Govt.
 - (d) Public Sector Undertakings.
 - (e) Government Medical College affiliated to a University and recognized by the Medical Council/Dental Council of India. In case of candidates deputed/sponsored by Medical College affiliated to a University and recognized by the Medical Council of India, the deputation/sponsorship certificate signed by the Principal of Medical College concerned only shall be accepted.

ANNEXURE - II

NO OBJECTION CERTIFICATE

ENDORSEMENT BY THE EMPLOYER, IF THE APPLICANT IS IN SERVICE

No.....

Date.....

Forwarded to the REGISTRAR, Postgraduate Institute of Medical Education and Research, Chandigarh for consideration. The undersigned has no objection to Dr. _____ s/o _____ being considered by the Institute for the course applied for by him/her and if selected, he/she will be relieved within the prescribed time limit. The applicant is "sponsored / deputed or not sponsored / deputed by us and the sponsorship/deputation - certificate is enclosed.

Address: _____

(Signature of employer with official seal)

ANNEXURE - III

FORM OF SC/ST CERTIFICATE PRESCRIBED

Form of certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under the Government of India

CASTE CERTIFICATE

This is to certify that Shri/Smt./Kum.son/daughter* of..... of village/Town*.....in district/Division*..... of the State/Union Territory*..... belongs to the.....Caste/TribewhichisrecognisedasaScheduledCaste/ScheduledTribe*under:

- @The Constitution (Scheduled Caste) Order, 1950
- @The Constitution (Scheduled Tribe) Order, 1950
- @ The Constitution (Scheduled Caste) Union Territories Order, 1951
- @The Constitution (Scheduled Tribe) Union Territories Order, 1951

1. [As amended by the Scheduled Caste and Scheduled Tribe Lists (Modification) Order, 1956, the Bombay Re-organization Act, 1960, the Punjab Re-organization Act, 1966-the State of Himachal Pradesh Act, 1970 The North Eastern Areas (Re-organization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976), the State of Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Re-organisation) Act, 1987]

- @ The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956.
- @ The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976
- @ The Constitution (Dadar and Nagar Haveli) Scheduled Castes Order, 1962.
- @ The Constitution (Dadar 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 & Diu) Scheduled Castes Order, 1968.
- @ The Constitution (Goa, Daman & 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) Order (Amendment) Act, 1990
- @ The Constitution (ST) Order (Amendment) Act, 1991
- @ The Constitution (ST) Order (Second Amendment) Act, 1991
- @The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act 2002
- @ The Constitution (Scheduled Castes) Order (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes and Scheduled Tribes) Orders (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002

%2. Applicable in the case of Scheduled Caste/Schedule Tribe persons who have migrated from one State/Union Territory/ Administration to another.

This certificate is issued on the basis of the Scheduled Caste/Scheduled Tribe certificate issued to Shri/Smt*..... Father/mother of Shri/Smt/Kum*.....Of village/ town*..... in District/Division*.....of the State/Union Territory*..... who belongs to the.....Caste/tribe which is recognized as a Scheduled Caste/Scheduled Tribe* in the State/Union Territory* of..... issued by the.....(Name of prescribed authority) vide their No..... Date.....

%3.Shri/Smt./Kum*.....and/or*his/her* family ordinary reside(s) in Village/town*.....of..... 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 specific Presidential Order.

% Delete the paragraph which is not applicable.

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.

** List of authorities empowered to issue Scheduled Caste/Scheduled Tribe Certificate.

(i). 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.

(not below of the rank of 1st Class Stipendiary Magistrate.)

(ii) Chief Presidency Magistrate/ Additional Chief Presidency Magistrate/Presidency Magistrate.

(iii) Revenue Officers not below the rank of Tehsildar.

(iv) Sub Divisional Officer of the area where the candidate and/or his/her family normally resides.

(v) Administrator/Secretary to Administrator/Development Officer (Lakshadweep)

ANNEXURE -IV

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR ADMISSION TO CENTRAL EDUCATIONAL INSTITUTE (CEIs) UNDER THE GOVERNMENT OF INDIA

This is certify that Shri/Smt./Kum. _____ Son/Daughter of Shri/Smt. _____ 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 (C) dated 10/09/93 published in the Gazette of India Extraordinary Part I Section I No. 186 dated13/09/93.
- (ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary Part I Section I No. 163 dated20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary Part I Section I No. 88 dated25/05/95.
- (iv) Resolution No. 12011/96/94-BCC dated 9/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 6/12/96 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC dated 6/12/99 published in the Gazette of India Extraordinary Part I Section I No. 270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary Part I Section I No. 71 dated04/04/2000.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary Part I Section I No. 210 dated21/09/2000.
- (xii) Resolution No. 12015/9/2000-BCC dated06/09/2001.
- (xiii) Resolution No. 12011/1/2001-BCC dated19/06/2003.
- (xiv) Resolution No. 12011/4/2002-BCC dated13/01/2004.
- (xv) Resolution No. 12011/9/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No. 210 dated16/01/2006.
- (xvi) Resolution No. 12011/14/2004-BCC dated 12/03/2007 published in the Gazette of India Extraordinary Part I Section I No. 67 dated12/03/2007.
- (xvii) Resolution No. 12018/6/2005-BCC dated 10/10/2007 published in the Gazette of India Extraordinary Part I Section I No. 311 dated12/10/2007.
- (xviii) Resolution No. 12015/2/2007-BCC dated 18/08/2010 published in the Gazette of India Extraordinary Part I Section I No. 232 dated 18/08/2010 & Corrigendum dated11/10/2010.

Sh./Smt./Kum. _____ and/or his/her 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 08.09.1993. Which is modified vide O.M. No.36033/3/2004 Estt. (Res.) dated 09.03.2004 or the latest modification of the Govt. of India.

Dated:

District Magistrate/Competent Authority

Seal

NOTE:

- (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 Certificates are indicated below:
 - (i)** District Magistrate / Additional Magistrate / Collector / Deputy 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.
- (c)** The annual income/status of the parents of the applicant should be based on financial year ending March 31st

ANNEXURE - V

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.

ANNEXURE – VI

SELECTION CRITERIA FOR PERSONS WITH BENCHMARK DISABILITY

A SCHEDULE is annexed regarding, "SPECIFIED DISABILITY" clause (zc) of section 2, that states as under,

1. Physical disability

A. Locomotor disability (a person's inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both), including—

(a) "leprosy cured person" means a person who has been cured of leprosy but is suffering from—

(i) loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity;

(ii) manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;

(iii) extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful occupation, and the expression "leprosy cured" shall construed accordingly;

(b) "cerebral palsy" means a Group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth;

(c) "dwarfism" means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimeters) or less;

(d) "muscular dystrophy" means a group of hereditary genetic muscle disease that weakens the muscles that move the human body and persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for healthy muscles. It is characterized by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue;

(e) "acid attack victims" means a person disfigured due to violent assaults by throwing of acid or similar corrosive substance.

B. Visual impairment—

(a) "blindness" means a condition where a person has any of the following conditions, after best correction—

(i) total absence of sight; or

(ii) visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction; or 92

(iii) limitation of the field of vision subtending an angle of less than 10 degree.

(b) "low-vision" means a condition where a person has any of the following conditions, namely: —

(i) visual acuity not exceeding 6/18 or less than 20/60 upto 3/60 or upto 10/200 (Snellen) in the better eye with best possible corrections;or

(ii) limitation of the field of vision subtending an angle of less than 40 degree up to 10 degrees.

C. Hearing impairment-

(a) "deaf" means persons having 70 DB hearing loss in speech frequencies in both ears;

(b) "hard of hearing" means person having 60 DB to 70 DB hearing loss in speech frequencies in both ears;

D. "Speech and language disability" means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.

2. Intellectual disability, a condition characterized by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior which covers a range of every day, social and practical skills, including—

(a) "specific learning disabilities" means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia;

(b) "autism spectrum disorder" means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others, and is frequently associated with unusual or stereotypical rituals or behaviors.

3. Mental behavior,— "mental illness" means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub normality of intelligence.

4. Disability caused due to—

(a) chronic neurological conditions, such as—

(i) "multiple sclerosis" means an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord are damaged, leading to demyelination and affecting the ability of nerve cells in the brain and spinal cord to communicate with each other;

(ii) "parkinson's disease" means a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement, chiefly affecting middle-aged and elderly people associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine.

(b) Blood disorder—

(i) "haemophilia" means an inheritable disease, usually affecting only male but transmitted by women to their male children, characterized by loss or impairment of the normal clotting ability of blood so that a minor wound may result in fatal bleeding;

(ii) "thalassemia" means a group of inherited disorders characterized by reduced or absent amounts of haemoglobin.

(iii) "sickle cell disease" means a hemolytic disorder characterized by chronic anemia, painful events, and various complications due to associated tissue and organ damage; "hemolytic" refers to the destruction of the cell membrane of red blood cells resulting in the release of hemoglobin.

5. **Multiple Disabilities** (more than one of the above specified disabilities) including deaf blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems.

6. Any other category as may be notified by the Central Government.

Note: Any amendment to the Schedule to the RPWD Act, 2016, shall consequently stand amended in the above schedule.

The selection shall be subjected to medical fitness by Medical Board.

ANNEXURE – VI(A)

FORM-V

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism 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/YYYY) 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

(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 |
|--------------------|---------------|--|
| | | |

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

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

ANNEXURE – VI (B)

FORM-VI

Certificate of Disability

(In case of multiple disabilities)

[See Rule 18(1)]

(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/FemaleRegistration No. Permanent
 Resident of House No. Ward/Village/Street whose photograph is
 affixed above and are satisfied that:

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

(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 overall 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 – VI (C)

FORM-VII

Certificate of Disability

{In case of other than those mentioned in Forms V and VI i.e. Annexure IX (A & B)}

[See Rule 18(1)]

(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/FemaleRegistration No. Permanent
 Resident of House No. Ward/Village/Street whose
 photograph is affixed above and are 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 below and shown against the relevant disability in the table below:

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

| S. No. | Disability | Affected Part of Body | Diagnosis | Permanent Physical Impairment/ Mental Disability (in%) |
|--------|---------------------------------|-----------------------|-----------|--|
| 1 | Locomotors 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 | Hemophilia | | | |
| 18 | Thalassemia | | | |
| 19 | Sickle Cell disease | | | |

(B) In the light of the above, his/her overall 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

| | |
|--|--|
| | |
| 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)] | (Authorised Signatory of notified Medical Authority) (Name and Seal) |

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 issued.

ANNEXURE –VII(A)

LETTER OF UNDERTAKING FOR USING SCRIBE

NOTE: Candidates who are Visually Impaired (VI)/candidates whose writing speed is affected by Cerebral Palsy / muscular dystrophy / candidates with locomotor 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 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 3.5 cm x 4.5 cm
(The colour photograph should
not be more than 3 months old.

Signature of SCRIBE in the
above box below the photograph

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 PGIMER 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

ANNEXURE –VII(B)

Certificate regarding physical limitation in an examinee to write

This is to certify that I have carefully examined Shri/Smt./ Kum(name of the candidate with disability) a person with.....(nature and percentage of disability as mentioned in the certificate of disability, son/wife/daughter Of Shri a Resident of Village/District/State and to ensure 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,Locomotordisability-Prthopaedic specialist/PMR)

ANNEXURE –VII(C)
Letter of Undertaking for Using Own Scribe

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

I do hereby state that _____ (name of the scribe) will provide the service of scribe/reader/lab assistant 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: