APPENDIX III

REGULATIONS RELATING TO THE PHYSICAL EXAMINATIONS OF CANDIDATES

1. Introduction

Civil Services Examination is conducted in terms of the provisions of Civil Services Examination (CSE) Rules notified by Department of Personnel and Training (DoPT), Government of India. Rule 21 of these rules provide that a candidate must be in good mental and bodily health and free from any physical defect likely to interfere with the discharge of his duties as an officer of the service. A candidate, who after such medical examination as the Central Government or the Appointing Authority, as the case may be, may prescribe, is found not to satisfy these requirements, will not be appointed. Any candidate called for the Personality Test by the Commission may be required to undergo medical examination. Thus Medical examination is one of the most important factors for allocation of service and therefore completion of medical examination expeditiously is essential for timely and smooth service allocation.

1.2. These regulations relating to the physical examinations of candidates are published for the convenience of candidates and to enable them to ascertain for themselves their possessing the required physical standard. These regulations are also intended to provide guidelines to the medical examiners conducting the medical examination.

1.3. All kinds of notices and information relating to the medical examination would be posted on the dedicated web page of the DoPT and of the candidate concerned on the DoPT web site. The candidate is advised to check this webpage frequently to get up-to-date information on various matters related to medical examination for the CSE.
2. **Designated Hospitals to conduct Medical Test**

2.1. Medical examination of candidates would be conducted in **seven designated hospitals in Delhi** viz. Safdarjung Hospital, Dr. Ram Manohar Lohia Hospital, Lok Nayak Jai Prakash Narayan Hospital, Succheta Kriplani Hospital, Guru Teg Bahadur Hospital, Deen Dayal Upadhyay Hospital and BR Ambedkar Hospital.

2.2. Lady candidates would be examined **in all** the above mentioned seven hospitals.

2.3. Candidate belonging to Physical Handicapped (PH) Category as per their application for Civil Services Preliminary Examination (CSPE) would be examined in **five hospitals** namely, Safdarjung Hospital, Dr. Ram Manohar Lohia Hospital, LHMC, Guru Teg Bahadur Hospital and Lok Nayak Jai Prakash Narayan Hospital.

2.4. Candidates requiring Appellate Specialized Medical Board for eye conditions may be sent to Guru Nanak Eye Centre, New Delhi.

3. **General Guidelines for all Candidates**

3.1. Candidate will be intimated to present themselves before the Central Standing Medical Board (CSMB) constituted for the purpose of conducting medical examination for determination of his/her mental and physical status and on the basis of this determination a candidate will be recommended as fit/unfit for all services or temporarily unfit or unfit for technical services. The following instructions are to be kept in mind by the candidate while approaching the CSMB:

3.1.1. Before approaching the CSMB for medical examination, candidates are expected to prepare themselves well in advance to avoid any adverse consequences as per instructions detailed below:
a. Candidate should come fasting for 10 hours or more on the day of Medical Examination.
b. Candidate should come without taking any medicine on the day of Medical Examination.
c. Candidate should bring along the spectacles, if any, being used by him/her along with the prescription for the same.
d. Candidate using Contact Lenses should stop using them at least 48 hours before the medical examination.
e. Candidate should bring along Hearing Aid, if any, being used by him/her and its latest audiometry report.
f. Candidate belonging to Physical Handicapped (PH) category is advised to bring along the appliances being used by him/her for his/her disability.
g. Candidate should bring along prescription for any kind of medicine being taken by him/her on regular basis.
h. Candidate should bring along records of any surgical procedure he/she has undergone in the past.
i. Candidate should bring along the ‘Disability Certificate’, if any, issued to him/her by any Disability Medical Board in the past.
j. Any other relevant record a candidate may like to bring to the notice of the Central Standing Medical Board.
k. The candidate will be required to make a statement as per format provided at para- 21 prior to his/her Medical Examination and must sign the Declaration appended thereto.

3.1.2. Candidate is expected to participate and cooperate with the procedure of medical examination as advised by the medical examiner during the course of his/her physical examination. If advised by the medical examiner, he/she has to present himself/herself before any other Medical Board on a given time and date. Leaving the medical examination incomplete would render the candidate liable for cancellation of his/her candidature. The candidate should leave the medical
examination only after obtaining a relieving letter in the prescribed format (Annexure-I) to be issued by the Chairman, CSMB or his authorised representative and is required to keep this in his/her possession as a proof of his/her completing the medical test.

3.1.3. A candidate's medical examination report along with the recommendations could be made available to the candidate after the medical examination by post at the postal address for communication given by the candidate in the application form. This report is also to be published in the dedicated webpage which is accessible only to the candidate concerned through his/her password on DoPT’s website within seven (7) working days from the date of completion of the medical examination.

3.1.4. In case of dissatisfaction/disagreement with the report of the medical examination/medical test and its recommendations, the candidate may prefer an appeal to DoPT in the prescribed format (Annexure-II) either by post or online to reach DOPT within 7 working days from the date of publication of medical report on the website. Candidate filing an appeal against the decision of the CSMB may, if he/she likes enclose medical certificate in support of his/her claim of being fit. The Medical Examination by the Appellate Medical Board would be arranged at Delhi only and no travelling allowance or daily allowance will be admissible for the journeys performed in connection with the medical examination. No fee will be charged for filing an appeal against the findings of the CSMB.

3.1.5. Candidate filing an appeal will be assigned an Appellate Medical Board by the DoPT and he/she will have to present him/her before this Board on the date and time indicated in the notice for the same which will be uploaded in the website on the dedicated page for the candidate concerned. No
separate notice by post would be sent. Failure to appear before the Appellate Medical Board on the appointed day would amount to forfeiture of the opportunity of appeal for the candidate and as a consequence the recommendation of CSMB would be final. The recommendation of this Appellate Medical Board would be final and no appeal would lie against the opinion of this Appellate Medical Board.

3.1.6. As at 3.1.3 above, a candidate's appellate medical examination report along with the recommendations could be made available to the candidate after the medical examination by post at the postal address for communication given by the candidate in the application form. This report is also to be published in the dedicated webpage which is accessible only to the candidate concerned through his/her password on DoPT's website within seven (7) working days from the date of completion of the medical examination.

4. General Guidelines for Candidates belonging to PH category

Physical and mental standards essential for various posts under civil services in case of candidate with physical/mental infirmity are governed by the notifications under PWD Act by the Ministry of Social Justice and Empowerment. The following guidelines may be kept in mind by a candidate belonging to PH category:

i) A candidate would be eligible to apply against services reserved for PH category who suffers permanently from not less than 40 percent of relevant disability. A candidate who wants to avail of the benefit of reservation would have to apply in the prescribed format (Annexure-III) to the competent authority for issue of a 'Disability Certificate'. The Competent Authority to issue Disability Certificate shall be the CSMB constituted in the sub-para 2 by the Central Government or by the State Government consisting of
at least three members out of which at least one shall be a Specialist in the relevant field for assessing locomotor/cerebral/visual/hearing disability, as the case may be. The Competent Authority would assess the degree of disability as per latest guidelines published by Ministry of Social Justice & Empowerment and issue the 'Disability Certificate' to applicant in the format prescribed (Annexure-IV). A candidate holding such a disability certificate would be eligible to apply for Preliminary Examination under CSE, 2014.

ii) Candidates holding a disability certificate issued by a competent authority would be advised to present themselves before the Central Standing Medical Boards (CSMB) in Safdarjung Hospital, Dr. Ram Manohar Lohia Hospital, LHMC, Guru Teg Bahadur Hospital and Lok Nayak Jai Prakash Narayan Hospital, for their medical examination under these Regulations.

iii) These Medical Board shall, after due examination, give a permanent disability certificate in cases of permanent disability. A candidate's medical examination report along with the recommendations could be made available to the candidate after the medical examination by post at the postal address for communication given by the candidate in the application form. This report is also to be published in the dedicated webpage which is accessible only to the candidate concerned through his/her password on DoPT's website within seven (7) working days from the date of completion of the medical examination.

iv) No refusal of 'Disability Certificate' shall be made unless an opportunity of 'being heard' is given to the applicant. On representation by the PH applicant, the CSMB concerned may review its decision having
regard to all the facts and circumstances of the case and pass such orders in the matter as it thinks fit.

v) In case of dissatisfaction/disagreement with the report of the medical examination/medical test and its recommendations, the candidate may prefer an appeal to DoPT in the prescribed format (at Annexure 1) either by post or online to reach DOPT within 7 working days from the date of publication of medical report in the website. Candidates filing an appeal against the decision of the CSMB may, if they like enclose medical certificate in support of their claim of being fit. The Medical Examination by the Appellate Medical Board would be arranged at Delhi only and no travelling allowance or daily allowance will be admissible for the journeys performed in connection with the medical examination. No fee will be charged for filing an appeal against the findings of the CSMB.

vi) Candidate filing an appeal will be assigned an Appellate Disability Medical Board by the DoPT and he/she will have to present him/her before this Board on the date and time indicated in the notice for the same which will be uploaded in the website on the dedicated page for the candidate concerned. No separate notice by post would be sent. Failure to appear before the Appellate Disability Medical Board on the appointed day would amount to forfeiture of the opportunity of appeal for the candidate and as a consequence the recommendation of CSMB would be final. The recommendation of this Appellate Disability Medical Board would be final and no appeal would lie against the opinion of this Appellate Disability Medical Board.
5. **Categories of Services**

The services within the Civil Services Examination have been grouped into Technical and Non-Technical categories as shown below:

**A. TECHNICAL SERVICES:** Following services are treated as Technical Services requiring special medical status in terms of vision, height, chest, chest expansion etc:-

1. Indian Railway Traffic Service (IRTS), Group-'A'
2. Indian Police Service (IPS), Group-'A'
3. Delhi Andaman and Nicobar Police Service (DANIPS), Group-'B'
4. Pondicherry Police Service (PONDIPS), Group-'B'
5. Railway Protection Force (RPF), Group-'A'.

**B. NON-TECHNICAL SERVICES**

6. **Medical Boards- Constitution & Function**

I. The Central Government shall constitute Central Standing Medical Boards (CSMB) in the seven designated hospitals for conduct of medical examination of candidates in CSE.

II. In case of doubt regarding health of a candidate the Chairman of the CSMB may consult a suitable Hospital Specialist in the designated hospital to decide the issue of fitness or unfitness of the candidate for Government Service e.g. if a candidate is suspected to be suffering from any mental defect or aberration, the Chairman of the Board may consult a Psychiatrist, Psychologist, etc. in the designated hospital.

III. When any defect is found it must be noted in the certificate and the medical examiner should state his opinion whether or not it is likely to interfere with the efficient performance of the duties which will be required of the candidate.

IV. The decision of the Chairman of the Central Standing Medical Board (conducting the medical examination of the concerned candidate) about the fitness of the candidate shall be final.

V. In case, the candidate is not satisfied with the findings of the CSMB he/she may file an appeal in which case the Appellate Medical Board (AMB) will conduct the medical examination in case of the concerned candidate.

VI. Appellate Medical Board (AMB) will comprise members who are higher in rank and position vis a vis those included in Central Standing Medical Boards and the same would invariably be headed by HOD.
VII. Government shall constitute CSMB in the five designated hospitals to issue the Disability Certificate in the prescribed form to physically disabled candidates in designated hospitals and also to conduct the regular medical examination of physically disabled candidates in terms of these regulations.

VIII. Government would also constitute Appellate Disability Medical Board (ADMB) for examination of PH candidates on their appeal.

7. **General Guidelines for Medical Boards:**

(a) The following intimation is made for the guidance of the Medical Examination:

i. The standard of physical fitness to be adopted should make due allowance for the age and length of service, if any, of the candidate concerned.

ii. No person will be deemed qualified for admission to the Civil Service who shall not satisfy Government or Appointing Authority as the case may be that he/she has no disease, constitutional affliction, or infirmity of body or mind, making him/her unfit or likely to make him/her unfit for that Service.

iii. It should be understood that the question of fitness involves the future as well as present and that one of the main objectives of medical examinations is to secure continuous effective service, and in the case of candidates for permanent appointment, to prevent early pension or payments in case of pre-mature death. It is at the same time to be noted that the question is one of the likelihood of continuous effective service and the rejection of a candidate need not be advised on account of the presence of a defect which in only a small proportion of cases is found to interfere with continuous effective service.

iv. A Lady Doctor will be co-opted as a member of the Medical Board whenever a woman candidate is to be examined.
v. In case where a candidate is declared unfit for appointment in the Government Service the ground for rejection may be communicated to the candidate and a copy of the complete report may be provided to the candidate under receipt, through DOPT.

vi. In case where a Medical Board considers that a temporary disability disqualifying a candidate for Government Service can be cured by treatment (medical or surgical) a statement to the effect should be recorded by the Medical Board. There is no objection to a candidate being informed of the Board's opinion to the effect by the DoPT and when a cure has been effected it will be open to the DoPT to ask for another Medical Board.

vii. In the case of candidate who is to be declared 'Temporarily Unfit', the period specified for re-examination should not ordinarily exceed six months at the maximum. On re-examination after the specified period, the said candidate should not be declared temporarily unfit for a further period but a final decision in regard to his/her fitness for appointment or otherwise should be given.

viii. CSMB during Medical Examination may refer to any other Specialty Department for opinion, if required.

ix. For Ophthalmic conditions candidate will be referred to Special Ophthalmic Board.

x. Candidates having Disability Certificate and who have applied against Physically Handicapped (PH) Category will be referred to the respective "Specialized Disability Medical Board."

xi. Final opinion will be provided by Chairman of CSMB after taking inputs from any Specialty Department/Specialized Medical Board on case to case basis.

xii. In case a Candidate is not satisfied with the opinion of the Chairman of the CSMB, he may appeal to DOPT as per laid down existing procedure.

xiii. Such Candidates going into Appeal may be referred to the Appellate Medical/ Specialized Disability Medical Board of a designated Hospital other than the one in which previous Medical Examination was conducted.
xiv. On receiving the Appeal the MS of the Hospital will get the Candidate examined by Standing Specialized Medical Board of the particular specialty for which the candidate was made 'Unfit' in the previous Hospital, through Chairman of the CSMB of the Hospital.

xv. Report as submitted by the Chairman of the CSMB will be forwarded to DOPT by the MS of the Hospital.

(b) In the matter of co-relation of age, height and chest girth of candidates of India (including Anglo-Indian race), it is left to the CSMB to use whatever correlation figure are considered most suitable as a guide in the examination of the candidates. If there be any disproportion with regard to height, weight and chest girth, the candidates should be hospitalized for investigation and X-ray of the chest taken and examined before a medical opinion regarding the candidate is given with respect to his/her fitness.

(c) However, for certain services minimum standard for height and chest girth without which candidates cannot be accepted, are as follows:-

<table>
<thead>
<tr>
<th></th>
<th>Height</th>
<th>Chest girth fully expanded</th>
<th>Expansion</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)Indian Railway service (s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>152 cm*</td>
<td>84 cm</td>
<td>5 cm (for men)</td>
<td></td>
</tr>
<tr>
<td>150 cm*</td>
<td>79 cm</td>
<td>5 cm (for women)</td>
<td></td>
</tr>
<tr>
<td>(2) Indian Police Service, Group 'A' post in Railway Protection Force and other Central Police Services Group 'A' &amp; Group 'B'</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>165 cm**</td>
<td>84 cm</td>
<td>5 cm (for men)</td>
<td></td>
</tr>
<tr>
<td>150 cm**</td>
<td>79 cm</td>
<td>5 cm (for women)</td>
<td></td>
</tr>
</tbody>
</table>

*The following relaxed minimum height is prescribed in the case of candidates belonging to Scheduled Tribes and to races such as
Gorkhas, Garhwalis, Assamese, Kumaonis, Nagaland Tribal etc. whose average height is distinctly lower.

**The following relaxed minimum height standard in case of candidates belonging to the Scheduled Tribes and to the races such as Gorkhas, Assamese, Kumaonis, Nagaland are applicable to Indian Police Service and Group 'A,' Group 'B' Police Services and Group 'A' Post in Railway Protection Force.**

<table>
<thead>
<tr>
<th>Men</th>
<th>160 cms.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>145 cms.</td>
</tr>
</tbody>
</table>

8. The candidate's height will be measured as follows:-

He/she will remove his shoes and be placed against the standard with his/her feet together and the weight thrown on the heels and not on the toe or other sides of the feet. He/she will stand erect without rigidity and with heels calves buttocks and shoulder touching the standard; the chin will be depressed to bring the vertex of the head level under the horizontal bar and the height will be recorded in centimeters and parts of a centimeter more than half would be rounded off to one and less than half to zero.

9. The candidate's chest will be measured as follows:-

He/she will be made to stand erect with his/her feet together and to raise arms over his/her head. The tape will be so adjusted around the chest that its upper edge touches the inferior angles of the shoulder blades behind and lies in the same horizontal plane when the tape is taken round the chest. The arms will then be lowered to hang loosely by the side and care will be taken that the shoulders are not thrown upwards or backwards so as to displace the tape. The candidate will then be directed to take a deep inspiration several times and the maximum expansion of the chest will be carefully noted and the minimum and
maximum will then be recorded in centimeters 84-89, 86-93.5 etc. In
correcild the measurements of fractions of less than half a centimeter
should be rounded off to zero and more than half to one.

**N.B.-** The height and chest of the candidates should be measured twice
before coming to a final decision.

**10. The candidate's weight will be measured as follows:-**

The candidate will also be weighed and his weight recorded in
kilograms. Fractions of half a kilogram should be rounded off to zero and
more than half a kilogram should be rounded off to one.

**11. The candidate’s eye-sight will be tested in accordance with
the following rules.**

(a) The result of each test would be recorded.

   (i) **General**—The candidate's eyes will be submitted to a general
   examination directed to the detection of any disease or
   abnormality. The candidate will be **rejected** if he suffers from any
   morbid conditions of eye, eyelids or contiguous structure of such a
   sort as to render or are likely at future date to render him unfit for
   service.

   (ii) **Visual Acuity**—The examination for determining the acuteness
   of vision includes two tests—one for distant the other for near
   vision. Each eye will be examined separately.

(b) There shall be no limit for maximum naked eye vision but the naked
eye vision of the candidates shall however be recorded by the CSMB or
other medical authority in every case, as it will furnish the basic
information in regard to the condition of the eye.

(c) The following standards are prescribed for **distant and near vision**
with or without glasses for different types of services.
(i) The candidates who have Myopia of more than 6.00 D including spherical & cylindrical error should be referred to Special Ophthalmic Board. The SOB will examine the candidate for degenerative changes in retina (indirect ophthalmoscopy as well as direct ophthalmoscopy and if the macular area is healthy then the candidate should be declared fit. If the candidate is having only peripheral degenerative changes which can be treated then the candidate should be declared temporarily unfit till the candidate gets treated. However if degenerative changes are only in periphery and require no treatment then the candidate should be declared fit. 

(ii) For cases of myopia up to 6D fundus examination should be done and if the candidate is having only peripheral degenerative changes which can be treated then the candidate should be declared temporarily unfit till the candidate gets treated. However if degenerative changes are only in periphery and require no treatment then the candidate should be declared fit. This is for both technical services and non-technical services.

(d) Field of Vision: The field of vision shall be tested in respect of all services by the confrontation method. When such test gives unsatisfactory or doubtful result the field of vision should be determined on the perimeter.

Table- Standards for distant & near vision for Class of Service

<table>
<thead>
<tr>
<th></th>
<th>(Technical Services)</th>
<th>(Non-technical Services)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Better eye (corrected vision)</td>
<td>Worse eye</td>
</tr>
<tr>
<td>1</td>
<td>Distant vision</td>
<td>6/6 or 6/9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6/12 or 6/9</td>
</tr>
<tr>
<td>2</td>
<td>Near vision</td>
<td>J1**</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Technical Services)</td>
<td>(Non-technical Services)</td>
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<td>--------------------------</td>
</tr>
<tr>
<td></td>
<td>Better eye (corrected vision)</td>
<td>Better eye (corrected vision)</td>
</tr>
<tr>
<td></td>
<td>Worse eye</td>
<td>Worse eye</td>
</tr>
<tr>
<td>J2 Nil**</td>
<td>J2</td>
<td>Ni** J2</td>
</tr>
</tbody>
</table>

3 Types of corrections permitted
- Spectacles, CL and Refractive Surgery* like Lasik, ICL, IOL etc.
- Spectacles, CL and Refractive Surgery like Lasik, ICL, IOL etc.

4 Limits of refractive error permitted
- No limit. However the candidates who have Myopia of more than 6.00 D including spherical & cylindrical error should be referred to special Myopia Board. The board will examine the candidate for degenerative changes in retina (indirect ophthalmoscopy as well as direct ophthalmoscopy) and if the macular area is healthy then the candidate should be declared fit. If the candidate is having only peripheral degenerative changes which can be treated then the candidate should be declared temporarily unfit till the candidate gets treated. However if degenerative changes are only in periphery and require no treatment then...
(Technical Services) (Non-technical Services)

<table>
<thead>
<tr>
<th>Better eye (corrected vision)</th>
<th>Worse eye</th>
<th>Better eye (corrected vision)</th>
<th>Worse eye</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Colour vision requirements</th>
<th>High Grade</th>
<th>Low Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binocular vision needed</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Squint</td>
<td>Unfit (due to absence of binocular vision)</td>
<td>Fit</td>
</tr>
</tbody>
</table>

* To be referred to Special Ophthalmic Board.

**Near vision for Railway Services viz. IRTS, IRAS, IRPS and RPF is J1 in better eye and J2 in worse eye.

(e) **Night Blindness:** If Night Blindness is detected on History and Fundus examination in any candidate he/she should be examined by the
Special Ophthalmic Board. Condition should be confirmed by Electroretinography (ERG). Night Blindness will be a ground for making a candidate 'Unfit' for Technical Services.

(f) Colour Vision: Colour Vision will be examined with the help of following two techniques:

1. Edrige Green’s Lantern technique:

Colour perception should be graded into higher and lower grade depending upon the size of aperture in the lantern as described in the table below:-

<table>
<thead>
<tr>
<th>Grade</th>
<th>Higher grade colour perception</th>
<th>Lower grade colour perception</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Distance between the lamp and candidate</td>
<td>16 ft</td>
<td>16 ft</td>
</tr>
<tr>
<td>Size of aperture</td>
<td>1.3 mm.</td>
<td>13 mm.</td>
</tr>
<tr>
<td>Time of exposure</td>
<td>5 seconds</td>
<td>5 seconds</td>
</tr>
</tbody>
</table>

2. Ishihara’s Plates.

High grade Colour Vision is required for IPS, Other Police Services, IRTS and RPF.
Low Grade Colour Vision is acceptable for rest of the services under CSE.

(g) Ocular condition other than visual acuity-

(i) Any organic disease or a progressive refractive error involving the macular area of the Retina, which is likely to result in lowering visual acuity, should be considered a disqualification.
(ii) Squint: For technical services where the presence of binocular vision is essential squint, even if the visual acuity in each eye is of the prescribed standard should be considered a disqualification.
For other service the presence of squint should not be considered as a disqualification if the visual acuity is of the prescribed standards. For Railways technical services binocular vision is essential.

(iii) If a person has one eye or if he has one eye which has normal vision and the other eye is amblyopic or has subnormal vision the usual effect is that the person is lacking stereoscopic vision for perception of depth. Such vision is not necessary for many civil posts. The medical board may recommend as fit, such persons provided the normal eye has-

(a) 6/6 distant vision J1 near vision with or without correction with glasses / contact lens/ Refractive surgery like Lasik, ICL, IOL etc.
(b) Has full field of vision.
(c) Normal colour vision wherever required:

Provided the board is satisfied that the candidate can perform all the functions for the particular job in question.

The above relaxed standard of visual acuity will NOT apply to candidates for posts/services classified as "TECHNICAL". The Ministry/ Department concerned will have to inform the medical board that the candidate is for a "TECHNICAL" service or not.

(iv) Contact Lenses: During the medical examination of candidate, the use of contact lenses is not to be allowed. It is necessary that when conducting eye test the illumination of the typed letters for distant vision should have an illumination of 15 foot-candles.

12. Guidelines for Special Ophthalmic Board:-

Special Ophthalmic Board for eye examination shall consist of 3 Ophthalmologists:

(a) Cases where the Medical Board, has recorded visual function within normal prescribed limits but suspects a disease of progressive and
organic nature, which is likely to cause damage to the visual function, should refer the candidate to a Special Ophthalmic Board for opinion as part of the CSMB procedure.

(b) All cases of any type of surgery on eyes, IOL, refractive corneal surgery, doubtful cases of colour defect should be referred to Special Ophthalmic Board.

(c) In such cases where a candidate is found to be having high myopia that is more than 6.00D including spherical and cylindrical error the Central Standing Medical Board should immediately refer the candidates for a Special Board of three Ophthalmologists constituted by the Medical Superintendent of the hospital/A.M.O. with the head of the Department of Ophthalmology of the Hospital or the senior most ophthalmologist as the Chairman of the special Board. The Ophthalmologist/Medical Officer who has conducted the preliminary ophthalmic examination cannot be a part of the Special Board.

(d) The examination by the Special Board should preferably be done on the same day. Whenever it is not possible to convene the Special Board of three Ophthalmologists on the day of the medical examination by the Central Standing Medical Board/State Medical Board, the special Board may be convened at an earliest possible date.

(e) The Special Ophthalmic Board may carry out detailed investigations before arriving at their decision.

(f) The Medical Board's report may not be deemed as complete unless it includes the report of the Special Board for all such cases which are referred to it.

(g) Guideline for reporting on border line unfit cases:

In Border line cases of substandard visual acuity, subnormal colour vision, the test will be repeated after 15 minutes by the Ophthalmologist and in case of any doubt the case may be referred to
special ophthalmic board consisting of three ophthalmologists like high myopia board.

13. Blood pressure

(a) As a general rule any systolic pressure over 140 mmHg. and diastolic over 90 mmHg. should be regarded as suspicious and the candidate should be hospitalized by the Board before giving their final opinion regarding the candidate's fitness or otherwise. The hospitalization report should indicate whether the rise in blood pressure is of a transient nature due to excitement etc. or whether it is due to any organic disease. In all such cases X-ray Chest, ECG, Echocardiography, Haemogram, Fundoscopy, Lipid Profile, KFT, Serum Electrolytes and urine, should be done for evaluation of micro and macro vascular complications. If the Medical Board feels necessary, further specific tests can be done after admission of the candidate. Candidate will be declared 'Fit' only if he/she is free from any complication of Hypertension.

(b) Method of taking Blood Pressure: Standard ISI marked BP instrument should be used as a rule. The measurement should not be taken within fifteen minutes of any exercise or excitement. Provided the patient and particularly his arm is relaxed he may be either lying or sitting. The arm is supported comfortably at the patient's side in a more or less horizontal position. The arm should be freed from the cloth to the shoulder. The cuff completely deflated should be applied with the middle of the rubber over the inner side of the arm and its lower edge an inch or two above the bend of the elbow. The following returns of cloth bandage should spread evenly over the bag to avoid bulging during inflation.

The brachial artery is located by palpation at the bend of the elbow and the stethoscope is then applied lightly and centrally over it below but not in contact with the cuff. The cuff is inflated to about 200 mm. Hg. and then slowly deflated. The level at which soft successive sounds are heard, represents the Systolic Pressure. When more air is allowed to escape the sound will be heard to increase in intensity. The level at which the well heard clear sound changes to soft muffled fading sounds
represents the diastolic pressure. The measurements should be taken in a fairly brief period of time as prolonged pressure of the cuff is irritating to the patient and will vitiate the reading. Rechecking if necessary should be done only a few minutes after complete deflation of the cuff. Sometimes as the cuff is deflated sounds are heard at a certain level, they may disappear as pressure falls and reappear at a still lower level. This silent Gap may cause error in readings.

14. Diabetes Mellitus:

All candidates should be subjected to Fasting Blood Sugar and HbA1C after 8-10 hours/overnight fasting to rule out presence of Diabetes Mellitus. If a candidate is found to be having above normal levels of Blood Glucose and/or HbA1C, he/she will be subjected to following biochemical and radiological tests for evaluation of micro and macro vascular complications of Diabetes Mellitus:

(a) Fasting Blood Sugar with 8-10 hours/overnight Fasting and 2 hours OGTT after 75 gm of Glucose.
(b) Haemogram
(c) Lipid Profile
(d) KFT

For Micro Vascular changes:

(a) Nephropathy- Micro albuminuria.
(b) Retinopathy- Fundus examination and if required FFA
(c) Neuropathy- On clinical examination.
(d) Ultra Sound whole abdomen – if required.

For Macro Vascular changes:

(a) ECG
(b) Doppler for peripheral vascular diseases (Arterial)
(c) TMT – if required
(d) ECHO – if required
Candidate will be declared 'Fit' only if he/she is free from any complication of Diabetes Mellitus.

15. Candidates hearing ability: - The candidate’s hearing in each ear should be good and there should be no sign of disease of the ear. In case it is defective the candidate should be examined by the ear specialist; provided that if the defect in hearing is remediable by operation or by use of a hearing aid a candidate cannot be declared unfit on that account provided he/she has no progressive disease in the ear. This provision is not applicable in the case of Railway Services.

The following are the guidelines for the medical examiner in this regard:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Marked or total deafness in one ear, other ear being normal.</td>
<td>Fit for non-technical jobs if the deafness is up to 30 Decibel in higher frequency.</td>
</tr>
<tr>
<td>2</td>
<td>Perceptive deafness in both ears in which some improvement is possible by a hearing aid.</td>
<td>Fit in respect of both technical and non-technical jobs if the deafness is up to 30 Decibel in speech frequencies of 1000-4000 Hz.</td>
</tr>
<tr>
<td>3</td>
<td>Perforation of tympanic membrane of central or marginal type.</td>
<td>(i) One ear normal other ear perforation of tympanic membrane present. Temporarily unfit. Under improved conditions of Ear Surgery a candidate with marginal or other perforation in both ears should be given a chance by declaring him temporarily unfit and then he may be considered under 4(ii) below. (ii) In candidates where Marginal or attic perforation is present in both ears, if after operation hearing improves to serviceable level (upto 30 dB air conduction threshold in speech frequencies i.e. 1000-4000 Hz in the</td>
</tr>
<tr>
<td>No.</td>
<td>Condition</td>
<td>Fit/Unfit</td>
</tr>
<tr>
<td>-----</td>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Better ear with or without hearing aid</td>
<td>Fit</td>
</tr>
<tr>
<td>2</td>
<td>Central perforation both ears</td>
<td>Temporarily Unfit</td>
</tr>
<tr>
<td>3</td>
<td>Ears with mastoid cavity subnormal hearing on one side/on both sides.</td>
<td>(i) Either ear normal hearing other ear mastoid cavity—Fit for both technical and non-technical jobs. (ii) Candidates having Mastoid cavity in both sides having serviceable hearing even in one ear, with or without hearing aid, should be declared ‘Fit’.</td>
</tr>
<tr>
<td>4</td>
<td>Persistently discharging ear operated/un-operated</td>
<td>Temporarily Unfit for both technical and non-technical jobs.</td>
</tr>
<tr>
<td>5</td>
<td>Chronic Inflammatory/allergic condition of nose with or without bony deformities of nasal Septum</td>
<td>(i) A decision will be taken as per circumstances of individual cases. (ii) If deviated nasal Septum is present with Symptoms—Temporarily Unfit.</td>
</tr>
<tr>
<td>6</td>
<td>Chronic Inflammatory conditions of tonsils and/or Larynx.</td>
<td>(i) Chronic Inflammatory conditions of tonsils and/or Larynx—Fit. (ii) Hoarseness of voice of severe degree if present then Temporarily unfit.</td>
</tr>
<tr>
<td>7</td>
<td>Benign or locally Malignant tumours of the E.N.T.</td>
<td>(i) Benign tumours—Fit (ii) Malignant Tumour—Unfit.</td>
</tr>
<tr>
<td>8</td>
<td>Otosclerosis</td>
<td>If the hearing is within 30 Decibels after operation or with the help of hearing aid—Fit.</td>
</tr>
<tr>
<td>9</td>
<td>Congenital defects of ear, nose or throat.</td>
<td>(i) If not interfering with functions—Fit. (ii) Stuttering of severe degree—Unfit.</td>
</tr>
<tr>
<td>10</td>
<td>Nasal/polyp</td>
<td>Fit</td>
</tr>
</tbody>
</table>
16. All candidates with pregnancy will be 'Fit' for all types of services except the services which require physical training. Those requiring physical training will be declared 'Fit' after confinement.

17. The following additional points should be observed:

(a) that his/her teeth are in good order and that he/she is provided with dentures where necessary for effective mastication (well filled teeth will be considered as sound);
(b) that the chest is well formed and his/her chest expansion is sufficient and that the heart and lungs are sound;
(c) that there is no evidence of any abdominal disease;
(d) that his/her limbs, hands and feet are well formed and developed and that there is free and perfect motion of all joints;
(e) that there is no congenital malformation or defect;
(f) that he/she does not bear traces of acute or chronic disease pointing to an impaired constitution;
(g) that he/she bears marks of efficient vaccination;
(h) that he/she is free from communicable disease. How? (Temporary Unfit?)
(i) Grade-I Haemorrhoids should be declared 'Fit'.
(j) absence of one Testis in the scrotum should be declared 'Fit'. However possibility of undescended testis is to be ruled out.
(k) candidate with varicose veins would be declared temporarily unfit for technical services
(l) diseases such as Hernia, Hydrocele, Varicose Veins, Hemorrhoids etc. which can be cured by surgical means should be declared only 'Temporarily Unfit' and should be declared 'Fit' after successful surgery.
(m) all candidates with malignancies detected at the time of entry into service should be declared 'Unfit'.
(n) all candidates having transplanted organs should be declared 'Unfit' except corneal Transplant.
18. Candidate's statement and declaration:

The candidate must make the statement required below prior to his Medical Examination and must sign the Declaration appended thereto. His attention is specially invited to the warning contained in the Note below: —

DECLARATION BY CANDIDATE

1. Name in full (in block letters as provided in the application for CSE)

2. (a) Date of birth, Age and place of birth

(b) Do you belong to races such as Gorkhas, Garhwalis, Assamese, Nagaland Tribes etc. Answer 'Yes' or 'No'. If the answer is 'Yes' state the name of the race

3. Have you ever undergone any Refractive / Ocular surgery? Yes/No

   (i) If answer is "Yes", what type of surgery and when?

4. Have you ever had any prolonged illness or accident requiring hospitalization? Yes/No.

   (i) If answer to above is yes give details

5. When were you last vaccinated?

6. Have you ever suffered from Hypertension, Diabetes Mellitus, Tuberculosis, HIV, any form of convulsions/seizures (fits) or prolonged breathlessness? Yes/No.

   (i) If answer to above is yes give details

7. Furnish the following particulars concerning your family:

<table>
<thead>
<tr>
<th>Father's age and state of health (if living)</th>
<th>Father's age at death and cause of death</th>
<th>No of brothers living and their age and state of health</th>
<th>No of brothers dead. Their age and causes of death</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

26
<table>
<thead>
<tr>
<th>Mother's age if living and state of health</th>
<th>Mother's age at death and cause of death</th>
<th>No of sisters living and their age and state of health</th>
<th>No. of sisters dead. Their age and causes of death</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Have you been examined by a Medical Board before?
   (i) If answer to the above is "Yes", please state what service/services you were examined for?

9. Who was the examining authority?

10. When and where was the Medical Board held?

11. Result of the Medical Board's examination if communicated to you or if known.

12. The above information, to the best of my knowledge and belief, are true and correct and I shall be liable for action under any relevant law for the time being in force for any material infirmity in the information furnished by me or suppression of relevant material information. The furnishing of false information or suppression of any factual information would be a disqualification and is likely to render me unfit for employment under the Government. If the fact that false information has been furnished or that there has been suppression of any factual information comes to notice at any time during my service, my services would be liable to be terminated.

Candidate's signature
Signed in my presence
Signature of the Chairman of the Board
19. **Report of the Medical Board**

**PROFORMA**

**Part-A:**
Identification details of the candidate as per application for CSE. (to be taken from detailed application form (DAF)).

**Part-B:**
Physical Examination:

1. General development: Good ........ Fair ........ Poor ........
   Nutrition: Thin .......... Average .......... Obese
   Height: .................
   Weight: Best Weight .......... When ........
   Any recent changes in weight ........
   BMI: (BMI >30 temporarily unfit) ........
   Temperature ........
   Girth of chest: (1) After full inspiration ........
   (2) After full expiration ........

2. Skin: (Any obvious disease).

3. Eyes:
   (a) Any disease
   (b) Night blindness
   (c) Defect in colour vision
   (d) Field of vision
   (e) Visual acuity
   (f) Fundus examination -
   (g) Any refractive surgery done and when ........

<table>
<thead>
<tr>
<th>Acuity of vision</th>
<th>Naked eye</th>
<th>With glasses</th>
<th>Strength of glass sph. cyl.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28
4. Ears—Inspection ................
   Hearing :
   
   Right Ear ..................
   Left Ear ...................

5. Glands .................. Thyroid ..................

5. Condition of teeth ..................

7. Respiratory system: (Does physical examination reveal anything abnormal in the respiratory organs). ..................
   If yes explain fully ..................

8. Circulatory System:
   (a) Heart: Any Organic Lesions ..................
   Heart Rates:
   Standing ..................
   After hopping 25 times ..................
   2 minutes after hopping ..................
9. Blood Pressure:

Systolic .................. Diastolic ..................

10. Abdomen:

Girth .................. Tenderness ..................

Hernia ..........................

(a) Palpable: Liver .......... Spleen ..................

Kidneys .................. Mass ..........................

Hemorrhoids ............... Fistula ..................

11. Nervous System: Indication of nervous or mental disabilities

12. Locomotor System: Any abnormality ..........................

13. Genitourinary System:

Any evidence of Hydrocele, Varicocele etc. (for males)

Date of LMP (for females) ..................................

Pelvic Examination (for married females)

14. Is there anything in the health of the candidate likely to render him unfit for the efficient discharge of his duties in the service for which he is a candidate:-

Description of the Defect:-

Opinion of Medical board:-

15. Investigations:
(i) Blood Sugar Fasting ...............  
(ii) HbA1C ....................  
(iii) Chest X-Ray Examination.  
(iv) Urine Analysis:
   (a) Physical appearance ....................  
   (b) Sp. Gr. ..............................  
   (c) Albumin ..............................  
   (d) Sugar ..............................  
   (e) Casts ..............................  
   (f) Cells ..............................  
   (g) Pregnancy test (for married females)  
       ....................................  
   (h) finding about blood test and other parameters to be mentioned?

For special investigations advised for any particular candidate a table as suggested below may be added:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Investigation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

Special recordings will be part of Medical Board’s Report and annexures are not advisable.
**PART-C:**

Examination of PH Category Candidate by Central Standing Medical Board

Examination of Locomotor Disability Cerebral Palsy (LDCP) Candidates

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Parameters</th>
<th>Calculation of %age of disability</th>
<th>Overall %age of disability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Examination of Visually Impaired (VI) Candidates

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Parameters</th>
<th>Calculation of %age of disability</th>
<th>Overall %age of disability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Examination of Hearing Impaired (HI) Candidates

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Parameters</th>
<th>Calculation of %age of disability</th>
<th>Overall %age of disability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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</tbody>
</table>
PART-D:

Recommendation of the Board:-

I. The candidate is “fit for all services” (in case with special exemptions for height, expansion of chest etc, pl specify the reason).

II. The candidate is “unfit for all services” (please give specific reasons)

(a) ................................
(b) ................................
(c) ................................

III. The candidate is “unfit” for specific/all technical services (please give reasons).

(a) ................................
(b) ................................
(c) ................................

IV. The candidate is “temporarily unfit” for all services/specific or all technical services (please give reasons specific to recommendation)

(a) ................................
(b) ................................
(c) ................................

Note 1: The candidate is advised to report to DoPT after correction of their conditions as mentioned above after the expiry of scheduled timeframe without fail for reevaluation of the specific condition. The maximum time provided for any correction cannot be more than 24 weeks under any circumstances. Candidates not reporting within the indicated time are liable to be declared “unfit” on medical grounds.

Date Signature Member
Member
Chairman

Seal of the Medical College.
Annexure – I

(TO BE GIVEN ON THE LETTER HEAD OF THE CONCERNED HOSPITAL)

Ref. No.
New Delhi, Dated:

TO WHOMSOEVER IT MAY CONCERN

Mr./Ms.__________ Roll No. __________
(Rank No.__________) in Civil Services Examination, 2014 has been medically examined in this Hospital on _________ and after completion of all requisite medical tests, he/she has been relieved.

(Signature of the Chairman or his representative of the Central Standing Medical Board)
APPLICATION FORMAT FOR FILING AN APPEAL

To
The Secretary,
Department of Personnel & Training
M/o Personnel, Public Grievances & Pensions
North Block, New Delhi.

[Attention : Under Secretary (AIS-I)]

Subject: - Appeal against the findings of the Central Standing Medical Board (CSMB)

Sir/Madam,

I wish to bring to your notice that I have seen the medical report indicating my medical status as unfit/temporary unfit/unfit for technical services or mismatch in physical requirement and functional classification possessed by me vis-à-vis ascertained by the Central Standing Medical Board (CSMB) has been communicated.

2. I do not agree with the findings of the CSMB and wish to make an appeal for further examination of my medical status by the Appellate Medical Board/Appellate Disability Medical Board.

3. In support of my claim, I wish to enclose the following documents:-

   (i)
   (ii)

4. A date for examination by the Appellate Medical Board/Appellate Disability Medical Board may be intimated.

Yours faithfully,

Encl: As above.

(Name of the Candidate & Sign.)
Roll No. Rank
Email:
Mobile No.
Fax No.
APPLICATION FOR OBTAINING DISABILITY CERTIFICATE BY PERSONS WITH DISABILITIES
(See rule 8)

1. Name .................. (Surname) (First name) (Middle name)
2. Father's name .................. Mother's name ........................................
3. Date of Birth: __________/__________/__________
   (date) (month) (year)
4. Age at the time of application: _______ years
5. Sex: Male/Female
6. Address:
   (a) Permanent address .................................................................
   (b) Current Address (i.e., for communication)
       .................................................................
   (c) Period since when residing at current address
7. Educational Status (Pl. tick as applicable)
   (I) Post Graduate
   (II) Graduate
   (III) Diploma
   (IV) Higher Secondary
   (V) High School
   (VI) Middle
   (VII) Primary
   (VIII) Illiterate
8. Occupation .................................................................
9. Identification marks (I) ........................................ (II) ..................
10. Nature of disability: locomotor/hearing/visual/mental/others
11. Period since when disabled: From Birth/Since year

Annexure -111
(i) Did you ever apply for issue of a disability certificate in the past--- YES/NO
(ii) If yes, details:
   (a) Authority to whom and district in which applied-----------------------------
   (b) Result of application------------------------------------------------------

13. Have you ever been issued a disability certificate in the past? If yes, please enclose a true copy.

Declaration: I hereby declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further, state that if any inaccuracy is detected in the application, I shall be liable to forfeiture of any benefits derived and other action as per law.

(Signature or left thumb impression of person with disability, or of his/her legal guardian in case of persons with mental retardation, autism, cerebral palsy and multiple disabilities)

Date:
Place:
End:

1. Proof of residence (Please tick as applicable)
   (a) ration card,
   (b) voter identity card,
   (c) driving license,
   (d) bank passbook
   (e) PAN card,
   (f) passport,
   (g) telephone, electricity, water and any other utility bill indicating the address of the applicant,
   (h) a certificate of residence issued by a Panchayat, municipality, cantonment board, any gazetted officer, or the concerned Patwari or Head Master of a Govt. school,
   (i) in case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill, etc., a certificate of residence from the head of such institution.

2. Two recent passport size photographs

(For office use only)

Date: Place: Signature of issuing authority Stamp
Form-II

Disability Certificate
(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)
(See rule 4)

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

Certificate No. ____________________________

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 is:__________________________
(\(\wedge\)) He/She has ...................\(\%\) (in figure)................................................ per cent
(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:

<table>
<thead>
<tr>
<th>Nature of Document</th>
<th>Date of Issue</th>
<th>Details of authority issuing certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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 we 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:
4. The applicant has submitted the following document as proof of residence:

<table>
<thead>
<tr>
<th>Nature of Document</th>
<th>Date of Issue</th>
<th>Details of authority issuing certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 disability certificate is issued.
Form-IV

Disability Certificate
(In cases other than those mentioned in Forms II and III)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)
(See rule 4)

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 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:-
<table>
<thead>
<tr>
<th>S. No.</th>
<th>Disability</th>
<th>Affected Part of Body</th>
<th>Diagnosis</th>
<th>Permanent physical impairment/mental disability (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Locomotor disability</td>
<td>@</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Low vision</td>
<td>#</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Blindness</td>
<td>Both Eyes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Hearing impairment</td>
<td>£</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Mental retardation</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Mental-illness</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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)

@ 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:-
<table>
<thead>
<tr>
<th>Nature of Document</th>
<th>Date of Issue</th>
<th>Details of authority issuing certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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 certificate is issued by a medical authority who is not a government 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 of the District.

Note: The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996.
Intimation of Rejection of Application for Disability Certificate  
(See rule 4)

No.______________________  Dated:

To,

(Name and address of applicant for Disability Certificate)

Sub.: Rejection of Application for Disability Certificate

Sir / Madam,

Please refer to your application dated ___ for issue of a Disability Certificate for the following disability:

________________________________________________________________________

2. Pursuant to the above application, you have been examined by the undersigned/ Medical Board on ________, and I regret to inform that, for the reasons mentioned below, it is not possible to issue a disability certificate in your favour:

(i)
(ii)
(iii)

3. In case you are aggrieved by the rejection of your application, you may represent to ______________________, requesting for review of this decision.

Yours faithfully,

(Authorised Signatory of the notified Medical Authority)

(Name and Seal)
Form-V

Intimation of Rejection of Application for Disability Certificate
(See rule 4)

No. __________________________ Dated:

To,

(Name and address of applicant for Disability Certificate)

Sub.: Rejection of Application for Disability Certificate

Sir / Madam,

Please refer to your application dated ______ for issue of a Disability Certificate for the following disability:

____________________________________________________

2. Pursuant to the above application, you have been examined by the undersigned/Medical Board on ______, and I regret to inform that, for the reasons mentioned below, it is not possible to issue a disability certificate in your favour:

(i)
(ii)
(iii)

3. In case you are aggrieved by the rejection of your application, you may represent to __________________________, requesting for review of this decision.

Yours faithfully,

(Authorised Signatory of the notified Medical Authority)

(Name and Seal)

[F. No. 16-02/2007-DD. III]

Dr. ARBIND PRASAD, Jt. Secy.