ANNEXURE – A

Apprentice will be engaged in the following Units and trades:									
CARRIAGE REPAIR WORKSHOP, MANCHESWAR, BHUBANESWAR									
MECHANICAL DEPARTMENT									
Sl No.	**Trade**	**Break up of vacancies**							
		Total	**UR**	**SC**	**ST**	**OBC**	**EWS**	**PwBD**	**ESM**
1	Fitter	80	32	12	6	22	8	3	2
2	Sheet Metal Worker	20	8	3	2	5	2	1	1
3	Welder	38	15	6	3	10	4	2	1
4	Machinist	12	5	2	1	3	1	0	0
5	Mechanic(MV)	10	3	2	1	3	1	0	0
6	Carpenter	30	12	5	2	8	3	1	1
7	Painter	10	3	2	1	3	1	0	0
Total		**200**	**78**	**32**	**16**	**54**	**20**	**7**	**5**
ELECTRICAL DEPARTMENT									
1	Electrician	30	12	5	2	8	3	1	1
2	Refrigeration & A.C. Mech	10	3	2	1	3	1	0	0
3	Wireman	10	3	2	1	3	1	0	0
Total		**50**	**18**	**9**	**4**	**14**	**5**	**1**	**1**
Sub Total		***250***	***96***	***41***	***20***	***68***	***25***	***8***	***6***
RGDA DIVISION									
ENGINEERING DEPARTMENT									
Sl No.	**Trade**	**Break up of vacancies**							
		Total	**UR**	**SC**	**ST**	**OBC**	**EWS**	**PwBD**	**ESM**
1	Fitter	36	14	5	3	10	4	1	1
2	Welder	38	15	6	3	10	4	2	1
3	Black Smith	38	15	6	3	10	4	2	1
4	Plumber	12	5	2	1	3	1	0	0
5	Carpenter	12	5	2	1	3	1	0	0
6	Sarang	18	7	3	1	5	2	0	1
7	Grinder	36	14	5	3	10	4	1	1
8	Driller	36	14	5	3	10	4	1	1
9	D/Man(Civil)	5	2	1	0	1	1	0	0
10	Painter	6	2	1	0	2	1	0	0
11	Mason	18	7	3	1	5	2	1	1
12	Computer Operator programming Assistant	6	2	1	0	2	1	0	0
Total		**261**	**102**	**40**	**19**	**71**	**29**	**8**	**7**
ELECTRICAL DEPARTMENT									
1	Electrician	14	6	2	1	4	1	1	0
2	Wireman	10	3	2	1	3	1	0	0
3	Electronics Mechanic	5	2	1	0	1	1	0	0
Total		**29**	**11**	**5**	**2**	**8**	**3**	**1**	**0**

MEDICAL DEPARTMENT									
1	Laboratory Technician (Pathology)	2	1	0	0	1	0	0	0
Sub Total		***292***	***114***	***45***	***21***	***80***	***32***	***9***	***7***
KHURDA ROAD DIVISION(ELS, ANGUL & IOH Depot)									
ENGINEERING DEPARTMENT									
Sl No.	Trade	Break up of vacancies							
		Total	**UR**	**SC**	**ST**	**OBC**	**EWS**	**PwBD**	**ESM**
1	Fitter	57	23	9	4	15	6	2	2
2	Black Smith	95	38	14	7	26	10	4	3
3	Welder	63	26	9	5	17	6	3	2
4	Plumber	43	18	6	3	12	4	2	1
5	Mason	84	34	13	6	23	8	3	3
6	Electronics Mechanic(TMO)	12	5	2	1	3	1	0	0
7	Mechanic(Diesel) (TMO)	12	5	2	1	3	1	0	0
8	Bridge Erector	90	36	14	7	24	9	0	3
9	D/Man(Civil)	15	6	2	1	4	2	1	0
Total		**471**	**191**	**71**	**35**	**127**	**47**	**15**	**14**
S & T DEPARTMENT									
1	Fitter	11	4	2	1	3	1	0	0
2	Electrician	19	8	3	1	5	2	1	1
3	Wireman	19	8	3	1	5	2	1	1
4	Electronics Mechanic	11	4	2	1	3	1	0	0
Total		**60**	**24**	**10**	**4**	**16**	**6**	**2**	**2**
ELECTRICAL DEPARTMENT									
1	Electrician	41	17	6	3	11	4	2	1
2	Refrigeration & A.C. Mech	11	4	2	1	3	1	0	0
3	Electronics Mechanic	8	3	1	1	2	1	0	0
Total		**60**	**24**	**9**	**5**	**16**	**6**	**2**	**1**
MEDICAL DEPARTMENT									
1	Laboratory Technician (Pathology)	2	1	0	0	1	0	0	0
MECHANICAL DEPARTMENT									
1	Welder	25	9	4	2	7	3	1	1
2	Fitter	104	42	16	8	28	10	4	3
3	Turner	6	2	1	0	2	1	0	0
4	Machinist	12	5	2	1	3	1	0	0
5	Carpenter	31	13	5	2	8	3	1	1
6	D/Man(Mechanic)	2	1	0	0	1	0	0	0
Total		**180**	**72**	**28**	**13**	**49**	**18**	**6**	**5**
Sub Total		***773***	***312***	***118***	***57***	***209***	***77***	***25***	***22***

SAMBULPUR DIVISION(COACHIN, BLGR)									
ENGINEERING DEPARTMENT									
Sl No.	Trade	Break up of vacancies							
		Total	**UR**	**SC**	**ST**	**OBC**	**EWS**	**PwBD**	**ESM**
1	Fitter	44	18	7	3	12	4	2	1
2	Engg. Black Smith	32	13	5	2	9	3	1	1
3	Welder	4	2	1	0	1	0	0	0
4	Carpenter	27	11	4	2	7	3	1	1
5	Sarang	4	2	1	0	1	0	0	0
6	Painter	27	11	4	2	7	3	1	1
7	Plumber	27	11	4	2	7	3	1	1
8	Electronics Mechanic (TMO)	6	2	1	0	2	1	0	0
9	Mechanic(Diesel) (TMO)	6	2	1	0	2	1	0	0
10	Mason	18	7	3	1	5	2	1	1
Total		**195**	**79**	**31**	**12**	**53**	**20**	**7**	**6**
S & T DEPARTMENT									
1	Fitter	5	2	1	0	1	1	0	0
2	Electrician	10	3	2	1	3	1	0	0
3	Wireman	10	3	2	1	3	1	0	0
4	Electronics Mechanic	5	2	1	0	1	1	0	0
Total		**30**	**10**	**6**	**2**	**8**	**4**	**0**	**0**
ELECTRICAL DEPARTMENT									
1	Electrician	5	2	1	0	1	1	0	0
MECHANICAL DEPARTMENT									
1	Fitter	30	12	5	2	8	3	1	1
MEDICAL DEPARTMENT									
1	Laboratory Technician (Pathology)	2	1	0	0	1	0	0	0
Sub Total		***262***	***104***	***43***	***16***	***71***	***28***	***8***	***7***
HEAD QUARTER, EAST COAST RAILWAY, BHUBANESWAR									
PERSONNEL/ACCOUNTS/IT CELL DEPARTMENT									
Sl No.	**Trade**	**Break up of vacancies**							
		Total	**UR**	**SC**	**ST**	**OBC**	**EWS**	**PwBD**	**ESM**
1	Computer Operator programming Assistant	10	3	2	1	3	1	0	0
2	Secretarial Assistant (Stenography)	10	3	2	1	3	1	0	0
Total		**20**	**6**	**4**	**2**	**6**	**2**	**0**	**0**
MEDICAL DEPARTMENT									
1	Laboratory Technician (Pathology)	2	1	0	0	1	0	0	0
Sub Total		***22***	***7***	***4***	***2***	***7***	***2***	***0***	***0***
GRAND TOTAL		**1599**	**633**	**251**	**116**	**435**	**164**	**50**	**42**

***

Annexure-B

FORM OF CASTE CERTIFICATE FOR SC/ST

This is to certify that Shri*/ Srimati/ Kumari* ..... son/daughter* of
..... Village/Town
District/Division*
..... of the.....State/UnionTerritory* belongs to
the .....Caste*/Tribe which is recognized as a Scheduled Caste / Scheduled Tribe under:-

* The Constitution (Scheduled Caste) / (Scheduled Tribes) Order, 1950.
* The Constitution (Scheduled Caste)(Union Territories) Order, 1951.
* The Constitution (Scheduled Tribes) (Union Territories) order, 1951 (as amended by the Scheduled Caste and Scheduled Tribes Lists Modification), Order, 1956. The Bombay Re-Organization Act 1960, The Punjab Re-Organization Act, 1966, The State of Himachal Pradesh Act, 1970, The North Eastern Areas Re-Organization Act, 1971, and the Scheduled Caste / Scheduled Tribes Order (Amendment) Act, 1976.
* The Constitution (Jammu and Kashmir) Scheduled Caste / Scheduled Tribe Order, 1956.
* The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959.
* The Constitution (Dadra and Nagar Haveli) Scheduled Castes / 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 / Scheduled Tribes Order, 1968.
* The Constitution (Nagaland) Scheduled Tribes Order, 1970.
* The Constitution (Sikkim) Scheduled Caste / Scheduled Tribes Order, 1978.
* The Constitution (Jammu and Kashmir) Scheduled Tribes Order, 1989.
* The Constitution (SC) Orders (Amendment) Act, 1990.
* The Constitution (ST) Orders (Amendment) Act, Ordinance 1991.
* The Constitution (ST) Orders (Second Amendment) Act, 1991.
* The Constitution (ST) Orders (Amendment) Ordinance, 1996.
* The Constitution (Scheduled Castes) Orders (Amendment) Act, 2002.
* The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002.
* The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002.

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

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes Certificate issued to Shri/Srimati* ..... father/mother* of Shri/Srimati/Kumari .....of Village/Town*.....in District/Division*.....of the State/Union Territory*.....who belongs to the ..... Caste*/Tribe which is recognized as a Scheduled Caste/ Scheduled Tribe in the Station/ Union Territory* issued by the ..... dated .....

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

Place.....

Signature.....

..

Date.....

Designation.....

..

(with seal of Office)

State/ Union Territory.....

(*) Please delete the words which are not applicable. (*) Please quote specific presidential offer.

(*) Delete the Paragraph which is not applicable.

Note: The term *Ordinarily resides* used will have the same meaning as in Section 20 of the Representation of the

People Act, 1950. Officers competent to issue Caste/Tribe certificates.

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

Annexure C

FORMAT FOR OBC-NCL CERTIFICATE

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

This is to certify that Shri/Smt./Kum……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./Kum.*……and/or his/her familyOrdinarily reside(s) in the ……District/Divisio of the……State/Union Territory. This is also to certify that he/she does not belong to the persons/sections (Creamy layer) mentioned in column 3 (of the Schedule to the Government of India, Department of Personnel & Training OM No. 36012/22/93-Estt(SCT), dated 8.9.1993 and modified vide Government of India, Department of Personnel and Training O.M.No.36033/1/2013-Estt. (Res) dated 27.05.2013 and 13.09.2017**.

Date:……

DISTRICT MAGISTRATE / DY. COMMISSIONER ETC.
(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:

a) The term 'Ordinarily resides' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
b) The authorities competent to issue Caste Certificates are indicated below:
   I District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendiary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of Ist Class Stipendiary Magistrate).
   II Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
   III Revenue Officer not below the rank of Tehsildar' and Sub-Divisional Officer of the area where the candidate and / or his family resides.

Annexure D

SELF DECLARATION BY OBC (NCL) CANDIDATES

PROFORMA FOR DECLARATION TO BE SUBMITTED BY OTHER BACKWARD CLASS (NCL) CANDIDATES

DURING DOCUMENT VERIFICATION, WHO HAD APPLIED FOR THE POSTS AGAINST CENTRALIZED EMPLOYMENT NOTICE NO. RRC/BBS/01/2026-27 APPRENTICE OF ECoR

I, ...

son/daughter of Shri
..... resident of

Village/Town/City ....., district .....

State ..... hereby declare that I belong to the
.....(indicate your sub-caste) community which is recognized as a backward class by the Government of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No. 36012/22/93-Est..(SCT) dated 08.09.1993. It is also declared that I do not belong to persons/sections (Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum dated 08.09.1993 and its subsequent revision through O.M.No.36033/1/2013-Estt. (Res) dated 13.09.2017.

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

Signature of Candidate .....
Name of Candidate .....

Annexure E

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS (EWS)

Government of _____

(Name & Address of the authority issuing the certificate)

Certificate No._____ **Date:**_____

VALID FOR THE YEAR_____

This is to certify that Shri / Smt. / Kumari _____

Son/daughter/wife of _____ permanent resident of

_____, Village/Street _____ Post Office _____

District in the State/Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her family** is below Rs.8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets***:

I 5 acres of agricultural land and above;
II Residential flat of 1000 sq. ft. and above;
III Residential plot of 100 sq. yards and above 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).

Recent Passport size Photograph of the Applicant. To be attested by the authority issuing this certificate

Signature with seal of

Office _____

Name _____

Designation _____

*** 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.

The authorities competent to issue Income and Asset Certificate are indicated below:

I District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/1st Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.
II Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
III Revenue Officer not below the rank of Tehsildar.
IV Sub-Divisional Officer or the area where the candidate and/or his family normally resides.

Annexure F

Medical Fitness Certificate for Standard of Physical Fitness for engagement as Act Apprentice over East Coast Railway.

(To be certified by the Government Authorized Doctor (Gazetted) not below the rank Assistant surgeon of the Central/State Medical Services)

Name of the Candidate: ……

Father's name: ……

Category: ……

Date of Birth / Age ……

Trade & Name: ……

Permanent marks of identification: ……

1. ……

2. ……

Paste Recent Photo attested by Medical Officer

Sl No	Standard of physical fitness	Observations of Medical Officer
1	A candidate should be free evidence of any contagious or infectious disease. He should not be suffering from any disease which is likely to be aggravated by service or is likely to render him unfit for service or endanger the health of the public. He should also be free from evidence of tuberculosis in any form, active or healed.	
2	**Height, Weight and Chest:** Candidates should satisfy the following minimum standards, namely:- **HEIGHT:** 137 centimeters; **Weight:**25.4 Kilogram; Chest expansion should not be less than3.8 centimeters irrespective of size of chest:	
3	**EYES** Minimum Standard of Visual Acuity(Bee-One) (a) 6/9, 6/12 with or without glasses (b) Binocular Vision (c) Colour Vision There should be no evidence of any morbid condition of either eye of the lids of either eye which may be liable to risk of aggravation of recurrence.	
4	**EARS** Hearing must be good in both ears and there should be no sign of suppurative disease. No hearing aid shall be permitted.	
5	**SKIN** There should be no evidence of acute or chronic skin disease or chronic ulceration.	
6	**SPEECH** Speech should preferably be without impediment.	
7	**ALIMENTARY SYSTEM** 1. Candidates should have sufficient number of natural teeth (in healthy state) for mastication. 2. Spleen should not be palpably enlarged and there should be no evidence of tenderness in the splenic area. 3. Liver should not be palpable or tender. 4. There should be no oral sepsis. 5. There should be no sugar in the urine. 6. Candidates should not be suffering from haemorrhoids, anal fissures,	

	hernia, bubonocele, ischio-rectal abscess, hydrocele, or any disease affecting the testes.	
8	**CARDIO VASCULAR SYSTEM** 1. Blood pressure should not exceed 85 diastolic and 140 systolic. 2. Candidates with low blood pressure (i.e. systolic below 100) should be 3. rejected. 4. There should be no sign of any cardiovascular disease.	
9	**RESPIRATORY SYSTEM** Candidates should be free from all diseases of respiratory system. There should be no deformity of chest which may cause impediment to breathing.	
10	**GENITO URINARY SYSTEM** There should be no evidence of genito urinary disease or any abnormality.	
11	**SKELETAL SYSTEM** 1. The function of all limbs should be within normal limits. 2. There should be no evidence of serious deformity of the spinal column or of the extremities.	
12	**NERVOUS SYSTEM** There should be no evidence of any disease of nervous system or of any mental disease.	
13	**GLANDULAR SYSTEM** There should be no evidence of tuberculosis or other disease of the glandular system including the endocrine glands.	
14	**BLOOD GROUP** The above-named candidate is free from evidence of any contagious or infections disease. He/She is not suffering from any disease which is likely to he aggravated by service or likely to him/her unfit for service or to endanger, the health of the public. He/She is also free from avoidance of tuberculosis in any from (active or healed) and also certified that he/she fit to undergo Apprenticeship Training in Railway Establishment under the Apprentices Act 1961.	

Above medical fitness certificate should be signed by Government authorized Doctor (Gaz), not below the rank of Assistant Surgeon of Central/State Hospital.

Signature of Medical Officer:	
Name of Medical Officer:	
Registration No.:	
Designation:	
Name of Central/State Govt. Hospital:	
Seal of Medical Officer signing the certificate:	

Annexure-G

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL – DISABILITY CERTIFICATE

Certificate No:……

1. This is to certify that Smt, / Shri / Kum*_____ Son / daughter of Shri_____age___, Male / Female having identification marks as below ___is suffering from Permanent disability of following category.

Paste here recent passport size colour photograph of the Applicants of size 4 cm x 5 cm – The Photograph should be attested by the Chairperson of the Medical Board
Signature Of Applicant

A. Locomotor or cerebral palsy:

(i) BL - Both legs affected but not arms.

(ii) BA - Both arms affected:
- (a) Impaired reach.
- (b) Weakness of grip.

(iii) OL - One leg affected (right or left)
- (a) Impaired reach.
- (b) Weakness of grip.
- (c) Ataxic.

(iv) OA - One arm affected (right or left)
- (a) Impaired reach.
- (b) Weakness of grip.
- (c) Ataxic.

(v) BH – Stiff back and hips (cannot sit or stoop)

(vi) MW - Muscular Weakness and limited physical endurance.

B. Blindness or Low Vision: (a) B - Blind. (b) PB - Partially Blind.

C. Hearing Impairment: (a) D - Deaf. (b) PD - Partially Deaf.

(Delete the category whichever is not applicable)

1. This is certified that Smt./Shri/Kumari _____ being unable to perform the Typing Skill Test because of his/her physical disability i.e. _____ (indicate the category whichever is applicable) may be exempted from Typing Skill Test.
2. This condition is progressive / non-progressive / likely to improve / not likely to improve.Re-assessment of this case is not recommended/is recommended after a period of_____year_____months.
3. Percentage of disability in his/her case is _____%.
4. Smt./Shri./Kum* meets the following physical requirement for discharge of his/her duties:

(i) F-can perform work by manipulating with fingers	Yes	No
(ii) PP-can perform work by pulling and pushing	Yes	No
(iii) L-can perform work by lifting	Yes	No
(iv) KC-can perform work by kneeling and crouching	Yes	No
(v) B-can perform work by bending		No
(vi) S-can perform work by sitting	Yes	No
(vii) ST-can perform work by standing	Yes	No
(viii) W-can perform work by walking	Yes	No
(ix) SE-can perform work by seeing	Yes	No
(x) H-can perform work by hearing / speaking	Yes	No
(xi) RW-can perform work by reading and writing	Yes	No

(Signature of Doctor) Name:
Registration No. Member, Medical Board

(Signature of Doctor) Name:
Registration No. Member, Medical Board

(Signature of Doctor) Name:
Registration No.
Member / Chairperson, Medical Board

*Please delete the words which are not applicable Place:

Counter signature of the Medical Superintendent/CMD/ Head of Hospital (with seal)

Date:__/____/_____

Note:

1. According to the persons with Disabilities (Equal Opportunities, Protection of Rights and full participation) Rules, 1996 notified on 31.12.1996 by the Central Government in exercise of the powers conferred by sub- Section(1) and(2) of Section 73 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act. 1995 (1 0f 1996), authorities to give disability Certificate will be a Medical Board duly constituted by the Central or the State Government. The State Government may constitute a Medical Board consisting of at least three members out of whom at least one shall be a specialist in the particular field for assessing locomotors/ hearing and speech disability, mental retardation and leprosy cured as the case may be.
2. The certificate would be valid for a period of 5 years for those whose disability is temporary. For those who acquired permanent disability, the validity can be shown as permanent.

Annexure H

DISABILITY CERTIFICATE FORM
(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 (dd/mm/yyyy)_____Age __ years, Male/Female Registration No. _____Permanent Resident of House No_Ward/Village/Street whose photograph is affixed above and are satisfied that 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 :-

SR. 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		

(A) In the light of the above, his/her over all permanent physical impairment as per guidelines (to be specified), is as follows:
In figures: _____%
In words: _____%

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 _____ year _____ months, and therefore this certificate shall be valid till _____(DD/MM/YYYY) @ e.g. Left/Right/both arms/legs # e.g Single eye/both eyes £ e.g. Left/Right/both ears.
4. The applicant has submitted the following document as proof of residence:

NATURE OF DOCUMENT	DATE OF ISSUE	DETAILS OF AUTHORITY ISSUING CERTIFICATE
(Authorized Signatory of Notified Medical Authority) (Name and Seal)	**Countersigned: (Countersignature and seal of the CMO / Medical Superintendent / Head of Government Hospital in case the certificates is issued by a medical authority who is not a Government Servant (With Seal)**	