



icmr **NIOH**
INDIAN COUNCIL OF
MEDICAL RESEARCH NATIONAL INSTITUTE OF
OCCUPATIONAL HEALTH

आई सी एमआर- राष्ट्रीय व्यावसायिक स्वास्थ्य संस्थान
स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार
कल्याण मंत्रालय, भारत सरकार

ICMR - National Institute of Occupational Health
Department of Health Research, Ministry of Health
and Family Welfare, Government of India

VACANCY NOTIFICATION

Advertisement No. NIOH/RCT/Admin-Tech/2024-25 Date: 21.11.2024

Applications are invited for the following regular posts: -

| Sl. No | Name of Post | Total No. of Posts * | Reservation | | | | | | | Pay Level (as per 7 th CPC) |
|--------|------------------------|----------------------|-------------|-----------|-----------|-----------|-----------|------------|-----------|--|
| | | | Vertical | | | | | Horizontal | | |
| | | | UR | SC | ST | OBC | EWS | PwD | ESM | |
| 1 | Assistant | 02 | 02 | 00 | 00 | 00 | 00 | 00 | 00 | Pay Level-6 (Rs. 35,400 - 1,12,400) |
| 2 | Technician-1 | 19 | 07 | 02 | 02 | 05 | 03 | 00 | 02 | Pay Level-2 (Rs 19,900- 63,200) |
| 3 | Laboratory Attendant-1 | 06 | 02 | 00 | 02 | 00 | 02 | 00 | 01 | Pay Level-1 (Rs. 18,000 - 56,900) |
| | TOTAL | 27 | 11 | 02 | 04 | 05 | 05 | 00 | 03 | |

*Vacancies shown are tentative and may increase/decrease at any stage of recruitment. The initial posting of above vacancies shall be at NIOH, Ahmedabad or Institute's centre i.e. ROHC(S), Bengaluru as per requirement.

For complete details regarding educational qualification, experience, age, terms and conditions, please visit our website www.nioh.org or www.icmr.nic.in.

The last date of submission of application forms is **11.12.2024 up to 11:59 PM**. Corrigendum, if any, shall be published on the Institute's website only.

Administrative Officer

मेघानीनगर, अहमदाबाद
गुजरात, 380016, भारत
Meghaninagar, Ahmedabad,
Gujarat - 380016, India

director-nioh@gov.in | www.nioh.org

ICMR-NATIONAL INSTITUTE OF OCCUPATIONAL HEALTH AHMEDABAD

Advertisement No. NIOH/RCT/Admin-Tech/2024-25 Date: 21.11.2024

Detailed Vacancy Notification

ICMR-National Institute of Occupational Health Ahmedabad is the premier institute, under the aegis of the Indian Council of Medical Research (ICMR) under the Department of Health Research, Ministry of Health and Family Welfare, Govt. of India.

Online applications are invited up to **11.12.2024 11.59 pm** for following posts under Administrative and Technical Cadre on Regular basis at ICMR-NIOH Ahmedabad.

| Sl.No. | Details of Posts to be filled | |
|---------------|--------------------------------------|--|
| 1 | Post Code | ASST |
| 2 | Name of the post | Assistant |
| 3 | Cadre | Administrative |
| 4 | Pay Level | Pay Level-6 (Rs. 35,400 – 1,12,400) |
| 5 | Posts | 02 (UR) |
| 6 | Essential Qualifications | 1. Minimum three years Bachelor's Degree in any discipline from a recognised University/Institution. 2. Working knowledge on Computer (MS office/ power point). |
| 7 | Upper Age Limit | 30 years |

| Sl.No. | Details of Posts to be filled | |
|---------------|---------------------------------------|---|
| 1 | Post Code | TECH1 |
| 2 | Name of the post | Technician - 1 |
| 3 | Cadre | Technical |
| 4 | Pay Level | Pay Level -2 (Rs. 19,900 - 63,200) |
| 5 | Posts | UR- 07, EWS-03, OBC-05, ST-02, SC-02 (Total- 19). (This includes backlog vacancies of EWS-2, ST-2 & OBC-4) |
| 6 | Essential Qualifications & Experience | 12 th or intermediate pass in Science subjects with 55% marks from a Govt. recognized Board and at least one-year Diploma in Medical Laboratory Technology (DMLT) / Computer / Chemical technology / Industrial safety from a government recognized institution. |
| 7 | Upper Age Limit | 28 years |

| Sl.No. | Details of Posts to be filled | |
|--------|--------------------------------------|--|
| 1 | Post Code | LA1 |
| 2 | Name of the post | Laboratory Attendant - 1 |
| 3 | Cadre | Technical |
| 4 | Pay Level | Pay Level-1 (Rs. 18,000 - 56,900) |
| 5 | Posts | UR- 02, EWS-02, ST-02 (Total- 06) (This includes backlog vacancies EWS-02 & ST-02) |
| 6 | Essential Qualification & Experience | 10 th Pass with 50% marks in aggregate from a Govt. recognized board and One year working experience in a Govt. recognized / approved / registered Laboratory or ITI in respective field or trade certificate issued by govt. agencies. |
| 7 | Upper Age Limit | 25 years |

Note: Qualifying marks for written test shall be 50% for UR/OBC/EWS and 40% for SC/ST/PwD/ESM for all posts. Candidates applied for Sl. No. 1 Post of Assistant has to appear for skill test after qualifying CBT (Written Test).

HOW TO APPLY: -

A. The candidates wish to apply for the posts of Assistant, Technician-1 & Laboratory Attendant-1 should submit online application through <https://www.niohrecruitment.org>. No other mode of submission shall be entertained.

B. Applications shall be made through online mode only latest by 11.12.2024 along with non-refundable application fee through online mode of Rs. 1000/- (One thousand only). The SC /ST, Persons with Disabilities (PwD), Ex-Servicemen, Women candidates shall pay concessional rate of Rs. 500/- (Five hundred only) as application fees. Full application fee is payable by UR/OBC/EWS Male candidates. The fee once deposited will not be refunded under any circumstances whatsoever nor can the fee be held in reserve for any other examination or selection.

C. The candidates need to attach/upload the self-attested copies of the following documents online while submitting Application Form: -

(a) Proof of Date of Birth

(b) Proof of Educational Qualifications i.e Mark sheet and Degree certificate from Class-Xth onwards till essential and certificate of diploma in subject/working knowledge of computer.

(c) Proof of Work Experience

(d) Proof of Experience for age relaxation for the candidates working in the Central Government Sector; in the prescribed format (Annexure-A).

(e) Income and Asset Certificate for EWS candidates, in the prescribed format (Annexure-B)

- (f) Proof of Category i.e. SC/ST/OBC/PwD/ESM etc. applicable for Central Govt. Recruitment.
- (g) No Objection Certificate in case serving at Government office. (wherever applicable).
- (h) Declaration to be furnished by OBC Candidates (Annexure-D)
- (i) Details of Experience, in the prescribed format (Annexure-C) for Candidates working in ICMR projects continuously for **Technician 1 and Lab Attendant 1** posts only.
- (j) Appointment letters and joining orders in r/o Project Service in ICMR funded Projects for **Technician 1 and Lab Attendant 1** posts only.
- (k) Disability Certificate for claiming age relaxation as per Annexure G.
- (l) Others.

SELECTION PROCEDURE: -

1. Selection for the said posts will be through a written test only. The written test would be of 100 marks consisting of 100 objective/ MCQ type questions of one mark each for the correct answer. For each wrong answer 0.25 marks will be deducted. All written tests shall be conducted at Ahmedabad and Gandhinagar only. Syllabus of written test shall be published separately.
2. Candidates securing highest marks in the written examination will be selected in order of their merit in the written examination as per DoPT guidelines and subject to fulfilling all the eligibility criteria.
3. **Candidates applied for Sl. No. 1 Assistant post:** Candidates securing qualifying marks in written test shall be called for skill test. However, top 20 candidates as per merit list of written test shall be called first. These candidates have equal opportunity to compete among the top 20 candidates for selection in skill test. In case, none of top 20 qualify skill test then next 20 candidates as per merit shall be called.

OTHER TERMS AND CONDITIONS FOR ALL THE POSTS: -

(A). ECONOMICALLY WEAKER SECTION :- All the terms and conditions in respect of reservation for Economically Weaker Sections (EWSs) in civil posts and services in the Government of India shall be regulated in terms of DoPT OM No. 36039/1/2019 - Estt (Res.) dated 19.01.2018 and OM of even no. dated 31.01.2019 as amended from time to time. Candidates belonging to the EWS category in terms of the above mentioned OMs are required to attach the Income and Asset Certificate issued by Competent Authority, in the prescribed attached format (Annexure-B) at the time of applying for the post. The last date of receipt of applications i.e. 11.12.2024 shall be treated as the crucial date for submitting the Income and Asset Certificate by the candidate. Non submission of such certificate shall be treated as disqualification. **The Income and Asset Certificate should be valid for the year 2024-25.**

(B). AGE LIMIT: -

1. The crucial date for determining the age limit shall be the last date of receipt of applications i.e. **11.12.2024 for all the posts.**

2. No age relaxation will be given to SC/ST/OBC (Non Creamy Layer) candidates applying for the Unreserved posts as per Govt. of India order No.36011/1/98/Estt(Res.) dated 01.07.1998 as amended from time to time.

3. The age relaxation to SC/ST/OBC/ (None Creamy Layer) /PwD/Ex-Servicemen etc. shall be considered as per the DoPT OM No. DoPT-1667569393892 dated: 06.09.2022 as amended time to time.

4. Relaxation of age limit would be permissible to such persons who have a minimum of 40% disability. The candidates need to attach the relevant Disability Certificate, issued by the competent medical authority of the Govt. of India; for claiming age relaxation failing which no age relaxation shall be considered.

5. **For post Sl. No. 2 & 3 only (Technical Cadre):** Candidates working in the ICMR FUNDED PROJECTS continuously shall also be eligible for age relaxation up to five years or equivalent to the project service rendered by them, whichever is less; provided he/she has entered into the project service within the prescribed age limit for the post for which they are applying. The tenure of such candidates in the projects should be in continuation and there should be no gap in different tenures. In case of gap between two project service, the tenure of the first service shall be taken into account for consideration of the age relaxation. The candidates who had worked in the ICMR FUNDED PROJECTS far back and not presently working, shall not be considered for any age relaxation.

6. Central Govt. servants and departmental candidates who have rendered at least three years continuous service under the Central Government are allowed the age relaxation up to the age of 40 years (45 years for SC/ST) for appointment to Group 'C' posts by direct recruitment subject to the usual condition that the Group 'C' posts to which direct recruitment is being made are in the same line or allied cadres and that a relationship could be established that service rendered in the post will be useful for efficient discharge of the duties in other categories of posts.

7. Age concession of 5 years are allowed to Departmental Candidates and Central Government employees for appointment to Group 'B' posts by direct recruitment subject to the usual condition that the Group 'B' posts to which direct recruitment is being made are in the same line or allied cadres and that a relationship could be established that service rendered in the post will be useful for efficient discharge of the duties in other categories of posts.

8. The Central Government Servants/Departmental Candidates and candidates working in the ICMR Funded Projects should submit No Objection Certificate in the prescribed format given in the Annexure-A and C respectively.

(C). TA/DA: - No TA/DA will be paid to attend the Written Test and Skill Test, as applicable. The candidates will have to make their own arrangement.

(D). PROBATION: -

(i). The period of Probation will be 2 years for all the posts from date of joining.

(ii). Other terms and conditions regarding Probation will be as per the rules of ICMR/GOI issued from time to time.

(F). OTHERS: -

1. Date, time and venue of the written test will be communicated to the shortlisted candidates through call letters/admit cards and no enquiry/request in this regard will be entertained. Candidates are advised to visit ICMR and NIOH websites from time- to-time for the updated status of the recruitment process. The syllabus and marking for the written examination shall be uploaded on NIOH website.

2. Any change in the address for communication should be intimated to ICMR-NIOH by the candidate immediately.

3. All the posts carry all India transfer liability. The selected candidates may be posted at any of the Institute/Centre under the control of ICMR and at Centre of the NIOH; located in different parts of the Country. The selected candidates may be asked to report at any of the Institute/Centre of the ICMR or at Centre of the NIOH. No TA/DA shall be considered in this case.

4. Any canvassing by or on behalf of the candidates or to bring political or other outside influence with regard to the selection / recruitment shall be treated as disqualification.

5. The candidates working in the Central/State Govt. Departments / Public Sector Undertakings etc. should submit “No Objection Certificate” failing which the application will be summarily rejected. Advance copies of application shall not be considered valid.

6. The Work Experience Certificate should be issued by the competent authority of the Government recognized/approved/registered Laboratory/Institution etc. and must be clear with Name, Designation, salary/pay scale drawn, period of work experience (From/to), nature of duties performed etc. by the candidate. **Only Post Qualification Experience shall be taken into consideration for award of marks.** The marks awarded in CBT shall be given weightage of 95% and remaining weightage of 5% shall be accorded to post qualification experience.

| Relevant Experience Years | Weightage Marks |
|---------------------------|-----------------|
| >1 and upto 2 years | 1 |
| >2 and upto 4 years | 2 |
| >4 and upto 6 years | 3 |
| >6 and upto 8 years | 4 |
| >8 | 5 |

- **For post Sl. No. 1 (ASST):** The post qualification experience for considering the experience marks should be in Administration/Stores/Accounts and other administrative departments/sections/posts recognized/approved/registered under government only.
- **For post Sl. No. 2 (TECH1) & 3 (LA1):** The post qualification experience for considering the experience marks should be in Research/Lab/Field recognized/approved/registered under government only.

7. Educational Qualifications should be from a Recognized Board/Institute/University of repute.
8. Separate Application Form should be filled for each post.
9. Those Ex-Servicemen who have already secured regular employment under the Central/State Government in Civil Posts after availing the benefit of ex-servicemen quota would be permitted the benefit of age relaxation as admissible for ex-servicemen for securing another employment in any higher post or service under the Central/State Government irrespective of any Group/Post. However, such candidates will not be eligible for the benefit of reservation, if any, for ex-servicemen in Central Government.
10. OBC certificate for the purpose of age relaxation will mean “PERSONS OF OBC CATEGORY NOT BELONGING TO CREAMY LAYER” as defined in DoPT's OM No. 36012/22/93-Estt (SCT) dated 08.09.1993, modified vide OM No. 36033/3/2004- Estt (Res) dated 09.03.2004 and 14.10.2008 and subsequently revised vide OM No.36035/1/2013-Estt.(Res.) dated 27.05.2013. The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also for assuming that the candidate does not fall in the Creamy Layer on the reckoning date. OBC candidates must, therefore, furnish valid and updated OBC certificate in the prescribed format given in Annexure-E which should specifically include the clause regarding “Exclusion from the Creamy Layer”. Non Submission of such certificate shall be treated as disqualification. In order to get age relaxation, they have to furnish a declaration in the prescribed format given in Annexure-D.
11. The OBC (NCL) certificate shall **not be more than one years old** from the last date of receipt of applications i.e. 11.12.2024.
12. The candidates belonging the SC/ST should submit the caste certificate in the prescribed format (Annexure-F).
13. The candidates belonging to the PwD category should submit the Disability Certificate in the prescribed format, as applicable to them (Annexure-G).
14. The applicant applying in response to this advertisement, in their own interest, are advised that they should satisfy themselves regarding their eligibility for the post applied. They must ensure that they fulfill all the eligibility criteria viz. age limit, essential qualifications, experience, reservation etc. as on the last date of receipt of applications i.e. 11.12.2024. In case, at any stage of recruitment or even after appointment, it has come to the notice that any of candidates does not fulfill the required qualifications in respect of the above mentioned eligibility criteria or has furnished any wrong or false or misleading information in the application form or has suppresses any material fact(s) or is not eligible otherwise, his/her candidature will automatically stand cancelled without assigning any reason or notice thereof irrespective of his/her marks obtained in the written test and no enquiry/request/correspondence will be entertained in this regard.
15. The Director, NIOH reserves the right to: -
 - (a) Fix criteria for screening the applications so as to limit the number of Candidates to be called for written test. Merely fulfilling the essential qualification and requisite experience by the candidate does not confer any right to be called for the written test.

(b) Increase/decrease/delete the number of vacancies in any category and at any stage of selection process.

(c) Fill up or not to fill up any/all of the advertised positions without assigning any reasons thereof.

(d) Rectify any inadvertent error or omission in the advertisement, at any stage of the recruitment Process by notifying it on the ICMR/NIOH website.

16. Applicants, in their own interest are advised to remain in touch with the websites of ICMR and NIOH i.e. www.icmr.nic.in and www.nioh.org.in respectively for any information related with the recruitment since beginning till the recruitment process is completed and ICMR/NIOH will not be responsible if any candidate skips any important recruitment information due to not visiting the websites.

17. Any dispute arising under these terms and conditions shall be subject to Ahmedabad jurisdiction only.

18. Hindi version follows. In case of any discrepancy found in Hindi version of advertisement, the contents as given in the English version of Advertisement will be prevailed.

19. In case of any query, please submit on

For Technical matters: sharma.lk@gov.in

For Administrative matters: est1-nioh@icmr.gov.in

Administrative Officer
ICMR-NIOH, Ahmedabad

Annexure-A

(Format of certificate to be submitted by Central Government Employees seeking age relaxation)

(To be produced on the Letter Head of the Department and to be filled by the Head of the Department in which the candidate is working)

It is certified that Shri/Smt/Kum. _____ is a Central Government employee holding the post of _____ in the Pay Scale/Pay Level of Rs. _____ with 03 years regular/continuous service in the grade as _____ w.e.f. _____.

2. There is no objection to his appearing for the post of _____ and document verification for the said recruitment.

Signature _____

Name _____

Designation _____

Tel No _____

Office Seal _____

Government of.....
(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

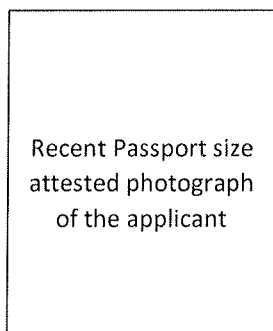
Date: _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____, Village/Street _____ 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)



Signature with Seal of Office _____

Name: _____

Designation: _____

* **Note1** : Income covered all sources i.e. salary, agriculture, business, profession, etc.

** **Note2** : 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.

*** **Note3** : 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.

**EXPERIENCE CERTIFICATE FOR CANDIDATES WORKING IN THE ICMR
PROJECTS**

**(To be produced on the Letter Head of the Institute/Centre and to be filled by
the Head of the Department in which the candidate is working)**

It is certified that Shri/Smt/Kum. _____ is
working at _____ as per the details given below:

| Sl. No. | Period (Initial to latest) | | Designation | Name of the ICMR funded Project | Emoluments Drawn (Rs.) | Remarks |
|---------|----------------------------|----|-------------|---------------------------------|------------------------|---------|
| | From | To | | | | |
| | | | | | | |
| | | | | | | |

Please state whether the candidate has entered into the project service within the prescribed age limit for the post for which the candidate is applying: -
(YES/NO)

There is no objection to his appearing for the post of _____ and document verification for the said recruitment.

Note:- Please attach copies of the appointment letters and joining orders in r/o of each of the above mentioned work experience.

Signature _____
Name _____
Designation _____
Tele No: _____

Office Seal _____

**FORM OF DECLARATION/UNDERTAKING TO BE SUBMITTED BY OBC
CANDIDATE (IN ADDITION TO THE COMMUNITY CERTIFICATE)**

I, _____ Son/Daughter of Shri
_____ resident of village/town/city
_____ District _____
_____ State _____ hereby declare

that I belong to the _____ community
which is recognized as a backward class by the Government of India for the purpose
of reservation in Service admission in Central Govt. institutions as per orders
contained in the Department of Personnel and Training Office Memorandum No.
36012/22/93-Estt.(SCT) dated 08th September, 1993. I also declare that I do not
belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the
Schedule to the above referred Office Memorandum dated 08th September, 1993,
which is modified vide Department of Personnel and Training Office Memorandum No.
36033/1/2013-Estt. (Res.) dated 14th September, 2017

Signature of Candidates: _____

Full Name: _____

Correspondence Address: _____

Place:

Date:

**(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.

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 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 _____ 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.

Performa-V

Form-V

Certificate of Disability(In cases of amputation or complete permanent paralysis of limbs
and in cases 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

(A) 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:-

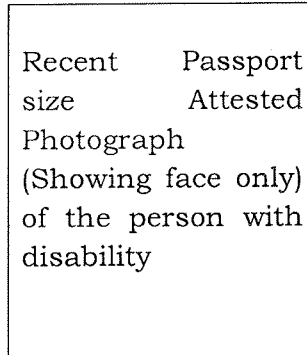
| Nature of Document | Date of Issue * | Details of authority issuing certificate |
|--------------------|-----------------|--|
| | | |

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

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

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

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



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) Ageyears,
male/female..... 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 (.....number and date of issue of the 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. | 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 (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 |
|--------------------|---------------|--|
| | | |

(Authorised 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.

Note: The principal rules were published in the Gazette of India by Ministry of Social Justice and Empowerment vide notification number 489, dated 15.06.2017.