



Date of Advertisement: 16.11.2022

## RECRUITMENT OF DOCTORS IN IHC, BANGALORE AND M&H UNIT, KORWA

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(Advt No: IHC/HR/25/12/2022, IHC/HR/25/13/2022, IHC/HR/25/14/2022 & IHC/HR/25/15/2022)

Hindustan Aeronautics Limited (HAL), a Navaratna Central Public Sector Undertaking, is a premier Aeronautical Industry of South East Asia, with 20 Production/Overhaul/Service Divisions, 10 co-located R&D Centres and 1 Facility Management Division, spread across the Country. HAL's spectrum of expertise encompasses hi-tech programmes involving a number of state-of-the-art technology, design development, manufacture, repair, overhaul and upgrade of Aircraft, Helicopters, Aero Marine Gas Turbines, Accessories, Avionics & Systems and structural components for Satellites & Launch Vehicles.

HAL is currently looking for Medical Professionals in the following Disciplines/Areas for appointment at **Bangalore & Korwa**.

### I. DETAILS OF VACANCIES/QUALIFICATION/ EXPERIENCE REQUIREMENT:

#### FOR IHC, Bangalore, Karnataka

Sl. No	Advertisement No.	Name of the Post	Grade	No. of Posts	Category	Qualification Requirement	Post Qualification Experience
01.	IHC/HR/25/12/2022	Medical Suptd., (Radiology)	IV	1	1-UR	MBBS with MD/DNB (Radiology)	3 Years
						MBBS with DMRD	4 Years
02.	IHC/HR/25/13/2022	Senior Medical Officer (Ophthalmology)	III	1	1-UR	MBBS with MS/DNB (Ophthalmology)	Nil
						MBBS with DOMS	1 Year
03.	IHC/HR/25/15/2022	Medical Officer (General Duty)	II	1	1-UR	MBBS	1 Year

**Note: UR : Unreserved,**

**FOR M&H, Korwa, Uttar Pradesh**

Sl. No	Advertisement No.	Name of the Post	Grade	No. of Posts	Category	Qualification Requirement	Post Qualification Experience
01.	IHC/HR/25/14/2022	Senior Medical Officer (Medicine)	III	1	1- OBC(NCL)	MBBS with PG degree in General Medicine	Nil
						MBBS with PG Diploma in General Medicine	1 Year
						MBBS	2 Year
<b>Note : OBC(NCL) : Other Backward Classes Non creamy Layer</b>							

Out of the total post qualification experience as indicated above the candidates should possess a minimum of 3 years experience in the next below grade or in equivalent post (applicable for PSUs/Govt.) with the following exception :

Sl. No.	Grade	Qualification possessed	Experienced required to be possessed in the next below Grade or in equivalent post (completed years)
1.	II	MBBS	1
2.	III	MBBS + PG Diploma	1

- Experience gained after acquiring the requisite Professional Qualification will only be reckoned for the purpose of calculation of Post Professional Qualification Experience (PPQE). Experience prior to acquiring the requisite Professional Qualification Degree will not be reckoned for calculation of PPQE;
- Applicants having work experience in Private Sector Organizations are required to submit an experience certificate in the letter head of the Company. The letter head of the Company should have details of the Company.

**II. POST QUALIFICATION EXPERIENCE REQUIREMENTS:**

Sl. No	Advt. No.	Name of the Post	Job Specifications / Job Descriptions / Experience Requirements
01	IHC/HR/25/12/2022	Medical Superintendent (Radiology)	<ul style="list-style-type: none"> <li>• Should be well conversant with different types of X-Rays, Ultra sound Technologies and CT- Scans.</li> <li>• Should be able to read MRI studies.</li> <li>• Candidates who have experience in Industrial Health units, will be Preferred</li> </ul>
02.	IHC/HR/25/13/2022	Senior Medical Officer(Ophthalmology)	<ul style="list-style-type: none"> <li>• Should be competent in diagnosing and treating eye diseases and injuries.</li> <li>• Should be able to provide routine care such as vision testing and prescription of glasses and contact lenses.</li> <li>• Should be able to independently perform minor &amp; major eye surgeries and procedures like eyelid procedures, DCR, Cataract surgeries with IOC implantation, pterygium excision with autografty.</li> </ul>

			<ul style="list-style-type: none"> <li>• Should be able to perform corrective surgeries such as repairing injuries and corneal repairs.</li> <li>• Independent management of OPD procedures like SLE, IOP measurement, management of Chemical injuries and removal of foreign bodies.</li> </ul>
03.	IHC/HR/25/14/2022	Senior Medical Officer(Medicine)	<ul style="list-style-type: none"> <li>• To carry out medical examination, diagnosis and provide treatment in respect of employees and their dependent family members suffering from various ailment.</li> <li>• To manage OPD/Wards/ICU and interpretation of ECG, Echocardiography etc.</li> <li>• Manage general OPD/Wards and Emergency.</li> </ul>
04.	IHC/HR/25/15/2022	Medical Officer (General Duty)	<ul style="list-style-type: none"> <li>• Should be able to handle emergency cases in emergency department before the concerned specialty doctors attends.</li> <li>• Should be capable of handling patient on outpatients and inpatients.</li> <li>• Should work in shifts as posted</li> </ul>

### III. PwD SUITABILITY:

The details of posts identified for Persons with Disabilities (PwD) along with Physical Requirement are mentioned below:-

Name of the Post	Categories of disabled suitable for Post
Medical Suptd.,(Radiology)	OL, LC, DW, AAV, MD
Senior Medical Officer (Ophthalmology)	NA
Senior Medical Officer (Medicine)	OL
Medical Officer (General Duty)	OL

#### ABBREVIATIONS USED:

OL - One Leg affected; LC - Leprosy Cured; DW - Dwarfism; AAV - Acid Attack Victims; MD - Multiple Disabilities, NA- Not Applicable.

- Candidates will be considered for selection to such post on general standard of merit. Persons suffering from not less than 40% of relevant disability shall alone be eligible for the benefit of reservation and other relaxations as permissible under the rules.

### IV. SCALE OF PAY & ALLOWANCES:

Sl. No.	Grade	Scale of Pay (2017 Scale) #	Percentage of Perks & Allowances in running Basic Pay under Cafeteria System
1	II	Rs. 40000 -140000	35%
2	III	Rs. 50000 - 160000	
3	IV	Rs. 60000 - 180000	

# Annual Increment is presently 3% of running Basic pay.

On selection, candidates will be appointed in the Scale of Pay as indicated above. Besides Basic Pay, candidates will be eligible for Variable Dearness Allowance, Rent Free Accommodation / House Rent Allowance, Provident Fund, Gratuity & Performance Related Pay (PRP), Non Practicing Allowance (NPA) etc. as per Rules of the Company. Candidates will also be eligible for Perquisites and Allowances under the Cafeteria System as indicated above.

It is mandatory for Doctors to stay in Company Accommodation when provided. House Rent Allowance will be payable only in cases where Company Accommodation is not provided.

#### **V. UPPER AGE LIMIT AND RELAXATION:**

<b>Sl. No.</b>	<b>Grade</b>	<b>Upper Age Limit (in years) as on 01.11.2022</b>
1	II	35
2	III	45
3	IV	45

- Relaxation upto 3 years is admissible for the candidates belonging to OBC (Non-Creamy Layer) category for reserved posts under OBC category.
  - In respect of Persons with Disabilities (PWDs), Upper Age Limit is relaxable by 10 years.
  - Upper age limit is relaxable by 5 years in respect of the candidates who had ordinarily been domiciled in the State of Jammu & Kashmir during the period of 01.01.1980 to 31.12.1989.
  - Relaxation in age limit in respect of Ex-servicemen & Serving Officers will be extended as per rules.
  - Upper Age limit with all relaxations shall not exceed 55 years (56 Years in case of PWD Candidates).
- Candidates are required to submit the Original Caste Certificate / Ex-Servicemen discharge book (As applicable)/Disability Certificate (mandatorily) issued by the Competent Authority in the prescribed format at the time of Document Verification.

#### **VI. SELECTION PROCEDURE & PLACEMENT:**

- Candidates will be shortlisted and called for Interview in the ratio of 1:10, as per the Rules of the Company;
- Short listing of candidates will be done based on relevant Experience/ aggregate percentage of marks in MBBS as per rules.
- The Selections will be done through Interview. Date, Time and Venue of the Interview will be intimated to the short-listed/eligible candidates by E-mail / HAL Website / Post.
- Candidates shortlisted for Interview are required to bring the Certificates / Documents (Original and Photocopies) proof of Age, Qualification, Experience, Caste, Training,

Disability (As applicable), Ex-Servicemen discharge book (As applicable) etc and passport size photographs at the time of Interview.

- Candidates provisionally selected by HAL will have to undergo a pre-employment Medical Exam before joining HAL. Applicants should have sound health and should meet the medical standards prescribed by the Company. Appointment of selected candidates is subject to receipt of satisfactory medical report from the Company's Doctor as per the Medical Standards of the Company. No relaxation in health standards will be allowed. The Pre-employment Medical Examination Standards prescribed by HAL are uploaded with this advertisement;
- Appointment of selected candidates is subject to verification of Caste (wherever applicable), Character & Antecedents from the concerned Authorities, as per rules of the Company;
- Selected candidates can be posted to any Division / R&D Center / Office of the Company and the candidates will not be allowed to seek / apply for transfer to any other Division / R&D Center /Office / Location of the Company for initial three years of service.

## VII. APPLICATION FEE & MODE OF PAYMENT:

- The application fee is Rs.500/-, (bank charges if any will be borne by candidates) which is non-refundable (exempted in case of SC/ ST/PWD category).
- The above Application fee is to be paid online through NEFT/IMPS. The details for payment are detailed below:

Bank Account Name	-	HINDUSTAN AERONAUTICS LIMITED
Bank Name	-	State Bank of India
Branch Name	-	Ind Finance Branch, Bangalore
Bank Account No	-	39631338115
IFSC Code	-	SBIN0009077

- Transaction Reference Number given by the Bank on payment of fees needs to be entered in the application form while applying. HAL will not be responsible in case of a candidate depositing the Application Fee in the wrong account. No other form of payment is accepted;
- Candidates are required to provide details of the Application Fee paid in the Application Form failing which the application will be treated as incomplete and will not be accepted. Application fee can be paid till the last date of receipt of application;
- Application fee will not be refunded under any circumstances, even if the candidate is ineligible at the time of applying or rejection of application etc. Therefore before forwarding the application, candidates are required to ensure that they meet with all the eligibility criteria.

## VIII. HOW TO APPLY?

- Eligible and interested candidates are required to send their Applications, duly filled, in the prescribed format as enclosed at **Appendix A**.
- Candidates meeting with the eligibility criteria may send their applications strictly in the prescribed Application Format printed on **A-4 size** paper (neatly typed/ handwritten),

along with the certificates / documents (Photocopies) in proof of Age, Qualification, Experience, Training, Caste (in the prescribed format), Disability (As applicable), Ex-servicemen discharge book (As applicable), a **self-attested recent Passport Size Photograph** etc by post/courier only so as to reach on or before **03.12.2022** to the following address:

**Chief Manager (HR)**  
**Hindustan Aeronautics Limited**  
**Industrial Health Center (HAL Hospital),**  
**Suranjandas Road, Vimanapura Post**  
**Bangalore – 560 017**

- Candidates are required to compulsorily superscribe the envelope with the Name of the post/discipline they are applying for (i.e. “**Application for the Post of .....**”).
- The Applications have to be sent through Ordinary Post / Speed Post / Registered Post / Courier only. Applications received through other modes viz. Fax/ E-mail etc. will not be accepted and will be summarily rejected. **No application will be received in person on the address mentioned above.**
- HAL will not take any responsibility for any delay in receiving the Application Forms or Loss in transit.
- The **last date for receipt of applications** is **3<sup>rd</sup> Dec 2022**. Applications received after the due date will not be considered.
- Candidates are required to possess a valid E-mail ID, which is to be entered in the Application Blank, so that intimation regarding downloading of call letter for Interview can be sent. HAL will not be responsible for bouncing of E-mail sent to the candidate.

#### **VIII. GENERAL CONDITIONS:**

- Only Indian Nationals are eligible to apply;
- Educational Qualification & Post Qualification Experience should have been acquired/ possessed by the candidate as on **1<sup>st</sup> Nov 2022**. The date of declaration of results indicated in the mark sheet of the Final Semester/ Year will be considered as the date of acquisition of Educational Qualification;
- Candidates possessing Regular / Full Time qualifications prescribed for the above posts are only eligible to apply. In other words, the qualifications acquired through Part Time/ Correspondence/ Distance Education/ E-learning courses are not eligible to apply;
- Mere submission of application will not entail right for claiming Appointment;
- HAL reserves the right to cancel / restrict / enlarge / modify / alter the advertisement / recruitment process and / or the selection process there under, without issuing any further notice or assigning any reason whatsoever. The number of vacancies can be modified as per management's discretion;
- The total maximum marks and total marks obtained for all the Semesters/ Years will be summed up to arrive at the aggregate percentage. No rounding off will be done. No weightage will be given to any particular Semester or Year. Candidate must indicate

the aggregate marks (of all semesters / years put together) Diploma / Degree etc in the Bio-data form. Aggregate marks are to be calculated as shown below:

$$\frac{\text{Total marks obtained in all semesters or years}}{\text{Maximum marks (cumulative of all semesters or years)}} \times 100$$

- Wherever CGPA or letter grade in a qualifying degree is awarded, equivalent percentage of marks should be indicated in the application form as per norms adopted by the University/ Institute. Candidates are required to submit a Certificate to this effect from the University/ Institute at the time of Interview;
- Contract Experience:
  - a) Experience possessed by candidates engaged on Contract basis directly by PSUs/Central/State Governments concerned shall be considered as experience for the purpose of selection. In that case, Experience Certificate is to be produced from such PSUs/Central/State Governments, etc, indicating the contract engagement. As regards No Objection Certificate, the same needs to be in line with the Terms & Conditions of contract engagement and Rules applicable for such contract engagement in the concerned Organization. **The candidates with such experience need to produce offer of appointment order at the time of interview.**
  - b) Experience possessed by candidates in Private Organizations on Contract basis shall be considered as experience, subject to scrutiny in terms of nature of experience, responsibilities, assignments, etc.
  - c) Experience possessed by candidates engaged on Contract basis through Contractors by PSUs/Central/State Governments will not be considered as experience since the engagement is not direct.
  - d) The contract experience possessed by candidates as at (a) & (b) above will be considered as experience for the purpose of selection only if the experience is in Executive cadre of the concerned PSUs/Central/State/Private Organizations.
- Once an employee avails himself of voluntary retirement from a PSU, he shall not be allowed to take up employment in another PSU. If he desires to take up the employment, he shall have to return the VRS compensation received by him to the PSU concerned. Personnel who have opted for VRS from other PSUs should furnish documentary evidence that they have deposited their terminal benefits with the concerned PSU before their appointment in the Company;
- Candidates, staying beyond 30 miles away and attending Personal Interview will be paid to and fro TA (Rail fare) by the shortest route on production of proof of travel as per rules of the company;
- If the information furnished by the candidate in any part is found to be false or incomplete or is not found to be in conformity with eligibility criteria mentioned in the advertisement, the candidature / appointment will be considered as revoked / terminated at any stage of recruitment process or after recruitment or joining, without any reference given to the candidate and the Application Fee paid will not be refunded;

- Candidates employed in Central / State Government Departments / Public Sector Enterprises, etc. should produce **No Objection Certificate (NOC)** at the time of Interview from their employer failing which they will not be permitted to appear for the interview, and will not be eligible for payment of Travelling Allowance;
- Before applying the candidates should satisfy themselves regarding eligibility criteria desired for the post;
- Incomplete Applications will be rejected and no further correspondence in this regard will be entertained;
- Appearance of the shortlisted candidates in the Interview is provisional and it does not entitle them for any claim for the post. They will be treated as debarred ab-initio at any stage of the recruitment process in case they do not fulfill essential eligibility criteria;
- Candidates belonging to SC/ST/OBC (NCL)/PWD/XSM/EWS categories are required to submit copies of caste/Income & Asset /Disability/Discharge certificates as applicable, issued by the competent Authority in the prescribed format along with the application, in support of their claim.
- These vacancies are identified to be filled up by external candidates only, through Direct Recruitment. Therefore, applications of internal candidates, if any, will not be considered;
- Appointment of selected candidates is subject to receipt of satisfactory Medical Reports from the HAL Hospital as per the standards prescribed by HAL (Concerned Authority in case of PWD candidates), as well as verification of Caste and Character & Antecedents from the concerned Authorities, as per the rules of the Company;
- Candidates belonging to PWD category are required to submit PWD certificate in the prescribed format enclosed at Annexure C, D & E.
- Any sort of canvassing or influencing the Officials related to the recruitment / selection process would result in immediate disqualification of the candidate;
- Decision of HAL Management regarding selection will be final. Further, HAL Management reserves the right to fill up or otherwise any or all the notified posts and also to fill up the future vacancies if any from the valid panel of selected candidates as per the rules of the company;
- Court of jurisdiction for any dispute / cause will be at Bangalore;
- Necessary information regarding the selection, interview etc. will be hosted on HAL Website [www.hal-india.co.in](http://www.hal-india.co.in) from time to time. Candidates are requested to visit the website from time to time;
- In case of any particular query is not covered above, the candidates can contact us at **080-22323005/22328023** or write to HAL at: [hr.medical@hal-india.co.in](mailto:hr.medical@hal-india.co.in). No other method of communication will be entertained.
- Any Corrigendum/Addendum will be hosted/published on HAL website; candidates are requested to visit the website regularly for updates.

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**Appendix A**

**Hindustan Aeronautics Limited  
Industrial Health Center, Bangalore**

Paste Self  
attested recent  
passport size  
photograph

**APPLICATION FOR THE POST OF .....**

Advt No. \_\_\_\_\_ dated \_\_\_\_\_

1	Name (IN BLOCK LETTERS)	
2	Gender	
3	Father's Name	
4	Mother's Name	
5	a) Date of Birth b) Age as on 01.11.2022	a) _____ b) _____
6	State of Domicile and Nationality	
7	Contact/ Mailing Address	Permanent Address
	..... ..... .....  Phone No(with STD Code): Mobile No: Email ID:	..... ..... .....  Phone No(with STD Code): Mobile No: Email ID:
8	Nearest Railway Station	
9	Religion	
10	Were you domicile of J&K during the period from 01.01.1980 to 31.12.1989? <i>(copy of Certificate to be produced at the time of Interview)</i>	Yes/ No
11	Circle the Category [ <i>copy of Certificate to be produced at the time of Interview in case of SC/ST/OBC (Non-Creamy Layer)/EWS</i> ]  a) Caste b) Sub-Caste c) Non-Creamy Layer (for OBC only)	SC / ST / OBC(NCL) / EWS / GEN  a) _____ b) _____ c) Yes / No
12	Are you a Person with Disability (PWD)? If Yes, circle the category of Disability (VD/OD/HD) [ <i>copy of Certificate to be produced at the time of Interview</i> ]	Yes/ No  VD / OD / HD / Benchmark Disabilities to be mentioned

13	a) Are you an Ex- Serviceman? <i>If yes , mention the last Rank held and the no. of Years served in the Rank.</i>	Yes/No .....
	b) Are you Serving Officer in the Armed forces? <i>If yes, mention the present Rank and the no. of years Completed in the Rank.</i>	Yes/No .....
14	Have you been interviewed by HAL any time earlier? <i>(If yes, please give the details of the post for which you have been interviewed as also date/year/venue)</i>	Yes/No
	If Yes: Post Interviewed:	.....
	Date of Interview:	.....
	Venue of Interview:	.....
15	Are any of your close relatives working in HAL? If yes, provide details of Name, Designation, Division, etc.	
16	Have you ever been a Member/Worker of any Political Party/Organization or participated in any Political activities If 'Yes' please give the following details:	
	a) Name of Political Party /Organization :	
	b) Particulars of Political Activity(if any) :	
	c) Period of Membership (from year)/year of participation in Political Activity	
	d) Nature of Participation in Political Activity	
	e) Office, if any, held in Political Party:	

**17. EDUCATIONAL QUALIFICATION: (Academic and Professional)**

Name of Qualification with specialization wherever applicable.	Institution / University	Nature of the Course (Full Time/ Part Time/ Correspondence)	Duration of the Course	Subjects / Specification	Class / Division	Aggregate % of marks	Month & Year of Passing
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

(Note: Please give full & complete information. Use separate sheets if required)

**18. Details of Training undergone in the last 5 years**

Name of Program	Institution / Organization	Duration of the Training	
		From (dd/mm/yy)	To (dd/mm/yy)
(1)	(2)	(3)	(4)

(Use separate sheets, if required)

**19. Professional Experience from the First Job onwards to Current Job** (chronological order):

Sl. No	Designation	Organization	Central Govt/ PSU / Private	Date		Pay Scale	Gross Pay	Reasons for Leaving (Including VRS)
				From (dd/mm/yy)	To (dd/mm/yy)			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

(Note: Please give complete details for the experience profile like Date, Month & Year. Use separate sheets if required)

20. Detailed Picture of the Position currently held by you. *(To be typed in about 100 words on a separate sheet and enclosed to the application with your name legibly written on the top of the paper)*

21. No. of years of Post Professional Qualification Experience you possess (in completed years): \_\_\_\_\_

22. a) Present Scale of Pay \_\_\_\_\_

Basic Pay \_\_\_\_\_ DA \_\_\_\_\_ Gross Pay \_\_\_\_\_

23. Date of Seniority (From Date in Present Grade / Post): \_\_\_\_\_

24. Pay Expected: \_\_\_\_\_

25. If selected, how soon can you join? \_\_\_\_\_

26. Pen picture of professional experience, achievements and significant contribution in the field. (To be typed in about 100 words on a separate sheet and enclosed to the application with your name legibly written on the top of the paper)

27. Details of Application fee paid:

Name of the Bank	Branch Code	Transaction Reference/UTR Number	Date	Amount

*I hereby declare that the above statements are true and complete to the best of my knowledge and belief. I understand that in the event the information is found to be false or incorrect, my candidature/appointment may be considered as terminated without any notice.*

Place:

Date:

Signature of the Candidate

Note: The candidate is required to fill up all the columns. Application will be rejected if any column is left blank, not filled or incomplete. No correspondence will be entertained.

The candidate should not attach any documents with the application blank other than the specified one in the application blank/Advertisement.

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

This 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 Welfare, Resolution No. 12011/68/93-BCC (C), dated 10<sup>th</sup> September, 1993, published in the Gazette of India, Extraordinary, Part-I. Selection I, dated the 13<sup>th</sup> September, 1993\*. 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 and Training. O.M No 36012/22/93- Estt. (SCT), dated 8-9-1993\*.

**District Magistrate,  
Deputy Commissioner, etc**

Dated:

SEAL

\* as amended from time to time

Note: The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the people's Act, 1950

**FORM OF CERTIFICATE TO BE PRODUCED BY THE CANDIDATES BELONGING TO SCHEDULED CASTE/SCHEDULED TRIBE**

This is to certify that Shri/ Shrimathi\*/ Kumari\* \_\_\_\_\_ Son/daughter\* of \_\_\_\_\_ of \_\_\_\_\_ Village/town\* \_\_\_\_\_ in District/Division\* \_\_\_\_\_ of the State/Union Territory\* \_\_\_\_\_ belongs to the \_\_\_\_\_ Caste/ Tribe which is recognized 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) order 1950
- \*The Constitution (Scheduled Tribes) (Union Territories) order 1951

{As amended by the Scheduled Castes and Scheduled Tribes lists( Modification Order, 1956, the Bombay Reorganization act, 1960, the Punjab Reorganization Act, 1966, the state of Himachal Pradesh Act 1970, the North-Eastern areas ( Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes orders (Amendment) Act 1976}

- \*The Constitution ( Jammu and Kashmir) Scheduled Castes order 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 (Scheduled Tribes) (Uttar Pradesh) 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

2. Shri / Shrimathi/ Kumari\* \_\_\_\_\_ and/or \* his/her\* family ordinarily reside(s) in village/town\* \_\_\_\_\_ of \_\_\_\_\_ District/Division\* of the state/Union Territory\* of \_\_\_\_\_

Signature \_\_\_\_\_

Designation \_\_\_\_\_

(With seal of office)

Place \_\_\_\_\_

State / Union Territory

Date \_\_\_\_\_

\* Please delete the words, which are not applicable

**Note :** The term " Ordinarily resides" used here will have the same meaning as in section 20 of the Representation of the People Act 1950.

**CERTIFICATE OF DISABILITY (Form -V)**

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case 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
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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 (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:

- locomotors disability
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is \_\_\_\_\_

(A) he/she has \_\_\_\_\_ % (in figure) \_\_\_\_\_ percent (in words) permanent locomotors disability/dwarfism/blindness in relation to his/her \_\_\_\_\_ (part of body) as per guidelines (ō ō ō ō ō 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 Authorised Signatory of Notified Medical Authority)**

Signature/thumb impression of the person in whose favour certificate of disability is issued
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**CERTIFICATE OF DISABILITY** (Form VI)

(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
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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) \_\_\_\_\_ 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 Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (õ õ õ õ õ number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:

Sl. 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.	Haemophilia			
20.	Thalassemia			
21.	Sickle Cell disease			

(B) In the light of the above, his/her overall permanent physical impairment as per guidelines (õ õ õ .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 /afterõ õ yearõ õ 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

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**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 favor certificate of disability is issued

**CERTIFICATE OF DISABILITY** (Form VII)

(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 (ō õ ..number and date of issue of the guidelines to be specified) and is shown against the relevant disability in the table below:-

Sl. 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			

(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**

{Counter signature and seal of the Chief Medical Officer/ Medical Superintendent/ Head of Government Hospital in case the Certificate is issued by Medical Authority who is not a Government Servant (with seal)}

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

Note-In case the 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.