

	<p>केंद्रीय शुल्क के प्रधान आयुक्त का कार्यालय OFFICE OF THE PRINCIPAL COMMISSIONER OF CENTRAL TAX संवर्ग नियंत्रण प्राधिकारी CADRE CONTROLLING AUTHORITY हैदराबाद जीएसटी आयुक्तालय HYDERABAD GST COMMISSIONERATE जीएसटी भवन, एल बी स्टेडियम रोड, बशीर बाग, हैदराब - 500004 GST BHAVAN, L B STADIUM ROAD, BASHEERBAGH, HYDERABAD - 500004 Phone No.040-23241117 / 23240725 Fax No. 040-23299204 e-mail: cgst.hydcommr@gov.in, cgst.hydcca@gov.in</p>	
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File. No. II/(3)/151/2023-CCA-O/o Pr COMMR-CGST-HYDERABAD

Date: 22.08.2023

Sub:- Allocation of candidates through Staff Selection Commission, Combined Graduate Level Examination, 2022 to the post of Inspector in Central Tax & Customs, Hyderabad Zone- Intimation of date and venue of Physical Endurance Test and Document Verification- Reg.

The Central Board of Indirect Taxes and Customs (CBIC), New Delhi vide letter F.No. A-12034/SSC/07/2022-Ad.III(B) dated 08.08.2023 has allocated 06 candidates for the post of Inspector of Central Tax & Customs to Hyderabad Zone (common cadre of Hyderabad/Visakhapatnam Zone) based on the results of the Combined Graduate Level Examination, 2022, conducted by the Staff Selection Commission.

2. All candidates are required to undergo the physical endurance test as per the norms fixed for the post of Inspector(CGST) and appear for document verification, as per the schedule given below:-

Schedule

Date	Name of the Event	Time and Venue
06.09.2023	i. Physical Test ii. Document Verification	To report by 06:30 AM on 06.09.2023 at GST Bhavan, Basheerbagh, Hyderabad

3. Further, candidates are required to bring along with them the following **Original Documents** and two self- attested copies each of the said documents:-

i	Secondary/Higher secondary Certificate (For verification of date of Birth).
ii	Certificate of Educational Qualifications.
iii	Caste Certificate (As specified in the SSC CGLE-2022 Notification).
iv	PH Certificate (As specified in the SSC CGLE-2022 Notification).
v	EWS Certificate (As specified in the SSC CGLE-2022 Notification).
vi	NOC from previous employer in case the candidate is employed in any of the offices under the Central Government/ State Government, Autonomous Body, and Public Sector Undertaking presently.

vii	Discharge Certificate in case of Ex-Servicemen.
viii	Aadhar Card and PAN Card.
ix	Other certificates relating to Age relaxation (Annexure-V) and relaxation in Height or Chest Measurements, if applicable.
x	Four passport size photographs (5cms × 7cms).

4. Candidates, who are already working in the same Ministry / Department at similar post (Inspector CGST, PO, and Examiner) and want to avail exemption from the Physical and Medical Test, should produce a certificate from the current employer regarding passing the Physical and Medical Test. Certificate should be obtained with reference to this Notice.

5. In the event of not reporting on the prescribed date for the Physical Endurance Test /Document Verification, without submitting a bona-fide proof, it will be construed that the candidate is not interested in accepting the post in the department and his/her nomination will be treated as cancelled.

6. Further, candidates are directed to fill in the Attestation form including Identity Certificate & Character Certificate, properly. **Four sets (All Originals) of duly filled in Attestation forms including identity certificate and two sets of character certificate are to be submitted.** The two sets of character certificate must be signed by two different gazetted officers and the four identity certificates must be signed by a single competent authority.

7. Candidates should make their own travel and stay arrangements. No Travelling/Daily allowance is admissible for any journey undertaken or stay made on this account to/ from this office. The candidates are also advised to come prepared to stay for more working days for completion of the required formalities.

8. The candidates are directed to submit Physical Fitness & Medical Certificate, Colour Blindness Certificate and candidate statement & declaration in Annexure-II, issued/certified by a Civil Surgeon or District Medical Officer or Equivalent rank, in prescribed proforma at the time of Document Verification.

9. Attestation forms and other relevant proforma can be downloaded from official website <https://cgsthyderabadzone.gov.in/>.


Encl: As above.


(T. Purushothama Reddy)
CHIEF ACCOUNTS OFFICER (CCA)

To:
The Individuals (as per list attached).

Copy to:
The Superintendent, Computer Section, Hyderabad GST Commissionerate. (for uploading in regional website)

LIST OF CANDIDATES		
S.No	Roll No	NAME (Shri./Ms.)
1	9001012903	THATICHETLA S K SATYA DHARMA PHALGU
2	8006003423	KONDURU SASIDHAR
3	8003000965	BHASHYAM VENKATA SAI KEDARNATH GOUD
4	8601075209	KONGI ARUN SRIVARDHAN
5	8008008894	KANDIKONDA RAHUL RAM SAI
6	8601051031	MUDHI REDDY LOKESHWAR REDDY


टी. पुरुषोत्तम रेड्डी
T. PURSHOTHAMA REDDY
मुख्य लेखा अधिकारी
Chief Accounts Officer
मुख्य आयुक्त का कार्यालय/सं.नि.३
Office of the Chief Commissioner/CC
केन्द्रीय कर, हैदराबाद
Central Tax, Hyderabad



ATTESTATION FORM

PASSPORT SIZE PHOTOGRAPH	<u>WARNING</u>
Affix signed passport size (5 cms x 7 cms approx.copy) of recent photograph	<ol style="list-style-type: none">1. The furnishing of false information or suppression of any factual information in the Attestation Form would be disqualification, and is likely to render the candidate unfit for employment under the Government.2. If detained, arrested, prosecuted, bound down, fined convicted, debarred, acquitted etc. subsequent to the completion and submission of this form, the details should be communicated immediately to the authorities to whom the Attestation Form has been sent early, failing which it will be deemed to be a suppression of factual information.3. If, the fact that false information has been furnished or that there has been suppression of any factual information in the Attestation Form comes to notice at any time during the service of a person, his service would be liable to be terminated.

1. **Name in Full** **NAME** **SURNAME**
(IN BLOCK LETTERS)

2. **Present address** in full
(i.e., Village, Thana and
District, or House Number,
Lane/ Street/ Road and Town)

3.(a) **Home address** in full
(i.e. Village, Thana &
District or House Number,
Lane/Street/ Road & Town and
Name of the District Hqrs.)

3.(b) If originally a resident of Pakistan/Bangladesh
(erstwhile East Pakistan),the address in that
country and the date of migration to Indian Union.

4. Aadhaar Card No.:

5. PAN Card No.

6. Nationality:

7.(a) Date of Birth :

(b) Present Age :

(c) Age of Matriculation :

8. a) Place of birth, District & State :
in which situated

b) District & State to which :
you belong

c) District & State to which :
your father originally belongs

9. a) Your religion :

b) Are you a member of a :
Scheduled Caste/ Scheduled
Tribe/ OBC Answer Yes or No

c) If the answer is Yes, state the name of the Caste thereof:

10. Particulars of places (with periods of residence) where you have resided for more than one year at a time during the preceding five years. In case of stay abroad (including Pakistan), particulars of all places where you have resided for more than one year after attaining the age of 21 years, should be given.

FROM	TO	Residential address in full (i.e Village, Thana & District, or House No., Lane/ Street/Road & Town)	Name of the District Hqrs. of the places mentioned in the preceding column.

11	Name (in Full & aliases if any)	Nationality (By Birth or by Domicile)	Place of Birth	Occupation (if employed, give designation and office address)	Permanent Home Address
Members of Family	1	2	3	4	5
Father					
Mother					

Spouse					
Brother/s					
Sister/s					

12. Information to be furnished with regard to son(s) and daughter(s) in case they are studying/living in a foreign country.

Name	Nationality (By birth and / or by domicile)	Place of Birth	Country in which studying/ living with full address.	Date from which studying/living in the country mentioned in previous column.

13. Educational Qualifications showing places of education with years in Schools & Colleges i.e., from S.S.C./ Matriculation /10th and onwards:

Examination Passed	Name of the School/ College	Date of Entry	Date of Leaving	Name of Board / University with Full Address

14 (a) Are you holding or have any time held an appointment under the Central or State Government or a semi-Government or Quasi-Government body or an autonomous body, or a public sector undertaking or a private firm or institution? If so, give full particulars with dates of Employment up-to-date:

PERIOD		Designation, Emoluments and nature of employment	Full name & address of employer	Reasons for leaving previous service
FROM	TO			

14 (b) If the previous employment was :
under the Government of India/
a State Govt./ undertaking owned
or controlled by the Govt. of India/
State Govt./ an autonomous body/
University/Local body:

If you had left service on giving a month's
notice under rule 5 of the Central Civil
Services (Temp.Services Rules)
1965, or any similar corresponding
rules. Were any disciplinary
proceedings framed against you, or
had you been called upon to explain
your conduct in any matter at time
you gave notice of termination of
service, or at a subsequent date(s), before
your service actually terminated?.

15(i) Answer in 'YES or NO'

- | | | |
|-----|--|----------|
| (a) | Have you ever been arrested ? | YES / NO |
| (b) | Have you ever been prosecuted ? | YES / NO |
| (c) | Have you ever been kept under detention ? | YES / NO |
| (d) | Have you ever been fined by a Court of Law ? | YES / NO |
| (e) | Have you ever been bound down ? | YES / NO |
| (f) | Have you ever been convicted by a Court
of Law for any Offence ? | YES / NO |
| (g) | Have you ever been debarred from any
examination or restricted by any University
or any other educational authority/ Institution ? | YES / NO |
| (h) | Have you ever been debarred/ disqualified by
any Public Service Commission/Staff Selection
Commission for any of its examination / Selection ?. | YES / NO |
| (i) | Is any Case pending against you in a
Court of Law at the time of filling this
Attestation Form ? | YES / NO |
| (j) | Is any Case pending against you in any
University/Institution or any other educational authority/
Institution at the time of filling this
Attestation Form? | YES / NO |
| (k) | Whether discharged/expelled/withdrawn from any training
/Institution under the Government or otherwise? | YES / NO |

15 (ii) If the answer to any of the above mentioned questions is 'YES', give full particulars of the case / arrest / detention / fine / conviction / sentence / punishment etc., and or the nature of the case pending in the Court / University/ Educational Authority etc., at the time of filling this Attestation Form:

	(i) Please also see the 'WARNING' at the top of this Attestation Form
	(ii) Specific answers to each of the questions should be given by striking out 'YES' or 'NO' as the case may be.

16. Name and Address of the two responsible Persons of your locality or two references to whom you are known:

(i).

(ii).

 I certify that the foregoing information is correct and complete to the best of my knowledge and belief.

I am fully aware that by providing false information or suppressing material information while filling this form, the authorities have the full right to terminate my appointment letter and I am also liable for appropriate criminal/civil action as a consequence.

I am not aware of any circumstances, which might impair my fitness for employment under Government.

Signature of the Candidate

Date :

Place :

IDENTITY CERTIFICATE

Certificate to be signed by any one of the following:

- i) Gazetted Officers of Central or State Government :
- ii) Members of Parliament or State Legislature :
belonging to the Constituency where the
Candidate or his parent/ guardian is
ordinarily residing
- iii) Sub Divisional Magistrate/Officer/
Block Development Officers :
- iv) Tahasildars or Naib/Deputy Tahsildars :
authorized to exercise Magisterial Powers
- v) Principal/ Head Master of the Recognized :
School / College / Institution were the candidate
Studied last
- vi) Registrar/Deputy Registrar/
Assistant Registrar of University :
- vii) Post Masters :
- viii) Panchayat Inspectors/Mukhiya/Pradhan/Sarpanch :

Certified that I have know Shri/ Smt/ Kum _____
Son / Daughter of Shri _____, for the last _____
years _____ months and that to the best of my knowledge and belief the particulars
furnished by him/ her are correct.

Place : SIGNATURE :

Date : Designation :
Or Status & Address

TO BE FILLED BY THE OFFICE

- i) Name, Designation and full address :
of the appointing authority
- ii) Post for which the candidate is being :
Considered

• • • • •

CERTIFICATE

Certified that I know Shri/Smt/Kum _____
Son/ Daughter of Shri_____for the last
_____years_____months and that to the best of my knowledge and
belief he/she bears a respectable character and has no antecedents which render him/her
unsuitable for Government employment.

Shri / Smt./ Kum._____is not
related to me.

Place :

Date :

SIGNATURE AND DESIGNATION
OF THE GAZETTED OFFICER .

CERTIFICATE

Certified that I know Shri/Smt/Kum _____
Son/ Daughter of Shri_____for the last
_____years_____months and that to the best of my knowledge and
belief he/she bears a respectable character and has no antecedents which render him/her
unsuitable for Government employment.

Shri / Smt./ Kum._____is not
related to me.

Place :

Date :

SIGNATURE AND DESIGNATION
OF THE GAZETTED OFFICER .

CERTIFICATE OF PHYSICAL FITNESS

I have carefully examined Sri/Smt _____
S/o/D/o/ W/o _____ a candidate for
Employment under the Government of India, Central GST Department as
_____ and cannot discover that he/she has any disease, communicable or
otherwise constitutional affection or bodily infirmity except that his/her weight is in
excess/below the standard prescribed or except _____ I do not
consider this a disqualification for the employment in the office of the Central GST Department.

I do further certify that in my opinion his/ her general physical condition is such that it
will enable him/her to perform the duties of executive services efficiently.

His/her age according to his/ her own statement is _____ years and by
appearance about _____ years, I also certify that he has make of small pos
vaccination.

He/she is FREE FROM ANY COMMUNICABLE DISEASE.

Chest Measurement in Cms:

On full inspiration :

On full expiration :

Height _____ Weight _____

His/ her vision is normal _____

Hypermetropic (_____)
Enter the degree of defect and the strength of correction glasses

Myopic (_____)
Enter the degree of defect and the strength of correction glasses

Astigmatic (Simple or mixed (_____)
Here enter the degree of defect and strength of correction glasses.

Hearing is normal/defective (much or slight)

Urine: Does Chemical examination show 1. Albumin, 2. Sugar, 3. State specific gravity

Personal Marks of Identification :

1.

2.

SIGNATURE OF THE MEDICAL OFFICER

Date :

Place :

SIGNATURE OF THE CANDIDATE

ANNEXURE – II
CANDIDATE’S STATEMENT AND DECLARATION

The candidate must fill the below columns prior to his/her Medical Examination and must sign the declaration appended thereto. His/her attention is specifically drawn to the warning contained in the NOTE below:

1. State your name in full :
(In Block Letters)
2. State your age and place of Birth :
3. (a) Have you ever had small-pox intermitten :
or any other fever enlargement or suppruation
of glands spitting of blood, asthama heart
disease, lung disease, fainting attacks,
rheumatism, appendicitis ? OR.
(b) any other disease or accident requiring :
confinement to bed and medical or surgical
treatment.
4. When were you last vaccinated :
5. Have you or any of your near relations been :
affected with Consumption of Orofula, gout,
asthama, fits epilepsy or insanity.
6. Have you been examined and declared Unfit :
for Govt. Service by a Medical Officer/ Medical
Board within last 3 years.
7. Have you suffered from any form of Nervousness :
due to overwork or any other cause.
8. Furnish the following particulars Concerning :
your family

Father’s age if Living and state of his health	Father’s age at the time of death and the cause of his death	No. of brothers living, their age & state of health	No. of brothers dead their ages at death & causes of death.
--	--	---	---

I declare that all the particulars filled in the above columns are true and correct to the best of my knowledge and belief.

I also solemnly affirm that I have not received a disability certificate/pension on account of any disease or other conditions.

Signed in my presence

SIGNATURE OF THE CANDIDATE

SIGNATURE OF THE MEDICAL OFFICER

NOTE: The candidate will be held Responsible for the accuracy of the above statement, willful suppression of any information by the candidate will incur the risk of losing the appointment and if appointed forfeiting of all claims of Superannuating pension and Gratuity.

MEDICAL CERTIFICATE TO BE FURNISHED FOR APPOINTMENT TO THE POST OF INSPECTOR

Name of the Candidate:		Paste a recent passport size photograph (Photo to be attested by the Medical Officer)
Roll No.		
Rank No.		
Signature of the Candidate		
Left Thumb Impression		

FREE FROM COLOUR BLINDNESS CERTIFICATE

Certified that I have examined Mr/Ms ----- whose signature is appended above, and certify that his/her colour vision is Normal/Defective (strike of which is not applicable)

Place		Name	
Date		Reg. No.	

ANNEXURE – III

**DECLARATION TO BE OBTAINED FROM NEW ENTRANTS TO THE GOVERNMENT
SERVICE**

I Shri/Smt/Kum _____

Declare as under:

- (1)* That I am un-married/ a widower/ a widow
- (2)* That I am married and have only one spouse living
- (3)* That I have entered in to or contracted a marriage with a person having a spouse living Application for grant of exemption is enclosed.
- (4)* That I have entered into and contracted a marriage with another person during the life time of my spouse. Application for grant of exemption is enclosed.

I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment I shall be liable to be dismissed from service.

Place :

Date :

SIGNATURE OF THE CANDIDATE

- Please strike out the clause/ clauses not applicable.

FORMAT FOR SC/ ST CERTIFICATE

A candidate who claims to belong to one of the Scheduled Caste or the Scheduled Tribes should submit in support of his/ her claim an attested/certified copy of a certificate in the form given below, from the District Officer or the sub-Divisional Officer or any other officer as indicated below of the District in which his parents (or surviving parent) ordinarily reside who has been designated by the State Government concerned as competent to issue such a certificate. If both his parents are dead, the officer signing the certificate should be of the district in which the candidate himself ordinarily resides otherwise than for the purpose of his own education. Wherever photograph is an integral part of the certificate, the Commission would accept only attested photocopies of such certificates and not any other attested or true copy.

(The format of the certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under Government of India)

This is to certify that Shri/Shrimati/Kumari* _____ son/daughter of _____ of village/town* _____ in District/Division * _____ of the State/Union Territory* _____

belongs to the Caste/Tribes _____ which is recognized as a Scheduled Castes/Scheduled Tribes* under:-

The Constitution (Scheduled Castes) order, 1950 _____
The Constitution (Scheduled Tribes) order, 1950 _____
The Constitution (Scheduled Castes) Union Territories order, 1951 * _____
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 Area(Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order(Amendment) Act, 1976.

The Constitution (Jammu & Kashmir) Scheduled Castes 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 (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 & 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) orders (Amendment) Act, 1990@
The Constitution (ST) orders (Amendment) Ordinance 1991@
The Constitution (ST) orders (Second Amendment) Act, 1991 @
The Constitution (ST) orders (Amendment) Ordinance 1996@
The Scheduled Caste and Scheduled Tribe Orders (Amendment) Act 2002@

The Constitution (Scheduled Caste) Orders(Amendment) Act 2002@

The Constitution(Scheduled Caste and Scheduled Tribe) Orders (Amendment) Act 2002@

The Constitution (Scheduled Caste) Order (Amendment) Act 2007@

%2. Applicable in the case of Scheduled Castes, Scheduled Tribes persons who have migrated from one State/Union Territory Administration.

This certificate is issued on the basis of the Scheduled Castes/ Scheduled Tribes certificate issued to Shri/Shrimati _____ Father/mother of Shri/Shrimati/Kumari* _____ of village/town* _____ in District/Division* _____ of the State/Union Territory* _____ who belong to the _____ Caste/Tribe which is recognized as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* issued by the _____ dated _____.

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

Signature _____

** Designation _____

(with seal of office)

Place _____

Date _____

* 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 Caste/Tribe Certificates:**

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

NOTE: ST candidates belonging to Tamil Nadu State should submit caste certificate ONLY FROM THE REVENUE DIVISIONAL OFFICER.

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

This is to certify that Shri/Smt./Kumari _____ son/daughter of _____ of village/town _____

in District/Division _____ in the State/Union Territory _____ belongs to the _____ Community which is recognized as a backward class under the Government of India, Ministry of Social Justice and Empowerment's Resolution No. _____ dated _____.
Shri/Smt./Kumari _____ and/or his/her family ordinarily reside(s) in the _____ District/Division of the _____ State/Union Territory. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M. No. 36012/22/93-Estt (SCT) dated 8.9.1993**.

District Magistrate: _____

Deputy Commissioner etc.: _____

Dated:

Seal:

* The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

** 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 Act,1950.

Government of

(Name & Address of the authority issuing the certificate)

**INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY
WEAKER SECTIONS**

Certificate No. _____

Date _____

VALID FOR THE YEAR _____

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

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

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

Signature with seal of Office _____

Name _____

Designation _____

Recent Passport size
attested photograph of the
applicant

*Note 1: Income covered all sources i.e. salary, agriculture, business, profession etc.

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

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

Form-V
Certificate of Disability

(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.

Certificate No.

Date:

This is to certify that I have carefully examined Shri/Smt./Kum.
_____ son/wife/daughter of Shri _____ Date of
Birth (DD/MM/YY) _____ Age _____ years, male/female _____
registration No. _____ permanent resident of House No. _____
Ward/Village/Street _____ Post Office _____ District
_____ State _____, whose photograph is affixed above, and am satisfied
that:

(A) he/she is a case of:

- locomotor disability
- dwarfism
- blindness

(Please tick as applicable)

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

(C) he/she has _____ % (in figure) _____ percent (in words)
permanent locomotor disability/dwarfism/blindness in relation to his/her _____ (part of
body) as per guidelines (.....number and date of issue of the guidelines to be
specified).

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

Nature of Document	Date of Issue	Details of authority issuing certificate

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

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

Form - VI
Certificate of Disability
(In cases of multiple disabilities)
[See rule 18(1)]

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

Recent passport size attested
photograph
(Showing face only) of the
person with disability.

Certificate No. _____

Date: _____

This is to certify that we have carefully examined Shri/Smt./Kum.
_____ son/wife/daughter of Shri
_____ Date of Birth (DD/MM/YY) _____
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 (.....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:

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

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

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

In figures: - ----- percent

In words:- ----- percent

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

3. Reassessment of disability is :

(i) not necessary,

or

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

(DD) (MM) (YY)

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

e.g. Single eye

£ e.g. Left/Right/both ears

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

Nature of document	Date of issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority.

Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson

Signature/thumb impression of the person in

whose favour certificate of disability is issued.

Form – VII
Certificate of Disability
(In cases other than those mentioned in Forms V and VI)
(Name and Address of the Medical Authority issuing the Certificate)
(See rule 18(1))

Recent passport size
attested photograph
(Showing face only) of the
person with disability

Certificate No. _____

Date: _____

This is to certify that I have carefully examined

Shri/Smt./Kum. _____ son/wife/daughter of
Shri _____ Date of Birth (DD/MM/YY) _____
_____ Age _____ years, male/female _____ Registration No.
_____ permanent resident of House No. _____ Ward/Village/Street
_____ Post Office _____ District _____

State _____, whose photograph is affixed above, and am satisfied that
he/she is a case of _____ disability. His/her extent of
percentage physical impairment/disability has been evaluated as per guidelines
(.....number and date of issue of the 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.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	€		
8.	Hard of Hearing	€		
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological Conditions			
15.	Multiple sclerosis			

16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

(Please strike out the disabilities which are not applicable)

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

3. Reassessment of disability is:

(i) not necessary, or

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

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

- eg. Single eye/both eyes

€ - eg. Left/Right/both ears

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

Nature of document	Date of issue	Details of authority issuing certificate

(Authorized Signatory of notified Medical Authority)

(Name and Seal)

Countersigned
 { Countersignature and seal of the
 Chief Medical Officer/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 certificate of disability is issued

Note: In case this certificate is issued by a medical authority who is not a Government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District

ANNEXURE-IX

FORM OF CERTIFICATE TO BE SUBMITTED BY THOSE CANDIDATES WHO
INTEND TO AVAIL RELAXATION IN HEIGHT OR CHEST MEASUREMENT

(Please see Note below Para 11 of the Notice for the Examination)

Certified that Shri _____ S/o Shri _____
is permanent resident of village _____, Tehsil/Taluka _____
District _____ of _____ State.

2. It is further certified that :

* Residents of entire area mentioned above are considered
as _____

(Garhwali, Kumaoni, Dogras, Marathas, Sikkimies) for relaxation in height
measurement for recruitment in the para military forces of the Union of
India.

* he / she belongs to Himachal Pradesh / Leh and Ladakh / Kashmir Valley /
North-Eastern States which is considered for relaxation in height
measurement for recruitment in the para military forces of Union of India.

* he / she belongs to Scheduled Tribe.

Signature

District Magistrate / Sub-Division Magistrate / Tehsildar

Date:

Place:

* Delete whichever is not applicable.