



AVIONICS DIVISION, KORWA, AMETHI (UP) -227412

(Advt No. A/137/HR-R/SC-SRD/2022/2

Date: 31st October, 2022

SPECIAL RECRUITMENT DRIVE FOR SC (EX-SERVICEMEN) – 4th ATTEMPT

Hindustan Aeronautics Limited (HAL), a Navratna Central Public Sector Undertaking, is a premier Aeronautical Industry of South East Asia, with 20 Production/Overhaul/ Service Divisions and 10 co-located R&D Centers and one Facility Management Division, spread across the Country. HAL's spectrum of expertise encompasses hi-tech programmes involving a number of state-of-the-art technology, design, development, manufacture, repair, overhaul and upgrade of Aircrafts, Helicopters, Aero-engines, Industrial & Marine Gas Turbines. Accessories, Avionics & Systems and Structural Components for Satellites & Launch Vehicles.

Avionics Division, Korwa, a unit of HAL's vast network invites Applications from eligible Ex-Servicemen candidates of SC Category for the following posts in Non-Executive cadre:-

Sl. No	Name of the post	Scale	No. of Post (Backlog Vacancies)	
			SC	Total
1	Assistant (Clerical) (Ex-Serviceman on contract basis)	D6	02 (Ex-Servicemen)	02

QUALIFICATION

- i) There should be Full time and Regular qualifications from 10th Standard to Post Graduate. Post Graduate University Degree such as MA/M.Sc./M.Com (2 years after 10+2+3) or Equivalent i.e. Equivalent Service Trades / Certificates/Qualifications in the Army/Air force/ Navy.
- ii) Candidates should also possess relevant Professional Certificate of Proficiency in Typing / PC Operations (Minimum 3 months duration).

MINIMUM PERCENTAGE OF MARKS IN QUALIFYING EXAMINATION

- Candidates possessing the all required Qualifications through Regular/Full-Time courses will only be considered. Candidates possessing Part Time/Correspondence/Distance Education/ E-learning **will not be eligible** to apply.
- In order to apply for the post, candidate should have secured minimum 50% marks in aggregate in all the Semesters/years or corresponding CGPA Rating/Gradation in the qualifying examinations.
- Wherever CGPA or letter grade in a qualifying degree is awarded, equivalent percentage of marks should be indicated in the Application Form as per norm adopted by the University/Institute. A certificate to this effect from the respective University/Institute should be submitted at the time of applying for the post.

PROCEDURE FOR SHORTLISTING APPLICATIONS

Percentage of Marks secured in Post Graduate University Degree i.e. MA/M.Sc/M.Com.

Candidates possessing higher qualifications than the required qualification indicated in the Advertisement / Notification against the respective post need not apply. Candidature of such Personnel who possess higher qualifications, than the required qualification indicated in the Advertisement / Notification applying for the post, will be rejected. An undertaking to that effect is to be submitted by the candidates along with application form at the time of applying for the post in the prescribed enclosed format-**Annexure-I**.

- All qualifications possessed by the candidates and Qualifications/Courses being pursued by them at the time of submitting the Application for employment, are to be clearly indicated in the Application Form. In other words, all the qualification already possessed and Qualifications/Courses which are being pursued/currently undergoing are to be indicated in the Application while submitting the same for notified post in HAL.
- Candidates who have passed the required final qualification and obtained the prescribed percentage of marks, as applicable, on **31-10-2022** only need to apply.
- Armed services personnel, who are required to serve for not more than six months (as on **31.10.2022**) for completing the period of service requisite for becoming entitled to be released, are eligible to apply. However, such candidates are required to enclose a certificate issued from the Armed forces in this regard.

UPPER AGE LIMIT & AGE RELAXATION

- Upper age limit as on **31.10.2022** is 33 years (i.e. 28 years + 5 years relaxation for SC/ST) .

Upper age limit in respect of PWD candidates will be relaxed by 10 years over and above the prescribed upper age limit. PWD candidates belonging to a) Visual Impairment-Low Vision(LV), b) Hearing Impairment- Hard of Hearing (HoH) c) Locomotor Disability- One Leg (OL), OA-One Arm, BL-Both Leg, OAL-One Leg/Arm d) Other Disability: LC-Leprosy Cured; DW-Dwarfism; AAV-Acid Attack Victims; & MD-Multiple Disability are eligible to apply. Persons with 40% or more relevant disability only are eligible to apply. Candidates are required to produce Disability Certificate issued by the Competent Authority at the time of Written examination.

- In case of Ex-Apprentices, if age bar would come in the way of the Trainee, the same would be relaxed to the extent of the period for which the Ex-apprentice had undergone training would be given.
- Upper age limit is relaxable by 5 years in respect of the candidates who had ordinarily been domiciled in the State of Jammu & Kashmir during the period 01.01.1980 to 31.12.1989.
- In case of appointments to reserved vacancies, every Ex-Serviceman who has put-in not less than six months continuous service in the Armed Forces of the Union, shall be allowed to deduct the period of such service from his actual age and if the resultant age does not exceed the maximum age limit prescribed for the post or service for which he seeks appointment/employment by more than 3 years, he is deemed to satisfy the condition regarding the age limit.
- Upper age limit in the case of disabled Ex-Servicemen would be relaxed upto 45 years (50 years in the case of personnel belonging to SC/ST Community).
- The maximum Age with all the relaxations should not exceed 56 years as on **31.10.2022**.

TENURE OF ENGAGEMENT

Selected Ex-Servicemen will be engaged on contract basis for a period of one year with effect from the date of joining duty. Depending on performance and Organizational requirement, the Contract service can be extended for one more year. The services of candidates who are engaged on contract basis would be regularized/absorbed, on completion of 02 years/contract period subject to being found suitable for absorption/regularization and availability of vacancies.

SCALE OF PAY AND OTHER ALLOWANCES DURING ENGAGEMENT ON CONTRACT BASIS

Sl. No.	Post	Basic Pay/ Personal Pay (if any) & Special Compensatory Allowance (P.M.)	Other Allowance (P.M.)
1.	Assistant (Clerical) (D6) (Ex-Serviceman on contract basis)	Rs.11050/- Rs.5770/- & Rs.1682/-	DA at the rate of 88.7% as on 01.10.2022 (Revised Annually), Canteen Allowance, Conveyance Reimbursement, Washing Allowance, School Fee, Quarterly Performance Pay, Monthly incentives, LTA for self & family, Leave, Medical facilities & Accommodation, GIS etc.

SCALE OF PAY, PERKS AND ALLOWANCES ON REGULARISATION OF SERVICES OF EX-SERVICEMEN ENGAGED ON CONTRACT BASIS.

On completion of contract period of 1 / 2 years, Ex-Servicemen would be absorbed as Assistant (Clerical) (Scale-D6) in the scale of pay of Rs.23000-3%-95000/-

After absorption, following remunerations would be payable:-

- i) Basic Pay Rs. 23000/-
- ii) DA (Revised Quarterly, current rate of DA 34.8% as on 01.10.2022 of Basic Pay)
- iii) Perks including Canteen Allowance (At the rate of 25% of Basic Pay)
- iv) Korwa Allowance of Rs.1682/- per month
- v) Medical facilities, Accommodation, GSLIS, GIS, Incentives etc.

HEALTH

Medical Examination: Applicants should be of sound health and should meet the medical standards prescribed by the Company. Engagement of selected candidates will be subject to receipt of satisfactory medical report from the Company's Doctor as per the medical standards of the Company. No relaxation in health standards is allowed. The opinion of the Company's Medical Officer in this regard shall be final.

In respect of Persons with Benchmark Disability, the suitability for appointment, in relation to the disability, will be decided on the basis of reports of the Medical Board attached to the Special Employment Exchanges for Physically Handicapped. PWBD candidates will be subjected to pre – employment medical examination with regard to other medical parameters as per the revised standards. PWBDs who are otherwise qualified to hold clerical posts and are certified as being unable to type, by the Medical Board, are to be exempted from typing qualifications

APPLICATION FEE

Application Fee is exempted in case of SC/ST/PWDs & Ex-Apprentices trained under Apprenticeship Act-1961 in HAL, Avionics Division, Korwa/ Candidates sponsored by Employment Exchange, Zilla Sainik Welfare Boards etc.

SHORTLISTING/SELECTION PROCEDURE:

- Provisionally shortlisted candidates meeting the eligibility criteria will be called for Written Test. Written Test will be held at HAL-Avionics Division, Korwa, Distt. Amethi (UP) or at the place as decided by HAL, AD-Korwa. The final selection will be made on the basis of merit in the Written Test. Relaxation in Qualifying marks in Written Test for SC/ST candidates will be given as per rules. Candidates who secured marks less than minimum required marks will be treated as failed in Written Test.
- The date, time & venue for Written Test will be intimated to the shortlisted candidates by E-mail/HAL Website/Post.
- Selection of candidates in the Written Test is provisional and is subject to Document Verification as indicated in terms of Age, Prescribed Educational Qualification, Caste, Disability (Wherever applicable) etc.
- Appointment of selected Candidates is subject to verification of Caste and Character & Antecedents from the concerned authorities, as per Rules of the Company.

GENERAL CONDITIONS

- Only Indian Nationals need to apply. Mere submission of application will not entail right for claiming appointment.
- Age and experience will be reckoned as on **31.10.2022**.
- All required qualifications from 10th Standard to Post Graduation i.e. (10+2+3+2) should be full time/regular. Candidates possessing Part Time/Correspondence/Distance Education/ E-learning **will not be eligible** to apply.
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- Candidates belonging to SC category only are eligible to apply. Candidates are required to produce valid Caste Certificate issued by the Competent Authority in the prescribed format.
- Candidates belonging to PWD Category are required to submit their disability certificate in the prescribed format.
- Before applying, the candidates should satisfy themselves regarding eligibility criteria required for the post.
- Only shortlisted candidates will be called for the selection process.
- Appearance of the shortlisted candidates at any stage of recruitment process is provisional and does not entitle them to claim the post. They will be treated as debarred ab-initio at any stage of the recruitment process, in case they do not fulfill the essential eligibility criteria.

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- Applicant serving in Government/ Semi-government/Public Undertaking should apply through proper channel or should produce No Objection Certificate at the time of written test / document verification. The candidate should not be allowed for document verification unless he produces a 'No Objection Certificate' from his present employer.
- Number of posts / reservation may vary as per the discretion of HAL.
- HAL reserves the right for filling or not filling any of the posts as well as to call or not to call any / all the candidates.
- HAL reserves the right to raise the eligibility criteria to restrict the number of candidates to be called for written test and also fill up the posts or alter the number of posts or cancel the recruitment without assigning any reason.
- Engagement of selected candidates will be subject to receipt of satisfactory Medical Report from the Company's Doctor as per the standards prescribed by HAL as well as satisfactory Character and Antecedents / Caste verification report from the concerned authorities as per rules of the Company and Vigilance Clearance (If applicable).
- HAL will not take the responsibility for any delay in receipt or loss in postal transit of any applications or communication.
- Canvassing in any form or bringing outside influence will be disqualification.
- For any clarification, please contact **Dy. Manager (HR)** on **05368-256151/255062** or write to hr.korwa@hal-india.co.in
- The candidates selected will be required to submit an undertaking for not applying for any transfer/ posting to the other Divisions/Offices of HAL during the period of three years from the date of joining on regular / training/ contract basis.
- Incomplete application forms or the forms which are other than in the prescribed format or do not have self-attested photograph affixed, will be rejected and no correspondence in this regard will be entertained.
- Candidates whose surname have been changed due to marriage etc or is different as per High School and other academic certificates, are required to enclose an affidavit/Gazette notification, as the case may be, while submitting the application.
- Self-attested copies of marks-sheets, experience certificate, caste certificate / Disability Certificate from the Competent Authority (for PWD candidates)/ J&K Domicile certificates, as applicable, must be attached with the application.
- No TA will be paid for attending the Written Test.
- Information regarding the selection, Written Test etc. will be hosted on HAL Website www.hal-india.co.in from time to time.

- At any stage of the selection process, if any information furnished by candidate is found false, his/her candidature will be summarily rejected.
- All qualifications should be from Indian Universities/Institutes recognized by appropriate statutory Authorities in the Country.
- The courts having territorial jurisdiction over HAL, Korwa Division shall have exclusive jurisdiction with respect to any dispute/cause.
- If any particular query is not covered above, candidates can write to HAL through email at **hr.korwa@hal-india.co.in** only. No other methods of Communication will be entertained.
- The vacancies identified are to be filled by external candidates only, through Direct Recruitment. Therefore, the applications of internal candidates (if any) will not be considered.

HOW TO APPLY:

- Interested and Eligible candidates are required to visit HAL Website (www.hal-india.co.in) and download the Application Form from HAL Website along with detailed Web Advertisement.
- Candidates meeting the eligibility criteria may send their applications strictly in the prescribed Application Format printed on A-4 size paper along with self-attested Certificates/Marks Sheet/documents (proof of Age, Qualification, Training, Caste Certificate in prescribed format, Ex-Serviceman discharge book etc.) with recent passport Size Photograph on or before **26.11.2022** to the following address:-

Chief Manager (HR-Recruitment),
Hindustan Aeronautics Limited
Avionics Division, Korwa
PO: HAL-Korwa
District: Amethi (UP)-227 412

- The applications are to be sent only through Ordinary Post/ Registered Post/ Speed Post. Applications received through other modes viz. Fax/E-Mail /Courier etc. will not be accepted.
- The last date for receipt of application is **26.11.2022** Applications received after the due date will not be considered.
- Candidates are requested to compulsorily super-scribe the envelope with the Name of the post they are applying for (i.e. Application for the post of **“Assistant (Clerical) (D6)”**).

DY.GENERAL MANAGER (HR)



HINDUSTAN AERONAUTICS LIMITED

Avionics Division, Korwa

Application Form

SPECIAL RECRUITMENT DRIVE (SC-Ex SERVICEMEN)
(SRD))/SC- 2022 (4th Attempt)

(Please fill the Application form in **CAPITAL LETTERS** only)

Paste
Self-Attested
recent passport
size colour
photograph

APPLICATION FOR THE POST OF

Advt. No. A/137/HR-R/SC-SRD/2022/2 dated----

1	Name (IN BLOCK LETTERS)	
2	Gender	
3	Father's Name	
4	Mother's Name	
5	Date of Birth & Age on	
6	State of Domicile and Nationality	
7	Contact/Mailing Address PIN Code Phone No. (with STD Code)..... Mobile No..... Email ID:	Permanent Address PIN Code Phone No. (with STD Code)..... Mobile No..... Email ID.....

Signature of the Candidate _____

8	Nearest Railway Station		
9	Religion		
10	Were you domicile of J&K during the period from 01.01.1980 to 31.12.1989? (Copy of Certificate to be produced at the time of document verification).	Yes /No	
11	Circle the Category (copy of Certificate to be produced at the time of Document Verification in case of SC/ST/OBC/EWS)	SC / ST/ OBC/ EWS /GEN	
12	Are you a Person with disability (PWD)? If Yes, mention the category of disability (VD/OD/HD) Copy of certificate to be produced at the time of Document verification)	Yes / No VD/OD/HD/Benchmark Disability to be mentioned.	
13	a) Are you an Ex-Serviceman ? If yes, mention the last Rank held and the no. of years served in the Rank. b) Are you Serving Officer in the Armed forces ? If Yes, mention the present Rank and the no. of years completed in the Rank.	Yes / No. Yes / No 	

14	<p>Have you been Interviewed by HAL any time earlier ?. (If yes, please give the details of the post for which you have been interviewed as also date/year/venue. If yes:</p> <p>Post Interviewed</p> <p>Date of Interview</p> <p>Venue of Interview</p>	<p>Yes / No</p> <p>.....</p> <p>.....</p> <p>.....</p>
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15	<p>Are any of your close relatives working in HAL ? If yes, provide details of Name, Designation, Division etc.</p>	
16	<p>Have you ever been a Member/Worker of any Political Party/Organisation or participated in any Political activities ? If "Yes" please give the following details:</p> <p>a) Name of the Political Party/Organisation</p> <p>b) Particulars of Political Activity (if any)</p> <p>c) Period of Membership (from year)/year of participation in Political Activity.</p> <p>d) Nature of Participation in Political Activity.</p> <p>e) Office, If any, held in Political Party.</p>	

17. EDUCATIONAL QUALIFICATION: (Academic and professional- from SSLC onwards)

Name of Qualification with specialization wherever applicable.	Institution / University	Nature of the course (Full Time/Part Time Correspondence)	Duration of the Course	Subjects/ specification	Class / Division	Month & Year of the passing	Percentage obtained*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

(Note: please give full & complete information)

*Where ever CGPA or letter Grade is awarded, equivalent percentage of marks should be indicated as per the norms adopted by the University / Institute. A Certificate from the respective University / Institute to this effect should be attached along with this application form.

18. Details of Training undergone in the last 5 years

Name of Programme	Institution/Organisation	Duration of the Training	
		From (dd/mm/yy)	To (dd/mm/yy)

(Use separate sheets, if required)

19. Professional Experience from the first Job onwards to Current Job, in Chronological order.

SI No.	Designaton	Organisation	Central/Govt. / PSU/Private	Period		Pay Scale / Gross Pay	Reason of the leaving
				From dd/mm/yyyy	To dd/mm/yyyy		

(Note: Please give complete details for the experience profile like Date, Month & Year. Use separate sheets if required).

20. Details Picture of the Position currently held by you. (to be typed in about 100 words on a separate sheet and enclosed to the application with your name legibly written on the top of the paper)

21. No. of years of Post Professional Qualification Experience you possess (in completed years):

22. Present Scale of Pay..... Basic Pay.....

DA.....Gross Pay

23. Date of seniority (From Date in Present Grade/Post)

24. Pay Expected

25. If selected, how soon can you join.

26. Pen picture of professional experience, achievements and significant contribution in the field. (To be typed in about 100 words on a separate sheet and enclosed to the application with your name legibly written on the top of the paper)

27. Details of application fee paid.

Nme of SBI Branch/Bank	Branch Code	Date	Amount

(Copy of Channan “HAL copy” to be enclosed with the application)

DECLARATION

I hereby declare that the above statements are true & complete to the best of my knowledge and belief. I understand that in the event the information is found to be false or incorrect, my candidature/appointment may be considered as terminated without any notice.

Place:

Signature of the Candidate

Date:

Note: The candidate is required to fill up all the columns. Application will be rejected if any column is left blank, not filled or incomplete. No correspondence will be entertained.

The candidate should not attach any documents with the application blank other than the specified one in the application blank.

UNDERTAKING/DECLARATION

From:
(Name & Address of the candidate)

.....

To,
 DGM (HR)
 Hindustan Aeronautics Ltd.
 Avionics Division,
 KORWA

Sir,

Sub: Selection for the post of
 Ref: Advt. No..... Date

I have applied for the above mentioned post vide my application dated On clearing the Written Test held on, I have now been called for the Document Verification.

2. In this connection, I hereby declare that the qualifications possessed by me as on the date of submission of the application are the following (to indicate from SSLC onwards):-

Sl.No.	Qualification Name	Institute /University /Board	Month & year of passing	% of Marks & class obtained	Duration of the Course	Full Time /Part Time /Correspondence

3. Further, I have been pursuing the following qualification as on the date of submission of the application also:

Sl.No.	Qualification Name	Institute /University /Board	Month & year of joining the Course	Duration of the Course	Full Time/ Part Time/ Correspondence	Present status of completion of the course.

4. It is declared that I do not possess any qualification (lower or higher) other than those indicated at Para-2 above. Similarly, I am not pursuing any qualification other than those indicated at para-3 above.

5. I understand that non declaration of any qualification possessed by me will render my selection null & void as and when it comes to the notice of the Company and that my selection will be rejected & service terminated. I also understand that this will be applicable for my entire length of service in the Company.

Signature:

Name :

Place:

Date

**FORM OF CERTIFICATE TO BE PRODUCED BY THE CANDIDATES
BELONGING TO SCHEDULED CASTE/SCHEDULED TRIBE**

This is to certify that Shri/ Shrimathi*/ Kumari* _____ Son/daughter* of _____ of Village/town* _____ in District/Division* _____ of the State/Union Territory* _____ belongs to the _____ Caste/ Tribe, which is recognized as a Scheduled Caste / Scheduled Tribe* under:

- *The Constitution (Scheduled Castes) order 1950
- *The Constitution (Scheduled Tribes) order 1950
- *The Constitution (Scheduled Castes)(Union Territories) order 1950
- *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 areas (Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes orders (Amendment) Act 1976}

- *The Constitution (Jammu and Kashmir) Scheduled Castes order 1956
- *The Constitution (Andaman and Nicobar Islands) Scheduled Tribes order 1959 as amended by the Scheduled Castes and Scheduled Tribes Orders (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 and Diu) Scheduled Castes order 1968
- *The Constitution (Goa, Daman and Diu) Scheduled Tribes order 1968
- *The Constitution (Nagaland) Scheduled Tribes order 1970
- *The Constitution (Sikkim) Scheduled Castes order 1978

2. Shri / Shrimathi / 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)
State / Union Territory

Place _____
Date _____

* Please delete the words, which are not applicable

Note : The term “ Ordinarily resides” used here will have the same meaning as in section 20 of the Representation of the People Act 1950.

Disability Certificate (FORM –V)

(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)

Recent passport size attested photographs (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/YYYY) _____ 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/thumb impression of the person in whose favour certificate of disability is issued

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

**Disability Certificate (Form – VI)
(In case of Multiple Disabilities)**

[See rule 18(1)]

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

Recent passport size attested photographs (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/YYYY) _____ 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 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 is shown against the relevant disability in the table below:

Sl.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 :

1) Not necessary, or

2) Is recommended /after..... year..... months and therefore this

certificate shall be valid till -----

(DD) (MM) (YYYY)

@ 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

Disability Certificate (Form – VII)
(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
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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/YYYY) _____ 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 (.....number and date of issue of the guidelines to be specified) and is shown against the relevant disability in the table below:-

Sl. 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/YYYY).

@ 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 documents 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
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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.