

(3) APPENDICES

APPENDIX-1

MEDICAL CERTIFICATES TO BE PRODUCED BY THE PHYSICALLY HANDICAPPED CANDIDATES

(1)

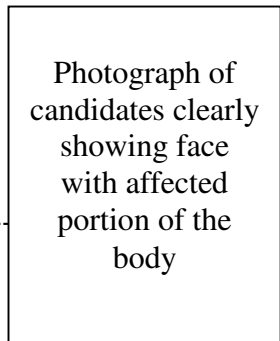
FORM OF MEDICAL CERTIFICATE FOR THE ORTHOPAEDICALLY HANDICAPPED

Medical Certificate in respect of an Orthopaedically Handicapped candidate for the purpose of selection to Group 'C' Non-Technical posts through the Staff Selection Commission's Examinations / Selection through interviews

[NOTE. – An Orthopaedically handicapped person is one who has a minimum of 40% physical defect or deformity which causes an interference with normal functioning of bones, muscles or joints as mentioned in the Department of Personnel and Training's O.M. No.36035/5/88-Estt.(SCT), dated 4-5-1990.]

Certified that I, ¹Dr. _____, Registration No. _____/or We, the Members of the Medical Board attached to the Special Employment Exchange for the Physically Handicapped/Vocational Rehabilitation Centre for physically handicapped _____, have this day (date)_____ examined the applicant whose particulars are given below and that he/she falls within the above definition.

1. Name of Candidate -----
2. Identification Mark -----
3. Sex -----
4. Father's Name -----
5. Approximate age -----
6. (A) *Nature of disability*
 - (a) Clinical diagnosis
 - (b) Brief description of the disability ...
 - (c) How far disability is likely to interfere in the normal discharge of duties of in group 'C' non-technical posts in Government office.
 - (d) The degree of permanent disability according to the Manual (Manual for Orthopaedic Surgeon in evaluating permanent physical impairment published by Artificial Limbs Manufacturing Corporation of India, G.T. Road, Kanpur-208 016)



MEDICAL CERTIFICATES TO BE PRODUCED BY THE PHYSICALLY HANDICAPPED CANDIDATES

(2)

FORM OF MEDICAL CERTIFICATE FOR THE DEAF

[For the purpose of selection of LDCs or other equivalent posts, the 'deaf' are those in whom the sense of hearing is non-functional for ordinary purposes in life. They do not hear/understand sounds at all even with amplified speech. The cases included in this category will be those having hearing loss more than 90 decibels in the better ear (profound impairment) or total loss of hearing in both ears.]

Certified that I, ¹Dr. _____, Registration No. _____/or We, the Members of the Medical Board attached to the Special Employment Exchange for the Physically Handicapped _____, have this day (date)_____ examined the applicant whose particulars are given below:

1. Name of the Candidate -----
 2. Sex -----
 3. Father's Name -----
 4. Approximate age -----
 5. Identification Mark -----
- Photograph
of the candidates
6. An estimate of Residual hearing, if any, and the basis on which this estimate has been arrived at-
 - (i) Right ear
 - (ii) Left ear
 7. Onset of deafness (*Please state whether deafness is from birth or acquired later. If it has been caused afterwards, the age and cause of deafness may be indicated*)

8. Please state clearly whether the candidate is deaf for the purpose of appointment as LDC or equivalent posts.

Signature of Candidate

Place:
Date:

(Signature of ENT Specialist)

Designation:
Office Stamp:
Address:

OR

Signature of Chairman:

Member:

Member:

Medical Board attached to Special Employment Exchange for the Handicapped or Vocational Rehabilitation Centre for the Physically Handicapped

Place:
Date:

Office Stamp:

NOTE 1. - Medical certificate submitted by the candidates from ENT Specialist would be referred to Medical Board for Clearance.

NOTE 2. - Medical certificate submitted by the candidates from the Medical Board attached to Special Employment Exchange for Physically Handicapped or attached to VRC for Physically Handicapped persons would be accepted straightaway.

1. Strike out whichever is not applicable