



सीमाशुल्क, केंद्रीय उत्पाद शुल्क व सेवा कर प्रधान आयुक्त का कार्यालय
OFFICE OF THE PRINCIPAL COMMISSIONER OF CUSTOMS, CENTRAL EXCISE & SERVICE TAX
हैदराबाद I आयुक्तालयHYDERABAD- I COMMISSIONERATE

केंद्रीय शुल्क भवन, एल बी स्टेडियम रोड, बशीर बाग, हैदराबाद-500 004

KENDRIYA SHULK BHAVAN, L.B. STADIUM ROAD, BASHEER BAGH, HYDERABAD-500004.

फोन Phone No. 040-2324 4419

Email id-Estthyd.1@gmail.com

C.No. II/3/18/2017- Estt.

Dated 02.05.2017

Sub:- Documents verification to the post of Stenographer Grade-II in Customs, Central Excise and Service Tax Department in the combined cadre of Hyderabad and Visakhapatnam zone – Reg.

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The Staff Selection Commission, has nominated your name for appointment for the post of Stenographer Grade-II of Customs, Central Excise & Service Tax in the combined cadre of Hyderabad and Vizag Zone. You are therefore directed to appear in this office on 21.06.2017 at 11.00 AM for submission of required documents.

2. You should bring along with you the following **Original Documents** and two self attested copies each of the said documents:-

1	Secondary/Higher secondary Certificate (For verification of date of Birth)
2	Certificate of Educational Qualifications.
3	Caste Certificate (As specified in enclosed proforma).
4	Certificate of Physical fitness
5	P.H Certificate (for persons with disabilities only).
6	Other certificates relating to other activities, if any.
7	Four passport size photographs (As pasted in application form of the SSC Examination - 2015).

3. Further you are directed to fill the enclosed proforma properly in respect of Character certificate, Caste Certificate & Attestation Forms and the same should be submitted before the undersigned on 21.06.2017. Four Original sets of duly filled in Attestations forms are to be submitted.

Contd..2

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4. It may also be noted that the candidates have to bring Medical Fitness Certificate(copy enclosed) from an authorised Medical officer viz Civil Surgeon officer with particular reference to his/her being from any Communicable disease.

5. You should make your 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.

6. Attestation forms and other relevant proformas can be downloaded from official website www.cexhyd1.nic.in

Yours Sincerely,


(SUDHA KOKA) 2/6/17

ADDITIONAL COMMISSIONER(P&V)

To

The All Individuals(As per list enclosed)

- Encl:**
1. Attestation Form.
 2. Character Certificate.
 3. Caste Certificate (For SC/ST/OBC).
 4. Certificate of Physical fitness

Sl.No	Name	CAT 1	SE L CAT	ROLL
1	J HARSHA SRIPATHI RAJU	9	9	8002008876
2	KOVURU TEJASWINI	9	9	8001007048
3	PATTAMSETTY ALEKHYA	9	9	8001004039
4	PATTAMSETTY RAVALI	9	9	8001004056
5	SOMISETTI NAGASRI SIVAPARVATHI	9	9	8001001339
6	SAURABH PRATAP SINGH	9	9	2002005739
7	VARUN KUMAR CHAUHAN	9	9	1601000137
8	SATENDRA KUMAR	9	9	2003005184
9	JITENDER JASRA	9	9	2201016908
10	SHIKHA YAGNIK	6	6	3206023268
11	PANKAJ KUMAR	6	6	2201032965
12	SANGEETA KUMARI	6	6	2003002001
13	SUMIT DEY	6	6	4405002540
14	CHANDMAL SOLANKI	6	6	2406000731
15	SANDEEP MUNDLAPATI	1	1	8001005267
16	KAVITA PAWAR	1	1	2201035800
17	SUMAN	1	1	2201023874
18	KUNDAN KUMAR	6	4	4410009588
19	PRAHLAD KUMAR MEENA	2	2	2405005192
20	GOVERDHAN LAL MEENA	2	2	2405003176



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
(IN BLOCK LETTERS)**

NAME

SURNAME

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 where 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

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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 .

NOTE: To be signed by two different Gazetted Officers and to be attested by a District
Magistrate or Sub Divisional Magistrate or their superior officers.

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.

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 Excise 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 Excise
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.

Date :

Place :

SIGNATURE OF THE MEDICAL OFFICER

SIGNATURE OF THE CANDIDATE

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

This is to certify that _____ son/ daughter of
_____ of _____ village
_____ District/Division _____ in the
_____ State _____ belongs to the
_____ Community which is recognized as a backward class under:

- i) Resolution No. 12011/68/93-BCC dated the 10th September, 1993, published in the Gazette of India Extraordinary – Part I, Section I, No. 186 dated 13th September, 1993.
- ii) Resolution No. 12011/9/94-BCC, dated 19.10.1994 published in Gazette of India extraordinary Part I Section I No. 163, dated 20th October, 1994.
- iii) Resolution No. 12011/7/95-BCC dated the 24th May 1995 Published in the Gazette of India extraordinary Part-I Section I No. 88 dated 25th May, 1995.
- iv) Resolution No.12011/96/94-BCC dated 9th March, 1996.
- v) Resolution No. 12011/44/96-BCC, dated the 6th December, 1996, published in the Gazette of India – Extraordinary-part I, Section-I, No. 210, dated the 11th December, 1996.
- vi) Resolution No.12011/13/97-BCC dated 3rd December, 1997.
- vii) Resolution No.12011/99/94-BCC dated 11th December, 1997.
- viii) Resolution No.12011/68/98-BCC dated 27th October, 1999.
- ix) Resolution No.12011/88/98-BCC dated 6th December, 1999, published in the Gazette of India, Extra Ordinary Part-I, Section-I No.270, 6th December, 1999.
- x) Resolution No.12011/36/99-BCC dated 4th April, 2000, published in the Gazette of India, Extra Ordinary Part-I, Section-I, No.71 dated 4th April, 2000.
- xi) Resolution No.12011/44/99-BCC dated 21.9.2000, published in the Gazette of India, Extra Ordinary Part-I, Section-I, No.210 dated 21.9.2000.
- xii) Resolution No.12015/9/2000-BCC dated 6th September,2001, published in the Gazette of India, Extra Ordinary Part-I, Section-I, No.246 dated 6th September,2001.
- xiii) Resolution No.12011/1/2001-BCC dated 19th June,2003, published in the Gazette of India, Extra Ordinary Part-I, Section-I, No.151 dated 20th June,2003.
- xiv) Resolution No.12011/42002-BCC dated 13th January, 2004, published in the Gazette of India, Extra Ordinary Part-I, Section-I, No.9 dated 13th January, 2004.
- xv) Resolution No.12011/142004-BCC dated 12th March, 2007, published in the Gazette of India, Extra Ordinary Part-I, Section-I, No.67 dated 12th March,2007.

Shri _____ and/or his family ordinarily reside(s) in the
_____ District/Division of the _____
_____ State.

This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in column 3 of the Schedule to the Government of India, Department of Personnel & Training OM No. 36012/22/93-Estt. (SCT.) dated 08.09.1993 and modified vide Govt. of India Deptt. of Personnel and Training OM No. 36033/3/2004-Estt(Res) dated 09.03.2004 & 14.10.2008

Dated:
Seal:

District Magistrate or
Deputy Commissioner etc.

Note-I (a) The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

(b) The authorities competent to issue Caste Certificate are indicated below:-

(i) District Magistrate/Additional Magistrate/Collector/Dy. Commissioner/ Additional Deputy Commissioner/Deputy Collector/Ist Class Stipendary Magistrate/ Sub-Divisional Magistrate/Taluka Magistrate/ Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate).

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

(iii) Revenue Officer not below the rank of Tehsildar

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

NOTE-II: Candidate should furnish relevant OBC Certificate in the format prescribed for Central Government jobs as per Annexure-VII, issued by Competent Authority.

NOTE-III: The Commission has decided to accept OBC certificate, in the prescribed format issued after the closing date for receipt of application but issued on or before the date of completion of last tier of the examination i.e. Interview/Skill Test/Computer Proficiency Test/Document Verification, as applicable in the concerned SSC Regional Office.

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 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 Tribes Orders (Amendment) Act, 2002
The Constitution (Scheduled Caste) Orders (Amendment) Act, 2002
The Constitution (Scheduled Caste 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/Shrimati _____ Father/mother _____ of Shri/Srimati/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.

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

ANNEXURE-VIII

Certificate No. _____ Date _____

DISABILITY CERTIFICATE

This is certified that Shri/Smt/Kum _____ son/wife/daughter of Shri _____
age _____ sex _____ identification mark(s) _____

is suffering from permanent disability of following category :-

A. Locomotor or cerebral palsy :

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

(ii) BA-Both arms affected

(iii) BLA-Both legs and both arms affected

(iv) OL-One leg affected (right or left)

(v) OA-One arm affected

(vi) BH-Stiff back and hips (Cannot sit or stoop)

(vii) MW-Muscular weakness and limited physical endurance.

B. Blindness or Low Vision :

(i) B-Blind

(ii) PB-Partially Blind

C. Hearing Impairment :

(i) D-Deaf

(ii) PD-Partially Deaf

Affix here recent
attested Photograph
Showing the
disability duly
attested by the
chairperson of the
Medical Board

(DELETE THE CATEGORY WHICHEVER IS NOT APPLICABLE)

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 _____ years _____ months.*

3. Percentage of disability in his/her case is percent.

4. Sh./Smt./Kum meets the following physical requirements 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. | Yes/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 |

(Dr. _____)
Member, Medical Board

(Dr. _____)
Member, Medical Board

(Dr. _____)
Chairperson, Medical Board

Countersigned by the Medical Superintendent/
CMO/Head of Hospital (with seal)

*Strike out which is not applicable.