

F.No. 3/2/2015-P&P-I
GOVERNMENT OF INDIA
STAFF SELECTION COMMISSION

COMBINED GRADUATE LEVEL EXAMINATION 2015

CORRIGENDUM

F.No 3/2/2015 –P&P-I Candidates may refer to the Notice of the above mentioned Examination published in the Employment Newspaper/Rozgar Samachar dated 02.05.2015.

ANNEXURE VIII: The format of Disability Certificate at Annexure VIII of the Notice is replaced with revised format attached with this corrigendum.

Other contents of the Notice will remain unchanged.

UNDER SECRETARY (P&P-I)
6th July, 2015

DISABILITY CERTIFICATE

(IN CASE OF AMPUTATION OR COMPLETE PERMANENT PARALYSIS
OF LIMBS AND IN CASES OF BLINDNESS)

(See rule 4)

Recent PP size
Attested Photograph
(showing face only)
of the person with
disability

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

Certificate No.

Date:

This is to certify that I have carefully examined Shri/Smt/Kum _____
Son/wife/daughter of Shri _____ Date of Birth
_____ Age _____ years, male/Female _____

(DD/ MM/ YY)

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
- blindness

(Please tick as applicable)

(B) The diagnosis in his/her case _____

(A) He/She has _____% (in figure)_____ percent
(in words) permanent physical impairment/blindness in relation to
his/her_____ (part of body) as per 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 disability certificate is issued.

DISABILITY CERTIFICATE
(In Case of Multiple disabilities)

(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 I have carefully examined
Shri/Smt/Kum _____ Son/wife/daughter of Shri _____
Date of Birth ____ __ ____ Age _____ years, male/Female _____

(DD/MM/YY)

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 (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S.No.	Disability	Affected part of the body	Diagnosis	Permanent physical impairment/mental disabilities (in %)
1.	Locomotor disability	@		
2	Low vision	#		
3.	Blindness	Both Eyes		
4.	Hearing impairment	\$		
5.	Mental retardation	X		
6.	Mental-illness	X		

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

In figure_____ 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/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

5. Signature and seal of the Medical Authority

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Name and seal of Member
and seal of the

Name and seal of Member

Name

Chairperson

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

DISABILITY CERTIFICATE
(In case other than those mentioned in Forms II and III)

(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 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) for the disabilities (to be specified) and is shown against the relevant
disability in the table below:-

S.No	Disability	Affected part of the body	Diagnosis	Permanent physical impairment/mental disabilities (in %)
1.	Locomotor disability	@		
2	Low vision	#		
3.	Blindness	Both Eyes		
4.	Hearing impairment	\$		
5.	Mental retardation	X		
6.	Mental-illness	X		

(Please strike out the disabilities which are not applicable)

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

3. Reassessment of disability is:

(i) not necessary

Or

(ii) is recommended/after _____ years _____ on ths, and therefore this certificate shall be valid till _____

(DD) (MM) (YY)

@ 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

(Authorised 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 issued by a medical authority
who is not a permanent servant (with seal)}

Signature/Thumb
impression of the person
in whose favour disability
certificate 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 on the District.”