

Eastern Railway

No:E. 890/2/R&R/HP/Policy/Pt.XIV

Kolkata, dt.20.10.14

All Concerned

Sub: Guide lines for providing various facilities including allowing scribes to
Persons with disabilities at the time of departmental examination.

The following copy of Railway Board's letter No. E(NG)I-2014 /PM 1/3 dt.01.09.2014 (RBE No. 93/2014) is forwarded for information, guidance and necessary action. Board's earlier letters dt.17.09.2007, 18.02.2011, 27.04.2012, 25.09.2013 & 19.12.2013 as referred to therein were circulated vide CPO's Sl. No. 19/2014 & 145/2013 respectively.


(D. Hansda) 20/10/14
Asstt. Personnel Officer (EST)
for Chief Personnel Officer

Copy of Board's letter No. E(NG)I-2014/PM 1/3 dt.01.09.2014 (RBE No. 93/2014) addressed to General Managers (P), All Indian Railways & PUs.

Sub: Guide lines for providing various facilities including allowing scribes to
Person with disabilities at the time of departmental examination.

The issue of providing various facilities, including scribes to persons with disabilities, for writing answers in departmental examination has been under consideration of the Board for quite some time.

2. Accordingly it has been decided by the Board that instructions contained in this Ministry's letters No. E (NG)II/2006/RC-2/13 dt.17.09.2007, 18.02.2011, 27.04.2012, 25.09.2013 and 19.12.2013 may be made applicable in case of departmental examination also, wherever circumstances so warrant.

(Amita Bhalla)
Deputy Director-II E(NG)I, Railway Board.

Index: No. 1063 Allowing scribe to persons with disabilities at the time of departmental examination.

Eastern Railway

No:E.890/2/R&R/HP/Policy/Pt.XIV

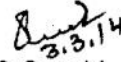
Kolkata, dt.03.03.14

All Concerned.

Sub: Recruitment of persons with disabilities from open market – regarding.

A copy of Railway Board's letter No. E(NG)II/2006/RC-2/13 dated 25.09.2013 on the above noted subject is forwarded herewith for information, guidance and necessary action. Board's earlier letter dated 17.09.2007; 18.02.2011 and 27.04.2012 as referred in their letter under reference are enclosed herewith.

Encls: As above 5 (five).


(S. Ganguly)

Asstt. Personnel Officer (R&B)
for Chief Personnel Officer.

Copy of Railway Board's letter No. E(NG) II/2006/RC-2/13 dt.25.09.2013 address to G.M.(P), All Zonal Railways & Production Units.

Sub: Recruitment of persons with disabilities from open market – regarding.

Attention is invited to this Ministry's letters of even number dated 17.09.2007, 18.02.2011 & 27.04.2012, regarding guidelines for providing concessions/ facilities including scribes to persons with disabilities (PWDs), while conducting examination for their recruitment from open market. It has come to the notice of this Ministry that the said guidelines are not being followed properly, resulting in undue hardship to PWDs.

The matter has been viewed seriously by this Ministry. Accordingly, it is directed that instructions ibid are strictly adhered to while conducting open market recruitment.

Further, scrutiny of applications etc. of PWDs should be done sensitively to accommodate the needs of such candidates on case to case basis. Also posts identified suitable for PWDs as stipulated in Board's letter No. E(NG)II/2009/RC-2/5 list dated 27.08.2009 should be notified as per the sub-category of disability, viz. LV,B,OAL/OL etc.

Index No. 1063- Recruitment of persons with disabilities from open market – regarding.

Contd. P-2

Copy of Railway Board's letter No. E. (NG) II/2006/RC-2/13 dt 18.02.2011 address to G.M.(P), All Zonal Railways & Production Units.

Sub: Guidelines for providing concessions/ facilities including scribes to persons with disabilities while conducting examination for their recruitment from open market against 3% quota – regarding.

Attention is invited to this Ministry's letter of even number dated 17.09.2007 laying down detailed guidelines on the above subject. The matter has been reviewed by the Board and it has now been decided that the visually impaired applicants (who have opted for scribe) may be allowed one additional chance to change the scribe: ten (10) days prior to the date of written examination by placing his/her request with the recruiting agency(ies) in writing, so that necessary formalities are completed in time. Even if due to certain unseen circumstances like postal delays etc., the communication between the recruiting agencies and applicants get affected, then these formalities be completed one day before at a centre decided and notified by the recruiting agencies.

Sd/-
(Harsha Dass)
Jt. Director Estt.(N)II, Railway Board

Copy of Railway Board's letter No. E. (NG) II/2006/RC-2/13 dt.27.04.2012 address to G.M. (P), All Zonal Railways & Production Units.

Sub: Guidelines for providing concessions/ facilities including scribes to persons with disabilities while conducting examination for their recruitment from open market against 3% quota – regarding.

Attention is invited to Para 2(ii) (C) of this Ministry's letter No. E (NG)II/2006/RC-2/13 dated 17.09.2007 on the above subject. The matter has been reviewed by the Board and it has accordingly been decided that the clause of 60% as mentioned in Para 2(ii) (C) of the letter ibid is deleted and may now be read as under:

"The scribe can be of any academic discipline if the recruitment is for general post. If the recruitment is for a specialized post, he/ she should be from a discipline different from that of a candidate".

Sd/-
(Ravi Shekhar)
Dy. Director Estt.(N)II, Railway Board

Contd. P-3

Copy of Railway Board's letter No. E. (NG) II/2006/RC-2/13 dt.17.09.2007 address to G.M.(P), All Zonal Railways & Production Units.

Sub: Guidelines for providing concessions/ facilities including scribes to persons with disabilities while conducting examination for their recruitment against 3% quota and issuing of physically handicapped certificate.

.....
Instructions contained in this Ministry's letter No. E(NG)/I/ 2006/RC 2/11 dated 21.06.2007 stipulate that Direct Recruitment to Group 'C' and Group 'D' posts from the Open Market against 3% posts reserved for Physically Handicapped (PH) will be done by Railway Recruitment Boards and Zonal Railway Recruitment Cells respectively through a common examination held for filling up reserved as well as unreserved vacancies. In the workshop held on 25.06.2007 in Railway Board, the issues relating to recruitment against such quota including provision of SCRIBES and other facilities to physically handicapped candidates appearing in such examinations were deliberated upon.

2. Pursuant to discussion in the workshop Ministry of Railways (Railway Board) have considered the matter further and decided the following:

(i) Examination centers for Physically Handicapped candidates be chosen and designated in such a way that they are disabled friendly having the facilities of ramp. Etc.. Seating arrangement for Physically Handicapped candidates in general and for Visually Handicapped (VH) candidates in particular may preferably be made on the ground floor of such centers. Besides, seating arrangement for VH candidate may be made in such a way that only five or six candidates in a room i.e. one candidate in each corner and one or two in the center of the room, can be accommodated.

(ii) Visually impaired Candidates/ those candidates whose writing speed is affected by Cerebral palsy can avail the assistance of Scribe for writing answers on their behalf. For this purpose they will have to suitably inform the recruiting agency in advance as per (d) below. In all such cases engagement of Scribes will be subject to the following conditions:

(a) The candidates will have to arrange their own Scribes at their own cost during the examination. Separate Admit Cards be issued to the Scribes accompanying the visually handicapped candidates. Admit Card should contain the particulars and photograph of the Scribe duly signed by him/her. The invigilators on duty will verify the identity of Scribe with photo & particulars printed on Admit Card issued to Scribe.

(b) The academic qualification of the SCRIBE should be one grade below the qualification prescribed for the post for which recruitment is being made.

(c) The SCRIBE can be from any academic discipline if the recruitment is for general post. If the recruitment is for a specialist post, he/she should be from a discipline different from that of the candidate. He/she should not have secured more than 60% marks in the qualification mentioned at (b) above.

Contd. P-4

(d) The candidates as well as the Scribe will have to give a suitable undertaking (enclosed Proforma as annexure-I) confirming that the Scribe fulfills all the stipulated eligibility criteria for a Scribe as mentioned above. In case it transpires later that he/she did not fulfill any of the laid down eligibility criteria or there has been suppression of material facts, the candidature of the applicant will stand cancelled irrespective of the result of the examination. The visually Handicapped candidate shall be responsible for any misconduct on the part of scribe brought by him/her. The undertaking, as given in the enclosed proforma at annexure-I, should be submitted by the Visually Handicapped candidate along with his/her application form.

(e) Candidates availing the assistance of a Scribe shall be eligible for extra time of 20 minutes for every hour of the examination.

2.1 The VH candidates opting to avail the assistance of Scribes be accommodated at one examination venue of the designated examination centers. The recruiting agency will not make available the question paper of the examination meant for VH candidates at examination center other than those designated for the purpose.

2.2 The Scribe will read out the questions to the candidates and on the candidate stating clearly answer against each question, the SCRIBE will write/ indicate the same. An invigilator shall exclusively be posted with every VH candidate who have opted to avail the assistance of a Scribe. The invigilator shall have to sit along side the Scribe who will sit opposite the VH candidate so that conversation between the Scribe and VH candidate could be overheard by the invigilator who shall ensure that only the answers spelt out by the candidate are written/ indicated by the Scribe on the answer book.

2.3 The invigilator will ensure that the scribe makes no gesture, sounds or any other forms of communication designed to indicate to the candidate the correctness or otherwise of an answer being recorded by him. Any such attempt would entail disqualification of candidate and stringent action will be taken against both the candidate and the scribe.

2.4 Conversation between the candidate and the scribe should not disturb in any way the peace in the examination hall or the other candidates seated in the examination hall/room.

2.5 The VH candidates may be allowed to use TAILOR FRAME AND BRAIL SLATE WITH PAPER for solving arithmetic problems and they will have to bring their own TAILOR FRAME AND BRAIL SLATE WITH PAPER in the examination hall. Partially blind candidates who are able to read normal question Paper set for all the candidates and to write/indicate the answer with the help of Magnifying Glass may be allowed to use Magnifying Glass in the examination hall but they shall not be allowed the help to a SCRIBE. Such candidates may bring their own Magnifying Glass in the examination hall. However, they shall not be provided with the Question Paper meant for VH candidates who require the assistance of a Scribe. All one eyed candidates and VH candidates whose visual degree of disability is less than 40% shall not be considered as Visually Handicapped persons and the provision for engaging Scribe shall not be applicable to them.

3. Question paper for VH candidates will not have any component of map/graphs statistical data or diagrams/ figures/ geometrical problems etc.

4. As regards requirement for Physically Handicapped Certificate, the following may be laid down:

- (i) The disability certificate be accepted which has been issued by a Medical Board duly constituted by the Central /State Government consisting of at least three members out of which at least one member has been /should be a specialist in the relevant field for assessing locomotor / cerebral /visual/hearing disability, as the case may be.
- (ii) The certificate would be valid for a period of 5 years for those whose disability is 'Temporary'. The Medical Board shall indicate the period of validity of the certificate where there are chances of variation in the degree of disability. For those with permanent disability the validity can be shown as 'Permanent'.

Sd/-
(Mahavir Singh)
Director, Estt. (N)II, Railway Board

EXAMINATION FOR RECRUITMENT FOR GROUP 'C'/ GROUP 'D'**Particulars of the Scribe proposed to be engaged by the Candidate**

Photograph duly signed by the scribe.

- | | | |
|----|---|-------|
| 1. | NAME AND ROLL NO. OF
THE BLIND CANDIDATE | _____ |
| 2. | DATE OF BIRTH | _____ |
| 3. | CENTRE/SUBCENTRE OF EXAM | _____ |
| 4. | NAME OF THE SCRIBE | _____ |
| 5. | FATHER'S NAME OF SCRIBE | _____ |
| 6. | ADDRESS OF THE SCRIBE; | |
| | (a) PERMANENT ADDRESS | _____ |
| | (b) POSTAL ADDRESS | _____ |
| 7. | EDUCATIONAL QUALIFICATION OF
THE SCRIBE | _____ |
| 8. | RELATIONSHIP, IF ANY, OF THE
SCRIBE TO THE CANDIDATE | _____ |

DECLARATION

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 Railway Recruitment Board/ Railway Recruitment Cell regarding conduct of the visually challenged candidates/ scribes at this examination and hereby undertake to abide by them.

(Signature of the candidate)

(Signature of the Scribe)

Eastern Railway

No:E.890/2/ R&R/HP/Policy/Pt.XIV

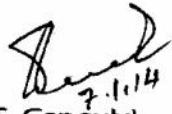
Kolkata, dt.07.01.2014

All Concerned

Sub: Reservation for persons with disabilities for recruitment from open Market – revised form the disability certificates- regarding.

A copy of DOP&Ts OM No.36035/1/2012- Estt. (Res) dt.29.11.2013 received vide Railway Board's letter No. E(NG)II/2006/RC-2/13 dt.19.12.2013 wherein it has been mentioned the revised form for disability certificates of persons with disabilities for recruitment of open market is sent herewith for information, guidance and necessary action.

Encl: As above (17 pages)


(S. Ganguly)
Asstt. Personnel Officer (R&B)
f. Chief Personnel Officer

Index No: 1063- Reservation for persons with disabilities for recruitment of open market revised form for disability certificates.

**GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)**

E(NG)II/2006/RC-2/13

New Delhi, dated 19.12.2013

The General Manager (P),
All Zonal Railways/PUs,
Chairman/RRBs & RRCs.

Sub:- Reservation for Persons with Disabilities for recruitment from
from open market – revised form for Disability Certificates-
regarding.

A copy of DoP&T's OM No. 36035/1/2012-Estt.(Res) dated
29/12/2013 is sent herewith for guidance and compliance. Consequently,
it has been decided to delete para 4 of this Ministry's letter of even
number dated 17/09/2007.

Please acknowledge receipt.

Encl: As above

19/12/13
(Harsha Dass)
Director Estt. (N)II
Railway Board

No.36035/1/2012-Estt.(Res)
Government of India
Ministry of Personnel, Public Grievances and Pensions
Department of Personnel and Training

North Block, New Delhi
Dated the 29th November, 2013

OFFICE MEMORANDUM

Sub: Reservation for Persons with Disabilities-revised forms for Disability Certificates.

The undersigned is directed to refer to this Department's O.M. No. 36035/3/2004-Estt.(Res) dated 29.12.2005 circulating consolidated instructions relating to Reservation for the Persons with Disabilities.

2. Ministry of Social Justice and Empowerment vide their Notification No. G.S.R. 2 (E) dated 30.12.2009 has issued rules to amend the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules, 1996. Rules 3 to 6 (Chapter II) of the said Notification dated 30.12.2009 have prescribed various Forms of Disability Certificate.

3. Keeping in view the amended Rules for Disability Certificates issued by the Ministry of Social Justice and Empowerment vide Notification dated 30.12.2009, paras 9, 10 and 11 of this Department's O.M. No. 36035/3/2004-Estt.(Res) dated 29.12.2005 relating to issue of Disability Certificate stands withdrawn.

4. All the Ministries/Departments are now requested to comply with the instructions contained in Rules 3 to 6 of Chapter II relating to Disability Certificate as per Ministry of Social Justice and Empowerment's Notification No. G.S.R. 2 (E) dated 30.12.2009 (copy enclosed for ready reference).

5. All the Ministries/Departments are also requested to bring the above instructions to the notice of all appointing authorities under their control.


(G. Srinivasan)

Deputy Secretary to the Govt. of India
Tele: 2309 3074

Encl: As above

To

1. All Ministries/Departments of the Govt. of India.
2. Railway Board
3. Supreme Court of India/Election Commission/Lok Sabha Secretariat/Rajya Sabha Secretariat/Cabinet Secretariat/Central Vigilance Commission/President's Secretariat/Prime Minister's Office, Planning Commission.
4. Union Public Service Commission, Dholpur House, Shahjahan Road, New Delhi.
5. Staff Selection Commission, CGO Complex, Lodhi Road, New Delhi.

MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT
NOTIFICATION

New Delhi, the 30th December, 2009

G.S.R. 2 (E).—In exercise of the powers conferred by sub-sections (1) and (2) of Section 73 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996), the Central Government hereby makes the following rules to amend the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules, 1996, namely :—

1. (1) These rules may be called the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Amendment Rules, 2009.
- (2) They shall come into force from the date of their publication in the Official Gazette.

2. In the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules, 1996, -

- (i) for rule 2, the following rule shall be substituted, namely:-

"2. Definitions.-

- (1) In these rules unless the context otherwise requires,—

(a) "Act" means the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996);

- (b) "certificate" or "disability certificate" means a certificate issued in pursuance of clause (t) of section 2 of the Act;
 - (c) "multiple disabilities" means a combination of two or more disabilities as defined in clause (i) of section 2 of the Act;
 - (d) "Form" means a form appended to these rules.
- (2) Words and expressions defined in the Act but not defined in these rules, shall have the meanings respectively assigned to them in the Act.;
- (ii) for CHAPTER II, the following Chapter shall be substituted, namely :-

**"CHAPTER II
DISABILITY CERTIFICATE**

3. Application for issue of disability certificate -

- (1) A person with disability desirous of getting a certificate in his favour shall submit an application in Form I, and the application shall be accompanied by -
 - (a) proof of residence, and
 - (b) two recent passport size photographs.
- (2) The application shall be submitted to -
 - (i) a medical authority competent to issue such a certificate in the district of the applicant's residence as mentioned in the proof of residence submitted by him with the application, or
 - (ii) the concerned medical authority in a government hospital where he may be undergoing or may have undergone treatment in connection with his disability :

Provided that where a person with disability is a minor or suffering from mental retardation or any other disability which renders him unfit or unable to make such an application himself, the application on his behalf may be made by his legal guardian.

4. Issue of disability certificate -

- (1) On receipt of an application under rule 3, the medical authority shall, after satisfying himself that the applicant is a person with disability as defined in sub-clause (t) of section 2 of the Act, issue a disability certificate in his favour in Form II, Form III or Form IV as applicable.
- (2) The certificate shall be issued as far as possible, within a week from the date of receipt of the application by the medical authority, but in any case, not later than one month from such date.
- (3) The medical authority shall, after due examination, -
 - (i) give a permanent disability certificate in cases where there are no chances of variation, over time, in the degree of disability, and
 - (ii) shall indicate the period of validity in the certificate, in cases where there is any chance of variation, over time, in the degree of disability.
- (4) If an applicant is found ineligible for issue of disability certificate; the medical authority shall explain to him the reasons for rejection of his application, and shall also convey the reasons to him in writing.
- (5) A copy of every disability certificate issued under these rules by a medical authority other than the Chief Medical Officer shall be simultaneously sent by such medical authority to the Chief Medical Officer of the District.

5. Review of a decision regarding issue of, or refusal to issue, a disability certificate -

- (1) Any applicant for a disability certificate, who is aggrieved by the nature of a certificate issued to him, or by refusal to issue such a certificate in his favour, as the case may be, may represent against such a decision to the medical authority as specified for the purpose by the appropriate Government:

Provided that where a person with disability is a minor or suffering from mental retardation or any other disability which renders him unfit or unable to make such an application himself, the application on his behalf may be made by his legal guardian.

- (2) The application for review shall be accompanied by a copy of the certificate or letter of rejection being appealed against.
- (3) On receipt of an application for review, the medical authority shall, after giving the appellant an opportunity of being heard, pass such orders on it as it may deem appropriate.
- (4) An application for review shall, as far as possible, be disposed of within a fortnight from the date of its receipt, but in any case, not later than one month from such date.

6. Certificate issued under rule 4 to be generally valid for all purposes.-

A certificate issued under rule 4 shall render a person eligible to apply for facilities, concessions and benefits admissible under schemes of the Government and of Non-Governmental Organizations funded by the Government, subject to such conditions as may be specified in relevant schemes or instructions of Government, etc., as the case may be."

"Form-I"
APPLICATION FOR OBTAINING DISABILITY CERTIFICATE BY PERSONS
WITH DISABILITIES
(See rule 3)

1. Name
 (Surname) (First name) (Middle name)
2. Father's name Mother's name
3. Date of Birth: ____/____/____
 (date) (month) (year)
4. Age at the time of application: ____ years
5. Sex: Male/Female
6. Address :
 (a) Permanent address

 (b) Current Address (i.e. for communication)

 (c) Period since when residing at current address
7. Educational Status (Pl. tick as applicable)
 (I) Post Graduate
 (II) Graduate
 (III) Diploma
 (IV) Higher Secondary
 (V) High School
 (VI) Middle
 (VII) Primary
 (VIII) Illiterate
8. Occupation
9. Identification marks (i) (ii)
10. Nature of disability: locomotor/hearing/visual/mental/others
11. Period since when disabled: From Birth/Since year-----

12. (i) Did you ever apply for issue of a disability certificate in the past--- YES/NO
 (ii) If yes, details:
 (a) Authority to whom and district in which applied-----
 (b) Result of application-----

13. Have you ever been issued a disability certificate in the past? If yes, please enclose a true copy.

Declaration: I hereby declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further, state that if any inaccuracy is detected in the application, I shall be liable to forfeiture of any benefits derived and other action as per law.

(Signature or left thumb impression of person with disability, or of his/her legal guardian in case of persons with mental retardation, autism, cerebral palsy and multiple disabilities)

Date:

Place:

Encl:

1. Proof of residence (Please tick as applicable)

- (a) ration card,
- (b) voter identity card,
- (c) driving license,
- (d) bank passbook
- (e) PAN card,
- (f) passport,
- (g) telephone, electricity, water and any other utility bill indicating the address of the applicant,
- (h) a certificate of residence issued by a Panchayat, municipality, cantonment board, any gazetted officer, or the concerned Patwari or Head Master of a Govt. school,
- (i) In case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill, etc., a certificate of residence from the head of such institution.

2. Two recent passport size photographs

(For office use only)

Date:

Place:

Signature of Issuing authority

Stamp

Form-II

Disability Certificate
(In cases of amputation or complete permanent paralysis of limbs
and in cases of blindness)
(See rule 4)

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

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

Certificate No. _____

Date: _____

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

son/wife/daughter of Shri _____

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

(DD / MM / YY)

Registration No. _____ permanent resident of House

No. _____ Ward/Village/ Street _____ Post

Office _____ District _____ State _____

whose photograph is affixed above, and am satisfied that :

(A) he/she is a case of:

- locomotor disability
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is.....

(A) He/ She has%(in figure)..... percent
(in words) permanent physical impairment/blindness in relation to his/her-----
(part of body) as per guidelines (to be specified).

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

Nature of Document	Date of Issue	Details of authority issuing certificate

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

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

Form-III

Disability Certificate
(In case of multiple disabilities)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE
CERTIFICATE)
(See rule 4)

Recent PP 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 _____ Age _____ years, male/female _____
 (DD) (MM) (YY)

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 (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	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

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

In figures:- _____ percent

In words:- _____ percent

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

3. Reassessment of disability is :

(i) not necessary,

Or

(ii) is recommended/ after _____ years _____ months, and therefore this certificate shall be valid till _____

(DD)

(MM)

(YY)

- @ e.g. Left/Right/both arms/legs
 # e.g. Single eye/both eyes
 £ e.g. Left/Right/both ears

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

Nature of Document	Date of Issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority.

--	--	--

Name and seal of Member

Name and seal of Member

Name and seal of the
Chairperson

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

Form-IV

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

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE
 CERTIFICATE)**
(See rule 4)

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

Certificate No. _____

Date: _____

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

wife/daughter of Shri _____

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

(DD) (MM) (YY)

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:-

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

(Please strike out the disabilities which are not applicable.)

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

3. Reassessment of disability is :

(i) not necessary,

Or

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

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

e.g. Single eye/both eyes

£ e.g. Left/Right/both ears

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

Nature of Document	Date of Issue	Details of authority issuing certificate

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

Countersigned

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

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."

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

Form-V**Intimation of Rejection of Application for Disability Certificate
(See rule 4)**

No. _____

Dated : _____

To,

(Name and address of applicant
for Disability Certificate)Sub.: Rejection of Application for Disability Certificate

Sir / Madam,

Please refer to your application dated _____ for issue of a Disability Certificate for the following disability:

2. Pursuant to the above application, you have been examined by the undersigned/ Medical Board on _____, and I regret to inform that, for the reasons mentioned below, it is not possible to issue a disability certificate in your favour:

- (i)
- (ii)
- (iii)

3. In case you are aggrieved by the rejection of your application, you may represent to _____, requesting for review of this decision.

Yours faithfully,

(Authorised Signatory of the notified Medical Authority)
(Name and Seal)

Form-V**Intimation of Rejection of Application for Disability Certificate**
(See rule 4)

No. _____

Dated : _____

To, _____

(Name and address of applicant
for Disability Certificate)Sub.: Rejection of Application for Disability Certificate

Sir / Madam,

Please refer to your application dated _____ for issue of a Disability Certificate for the following disability:

2. Pursuant to the above application, you have been examined by the undersigned/ Medical Board on _____, and I regret to inform that, for the reasons mentioned below, it is not possible to issue a disability certificate in your favour:

- (i)
- (ii)
- (iii)

3. In case you are aggrieved by the rejection of your application, you may represent to _____, requesting for review of this decision.

Yours faithfully,

(Authorised Signatory of the notified Medical Authority)
(Name and Seal)

[F. No. 16-02/2007-DD. III]

Dr. ARBIND PRASAD, Jt. Secy.