



115-A-12/12/RecH/01/2010 Estt.D.C

Date: 11.11.2022

RECRUITMENT OF TEACHING FACULTY ON A CONTRACTUAL BASIS

Employees' State Insurance Corporation is a statutory body constituted under an Act of Parliament (ESI Act, 1948) and works under the administrative control of the Ministry of Labour and Employment, Government of India. Applications are invited by Employees' State Insurance Corporation proposes to fill up the **Teaching Faculty posts – Associate Professor and Assistant Professor on a Contractual basis for ESIC Dental College, Rohini, New Delhi from the eligible candidates in the prescribed format.**

| | |
|-------------------------------------|--|
| TENTATIVE DATE OF INTERVIEW: | To be notified on ESIC website |
| VENUE FOR INTERVIEW: | ESIC Dental College, Sector-15, Rohini, New Delhi-110089 |
| MODE OF SELECTION | BY INTERVIEW |

The details of vacancies and reservation position are as under:

DETAIL OF VACANCY POSITIONS:

| Speciality | Associate Professor | | | | | Assistant Professor | | | | |
|------------------------------|---------------------|-----|-----------|----|----|---------------------|-----|-----------|----|----|
| | SC | OBC | EWS | ST | UR | SC | OBC | EWS | ST | UR |
| Microbiology | 1 | | | | | | | | | |
| Pharmacology | | 1 | | | | 1 | | | | |
| General Medicine | | 1 | | | | | 1 | | | 1 |
| General Surgery | | 1 | | | | | 1 | | | |
| Anaesthesia | | 1 | | | | | | | | |
| Physiology | | | | | | 1 | | | | |
| Biochemistry | | | | | | | | 1 | | |
| Human Anatomy | | | | | | | 1 | | | |
| Oral & Maxillofacial Surgery | | | | | | | 1 | | | |
| Prosthodontics | | | | | | | 1 | | | |
| Conservative Dentistry | | | | | | 1 | | | | 1 |
| Public Health Dentistry | | | | | | | | | | 1 |
| Total | | | 05 | | | | | 12 | | |

Note: Out of the total 17 vacancies, 02(two) vacancies (01 Vacancy for Associate Professor & 01 Vacancy for Assistant Professor) are reserved for Persons With

Disabilities (PWD) will be filled by horizontal reservation as per Right of Persons with Disability Rules 2017 prescribed of Govt. of India considering the suitability for the post.

NOTE:

- (i) Number of vacancies is provisional and may increase or decrease depending on actual requirements.
- (ii) Candidates with eligibility for a higher post, i.e., Associate Professor, may also apply against a lower post, i.e., Assistant Professor.

TERMS AND CONDITIONS

1) Qualification and Experience:

| | |
|-----------------|--|
| Medical Faculty | As per Teachers Eligibility Qualification in the Medical Institutions Regulations, 2022 dated 14.02.2022 issued by NMC |
| Dental Faculty | As per Dental Council of India BDS Regulations 2007 |

2) Age limit:

| | |
|-----------------|---|
| Medical Faculty | Not exceeding 67 years as on the last date for receipt of application forms |
| Dental Faculty | Not exceeding 62 years as on the last date for receipt of application forms |

3) Consolidated remuneration as on date in different categories is as under:

| | |
|--|---|
| Associate Professor Rs. 152241/- per month | Assistant Professor Rs. 130797/- per month |
| Note: In addition to the pay above, other allowances like transport allowance, and dearness allowance will be as per the ESIC rules. | |

- 4) No Private practice is allowed during the tenure of service in ESIC.
- 5) Candidates with the eligibility of higher post (professor/associate professor) would be permitted to be interviewed against the lower post (associate professor/assistant professor), and in event of selection, the candidate would be considered for placement with suitable up-gradation of the lower post as per eligibility and recommendation of the selection board. The up-gradation would be temporary and would be limited to the tenure of the teaching faculty/appointment of regular faculty in the lower post.
- 6) Retirees from Central/State Govt. /PSU from the equivalent posts are eligible to apply. In addition, persons working in recognized/approved Private Medical Institutions fulfilling eligibility criteria for the post may also apply.
- 7) The candidates have to attach self-attested copies of all the relevant certificates/testimonials for support of date of birth, category-sub-category, educational qualification, teaching experience, paper publications, Pension Payment Order (PPO), etc. with the application form and have to produce originals thereof at the time of interview.

- 8) The contract would initially be for a period of three years at the outset, with a provision of further extension for a period of two years. The maximum tenure of such engagement will not exceed 5 years. Under no circumstances the contract will be allowed beyond 65 years of age for dental faculty and 70 years for medical faculty, whichever is earlier.
- 9) Barring serious misconduct/irregularity, the continuation of the incumbent would be based on a satisfactory annual appraisal.
- 10) The contractual engagement can be terminated by giving one month notice on either side.
- 11) The incumbent would serve the initial first year of the contract, independent of regular faculty joining during this period. However, the contract would be terminable on one month's notice, on joining of regular faculty in the subsequent years of the contract.
- 12) Selected candidates will have to join immediately after receipt of the offer of appointment by Post/by hand.

HOW TO APPLY:

- 1) Application form filled in the prescribed format and duly signed by the candidate (**See Annexure-I**) along with the self-attested copies of all the essential documents in an envelope super scribed "Application for the post of _____ for ESIC Dental College, Rohini, New Delhi should be sent by Registered/Speed Post so as to reach the following address on or before **02nd December, 2022**.

The Dean,
ESIC Dental College & Hospital,
Sector-15, Rohini,
New Delhi-110089

For candidates from Assam, Meghalaya, Arunachal Pradesh, Mizoram, Manipur, Nagaland, Tripura, Sikkim, Ladakh Division of Jammu and Kashmir State, Lahaul and Spiti District and Pangi Sub-Division of Chamba District of Himachal Pradesh, Andaman and Nicobar Islands or Lakshadweep, the last date of receipt of application is **09th December, 2022**.

- 2) Applications received after the last date will not be considered.
- 3) The applicant has to submit the application fee as per the details given below:

| S. No. | Category | Fee Amount |
|--------|---|------------|
| 1 | SC/ST/PWD/Department Candidates/Female Candidates & Ex-Servicemen | Nil |
| 2 | All other categories | Rs. 225/- |

Mode of Payment: The Demand Draft should be with a validity of at least three months, in favor of "ESI Account No. 1-Central", drawn on any scheduled bank payable at New Delhi.

Note:

- (i) The fee, once paid, will not be refunded under any circumstances.

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- (ii) Only demand Draft drawn on any Scheduled Bank will be accepted. Application Fees paid by any other mode will not be accepted.
- (iii) The Demand Draft must be issued after the date of issue of this advertisement
- 4) The following certificates and testimonials should be attached to the application:
- (i) Proof of age (Secondary examination certificate for Date of Birth)
 - (ii) Educational qualification (Graduate, Post Graduate Certificate, & any other)
 - (iii) Medical Council of India/Dental Council of India recognized teaching experience issued by the Head of the Institute or Head of the Department.
 - (iv) Valid MCI/DCI/State Medical Council Registration certificate
 - (v) Research paper, publications
 - (vi) Pension payment order (PPO), in case of retired employees from govt. organizations.
 - (vii) Self-attested copy of Community/Status Certificate in updated Government of India prescribed Format, Sub-category, in case of candidates belonging to SC/ST/OBC category. Candidates claiming reservation/age relaxation on the grounds of belonging to OBC category should submit the valid community certificate prescribed vide Govt. of India, Department of Personnel and Training O.M. No. 36033/1/2013-Estt.(Res.) dated 13.09.2017 along with self-declaration, failing which the benefit of reservation and age relaxation will not be given. **(See Annexure II, III)**
 - (viii) Valid Income and asset certificate to be produced by Economically Weaker Sections duly certified by the competent authority as prescribed vide Govt. of India, Ministry of Personnel, Public Grievances & Pensions, DOPT Office Memorandum No. 36039/1/2019-Estt.(Res) dated 31.01.2019. EWS certificate must be valid for the year 2021-22. **(See Annexure-IV)**
 - (ix) Certificate issued by the competent medical board in respect of Persons with Disabilities. **(See Annexure-V)**
 - (x) NOC if a candidate is employed in Govt. /Semi Govt. /Autonomous bodies etc., from the employer.

General Conditions:

- (a) Crucial date for determining the age limit and other eligibility criteria shall be the closing date for receipt of applications from candidates in India i.e. **02.12.2022**
- (b) Mere submission of an application does not confer any right upon the candidate for being called for the interview.
- (c) These posts will also be advertised for regular selection.
- (d) The verification of documents will be done before the interview.
- (e) The application and the other documents should be arranged in the above-mentioned order, one below the other. Applicants need to carry original documents for verification at the time of the interview.
- (f) If any candidate wishes to apply for more than one post, he/she must apply with separate sets of application forms, documents and testimonials, photographs, and separate demand draft fees for each post applied for.
- (g) Incomplete or unsigned applications or applications received after the due date of receipt of applications will summarily be rejected without any communication to the candidate.

- (h) Wrong declarations/submission of false information or any other action contrary to law shall lead to cancellation of the candidature at any stage. The opportunity of the interview given to candidates will be on a provisional basis.
- (i) Before applying for the post, the candidate should ensure that he/she fulfills the eligibility criteria mentioned above on the crucial date for all purposes. The ESIC Dental College would be free to reject any application at any stage of the selection process if the candidate is found ineligible for the post for which he/she has applied.
- (j) Canvassing in any form will be a disqualification.
- (k) Disqualification – No person:-
- I. who has entered into or contracted a marriage with a person having a spouse living;
OR
 - II. who, having a spouse living, has entered into or contracted a marriage with any person; shall be eligible for appointment to the said posts.
 - III. Provided that the Director-General may if satisfied that such marriage is permissible under the personal law applicable to such person and the other party to the marriage and that there are other grounds for so doing, exempt any person from the operation of this Regulation.
- (l) No TA/DA is admissible for attending the interview.
- (m) The contractual engagement may be terminated/discontinued on either side, giving one-month prior notice to this effect without assigning a reason.

Selection Procedure:

- (i) List of eligible candidates for interview will be uploaded on the website. ((www.esic.nic.in>Health service>Medical Education Institutes>Delhi>ESIC Dental College & Hospital, Rohini, Delhi>Recruitment)). Candidates are requested to check the above-stated website in the 3rd week of December 2022 for necessary updates.
- (ii) Selection of candidates will be made on the basis of the interview conducted by the ESIC Selection Board.
- (iii) The result of the interview shall be published and uploaded on the website and no inquiry or correspondence in this regard will be entertained.
- (iv) Selected candidates will have to join immediately after receipt of offer of appointment (by Post/Email). **“NO SEPARATE INTERVIEW CALL LETTER WILL BE SENT”**

NOTE: In case of any change or modification in the said matter/notification or any subsequent change in the schedule of the interview, the same shall be uploaded on the website Candidates are requested to check the website regularly.

Dated: - 11.11.2022


DEAN

ANNEXURE-I

APPLICATION FORM FOR ENGAGEMENT OF TEACHING FACULTY ON CONTRACTUAL BASIS
IN ESIC DENTAL COLLEGE & HOSPITAL, ROHINI, NEW DELHI

1. Post applied for:
 2. Specialty applied for:
 3. Demand draft particulars:.....
Amount Rs.:
 - Name of issuing bank branch:
 - D.D. No. : Dated:
- Recent Passport
Size
photograph
self-attested
across the lower
part of the
photograph
4. Name in full (**in block letter**):
 5. Father's/ Husband's Name:
 6. Date of Birth (**in figures**):
 7. Religion:
 8. Nationality:
 9. Mailing Address:
 - (a) e-mail.....
 - (b) Mobile No.:
 10. Permanent Address:
 -
 11. MCI/DCI Reg. no.....
 12. Sex (Male/Female).....
 13. Whether Ex-Serviceman (Yes/No).....
 14. Whether ESIC/ Govt. Employee (Yes/No).....

15. Community to which applicant belongs (SC/ST/OBC/Gen).....

16. ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS
(Graduate level onwards) (Attach annexure, if necessary)

| Name & Address of college | University | Duration | | Degree/ Examination Passed | Subjects | Percentage of marks Obtained |
|---------------------------|------------|----------|----|----------------------------|----------|------------------------------|
| | | From | To | | | |
| | | | | | | |
| | | | | | | |

17. DETAILS OF EMPLOYMENT IN (CHRONOLOGICAL ORDER)

Teaching experience certificate to be furnished (Add extra rows if necessary)

| Name of the Institute | Position (s) held | Period of service | | Institution Type (Govt. Pvt.) | Whether Experience recognized by MCI/DCI |
|-----------------------|-------------------|-------------------|----|-------------------------------|--|
| | | From | To | | |
| | | | | | |
| | | | | | |

18. DETAILS OF RESEARCH PUBLICATIONS:

| Serial No. | Name of the Journal With volume and number | Year of Publication | Title of the Research Paper | First / Second/ Other Author |
|------------|--|---------------------|-----------------------------|------------------------------|
| | | | | |
| | | | | |

19. ACADEMIC ATTAINMENTS & ACTIVITIES: (attach supporting documents)

None

List of Enclosures:

- | | |
|-----|-----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |
| 9. | 10. |
| 11. | 12. |
| 13. | 14. |
| 15. | 16. |

I hereby declare that all the statements made in this application are true, complete, and correct to the best of my knowledge and belief.

I understand that in the event of any information being found false or incorrect at any stage, my candidature/appointment shall be liable to be canceled/terminated summarily without notice or any compensation in lieu thereof.

I also confirm that No Objection from the Present Employer for applying this post has been applied for / taken.

Place:

Date:

Signature of the Candidate



FORMAT FOR SC/ST CERTIFICATE

Annexure - II

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 _____ of _____ 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/1st 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.

(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 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 OM No. 36012/22/93-Estt. (SCT,) dated 08.09.1993, O.M. No. 36033/1/2013-Estt.(Res.) dated 13.09.2017.

Date _____

District Magistrate/ Deputy
Commissioner etc.

Seal of Office

*- The Authority issuing the Certificate may have to mention the details of Resolution of Government of India, in which the Caste of candidate is mentioned as OBC.

** - As amended from time to time.

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 Certificate Certificates:

| | |
|------|--|
| i. | District Magistrate / Additional District Magistrate/ Collector/ Deputy Commissioner / Additional Deputy Commission/ Dy Collector / 1 st 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 applicant and or his family normally resides. |

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 / 1st Class Stipendiary 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 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.

Note-III The candidate should furnish the relevant OBC Certificate in the format prescribed for Central Government jobs as per Annexure 'A' above issued by the competent authority on or before the Closing Date as stipulated in this Notice.

Form of declaration to be submitted by the 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 services as per orders contained in Department of Personnel and Training Office Memorandum No 36102/22/93-Estt. (SCT) dated 8-9-1993. It is also declared that I do not belong to persons/ sections/sections (Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum dated 8-9-1993, O.M. No. 36033/3/2004-Estt. (Res.) dated 9th March, 200, O.M. No. 36033/3/2004-Estt. (Res.) dated 14th October, 2008 and OM No. 36033/1/2013-Estt. (Res.), dated: 27th May, 2013; O.M. No. 36033/1/2013-Estt.(Res.) dated 13.09.2017 & subsequent amendment if any.

Signature :

Full Name :

Address

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 _____

Recent Passport size
attested photograph of
the applicant

*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.

G. Srinivasan

Annexure-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:-

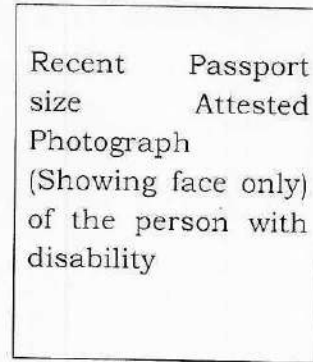
| Nature of Document | Date of Issue | Details of authority issuing certificate |
|--------------------|---------------|--|
| | | |

(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.