Form of Medical Certificate to be produced by the Persons with Benchmark Disabilities candidates who seek exemption from appearing in the Typewriting Test

This is to certify that Sh suffering from	***************************************	5	son/daughter/wi	fe of Shrii	S
Clinical diagnosis as a resu her disabilities)	o day	a. All the tax in tag all tay and tay are to the tax to tax and tax	um hair was num jur was aire was also aire was also are was also aire dus aire aire aire.	ties. (Brief description of his	;/
This is a permanent disabilithis disability is likely to in	terfere with Types	writing (spe	cify)		
Photograph of candidate clearly showing face with affected portion of the				Signature of Civil Surgeon Name (Official Stamp Place Date)))
body					

Signature of candidate:

Name: Roll Number:

1.77

passport

attested photograph

size

Recent

Form-V Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)

[See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

		t	Showing he p lisability.	erson	with
Certificate No.		L	Dat		Marie de la companya
This is to certify Date of Birth (male/female	son/wife/da	aughter of Sh	ri		
resident of House No Post Office photograph is affixed a	o W District	ard/Village/Sti State	reet		
 (A) he/she is a case of: locomotor disabited dwarfism blindness (Please tick as applicabited) 	lity		9		
(B) the diagnosis in his	/her case is	nd to the transfer of the second seco			
(C) he/she has permanent locomotor (part of body) a of the guidelines to be s	disability/dwarfis: s per guidelines (m/blindness ir	n relation	to his	/her
The applicant has subn	nitted the following	g document as	proof of r	esidence);-
Nature of Document	of Issue	•	authorit ficate	y i ssui	ing

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

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

2.

Form - VI Certificate of Disability (In cases of multiple disabilities) [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.

Certific	cate No.		*	Date:
This i		s	on/wife/daugh	nined Shri/Smt./Kum. nter of Shri DD/MM/YY)
Age	years, male/fema			/D/ WIWI/ 11)
8		49 <u></u>	•	
Registr	ation No.	р	ermanent res	ident of House No. Post Office
9	Ward/Vil	lage/Street		Post Office
	District	State	e .	whose photograph is
affixed	above, and am satis	fied that:	Committee Commit	brong Brohm 10
***************************************	jene sen e v e ment en en en en e			
(A) he/	she is a case of M	fultiple Dis	ability, His/he	r extent of permanent
physica	l impairment/disa	hility has	heen evaluate	ed as per guidelines
				to be specified) for the
				elevant disability in the
table be		id is snown	against the re	elevant disability in the
table be	stow:			
C N	TBS 1997	1 4.55		
S. No	Disability	Affected		Permanent physical
ŀ		part of		impairment/mental
		body		disability (in %)
1.	Locomotor	@		
	disability			
2.	Muscular			
	Dystrophy			
3.	Leprosy cured		The state of the s	- :
4.	Dwarfism		The second secon	
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	į.		and the second s
	Disability			
13.	Specific Learning	and the second second second		
	Disability			

14.	Autism Spectrum Disorder		
15.	Mentalillness		
16.	Chronic Neurological Conditions		
17.	Multiple sclerosis	ų.	1.
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 words:	ages dear very was part unit you save dur dur not, dury dirt dirt unit w		perce	nt
 This condition is progressive/non-progressi improve. 	ve/likely to	improve	/not likel	y to
3. Reassessment of disability is:				
(i) not necessary,				
or				
(ii) is recommended/after	. years		months,	and
therefore this certificate shall be	valid till	es de se se es		
	(DD)	(MM)	(YY)	
@ e.g. Left/right/both arms/legs	1 10000 1000	60 % 2000000 8 % 0		

£ 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
		188	uing	certificate

5. Signature and seal of the Medical Authority.

							VA CEL		of the Contractor	AV. 5		
Name	and	Seal	of	Name	and	Seal	of	Name	and	Seal	of	the
λ	<i>l</i> ember	•		I	/lember	ė		ij	Chair	perso	n	

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

e.g. Single eye

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

				person with disability
Certific	cate No.	Da	ite:	Name and the second sec
Shri/S	to certify that I have mt./Kum			
son/wi	fe/daughter of Shri			Date
of Rint	h (DD/MM/VV)	•	Δπe	Date years, male/female
OI DIII	Peristration No.	man minimum man section sectin section section section section section section section section	_ ngc	nanent resident of House
Ma	Registration No.	llogo/Stroot	bern	Doot Office
NO	ward/vi	nage/Sueer	Ctata	Post Office
1 1	District _	<u> </u>	State	Post Office , whose hat he/she is a case of
pnotog	raph is affixed abov	ve, and am disabili	sausned t	nat ne/sne is a case of r extent of percentage
physica	al impairment/disal	oility has	been evalu	ated as per guidelines
				s to be specified) and is
	against the relevant			
	-:O	<i>y</i>		
S. No	Disability	Affected	Diagnosis	Permanent physical
		part of	1 -	impairment/mental
		body		disability (in %)
1.	Locomotor	@		The state of the s
1	disability			
2.	Muscular			
	Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim		And the state of t	
6.	Low vision	#		
7.	Deaf	€		
8.	Hard of Hearing	€	Market	
9.	Speech and			
	Language disability	j. J. Long, Statement	* ;	
10.	Intellectual			
and the same and the same	Disability			
11.	Specific Learning			
	Disability	1.	v	and the same of th
12.	Autism Spectrum			
	Disorder	1	was a superior and the superior of the superio	
13.	Mental illness		-	
14.	Chronic	10 00 47		
	Neurological			
1 12 12	Conditions			The state of the s
15.	Multiple sclerosis	(4,		4 :

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 ilkely 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
		iss	uing	certificate
				7

(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

NATIONAL INSTITUTE OF TECHNICAL TEACHERS TRAINING AND RESEARCH TARAMANI, CHENNAI – 600 113.

I, am a candidate who has applied for the post of
Junior Secretariat Assistant (Hindi Typist) would like to avail exemption from the requirement of
appearing and qualifying in Typing Test, in accordance with notice of examination, as I am
permanently unfit to take the Typing Test because of Physical disability. I am herewith attaching a
copy of requisite certificate issued by competent Medical Authority i.e., a civil surgeon of a
Government Health Care Institution. I also undertake that I will produce all these documents in
original during document verification.
Signature:
Name of Candidate:
Application No.:
Date: