Online applications are invited on the prescribed format for the recruitment to the Non-Faculty posts as per details given hereunder:

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of the post &amp; Pay Level</th>
<th>No. of Vacancies</th>
<th>Adverti-</th>
<th>Name of the post &amp; Pay Level</th>
<th>No. of Vacancies</th>
<th>Adverti-</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>sment Nos.</td>
<td></td>
<td></td>
<td>sment Nos.</td>
</tr>
<tr>
<td>1.</td>
<td>TECHNICAL ASSISTANT (Level – 6, Rs.35400-112400)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bio Technology</td>
<td>-</td>
<td>-</td>
<td>Civil Engineering (reserved for PWD(OH))</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Chemical Engineering</td>
<td>1</td>
<td>1</td>
<td>Information Technology</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Computer Sci. &amp; Enng./CC</td>
<td>1</td>
<td>2</td>
<td>Industrial &amp; Production Engg.</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Mechanical Engineering</td>
<td>1</td>
<td>1</td>
<td>Instrumentation &amp; Control. Enng.</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Electronics &amp; Comm. Engg.</td>
<td>-</td>
<td>1</td>
<td>Electrical Engineering</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Textile Technology</td>
<td>1</td>
<td>-</td>
<td>Mechanical Engineering</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Chemistry</td>
<td>1</td>
<td>-</td>
<td>Electrical Engineering</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Physics</td>
<td>1</td>
<td>-</td>
<td>Mechanical Engineering</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Total:</td>
<td>11</td>
<td>06</td>
<td>Total:</td>
<td>11</td>
<td>06</td>
</tr>
<tr>
<td>2.</td>
<td>SAS ASSISTANT (Level – 6, Rs.35400-112400)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>JUNIOR ENGINEER (Level – 6, Rs.35400-112400)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Civil Engineering</td>
<td>1</td>
<td>1</td>
<td>Electrical Engineering</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Electronics &amp; Comm. Engg.</td>
<td>-</td>
<td>1</td>
<td>Mechanical Engineering</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Textile Technology</td>
<td>1</td>
<td>-</td>
<td>Mechanical Engineering</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Chemistry</td>
<td>1</td>
<td>-</td>
<td>Mechanical Engineering</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Physics</td>
<td>1</td>
<td>-</td>
<td>Mechanical Engineering</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Total:</td>
<td>02</td>
<td>-</td>
<td>Total:</td>
<td>02</td>
<td>-</td>
</tr>
</tbody>
</table>

Adj. No. 02/2023

Adj. No. 03/2023
| 5. | **STENOGRAPHER** (Level – 4, Rs.25500-81100) | 02 | - | - | - | 02 |
| 6. | **SENIOR ASSISTANT** (Level – 4, Rs.25500-81100) | 05 | 01 | - | - | 06 |
| 7. | **SENIOR TECHNICIAN** (Level – 4, Rs.25500-81100) | 02 | - | - | - | 02 |
| 8. | **TECHNICIAN** (Level – 3, Rs.21700-69100) | 07 | 03 | 02 | 00 | 01 | 13 |
| 9. | **JUNIOR ASSISTANT** (Level – 3, Rs.21700-69100) | 08 | 04 | 02 | 01 | 01 | 13 |
| 10. | **OFFICE ATTENDANT** (Level – 1, Rs.18000-56900) | 08 | 04 | 02 | 01 | 01 | 16 |
| Grand Total | 58 | 25 | 11 | 04 | 07 | 105 |

Detailed educational qualification, experience and other criteria for selection to non-faculty positions shall be as per Recruitment Rules-2019. Candidates are advised to carefully go through the details of posts and instructions before applying. The trade/field/subject mentioned specifically for particular department shall only be considered for the respective department. The appropriate trade in ITI/ relevant field in diploma/relevant subject in B.E/B.Tech. etc. for technical cadre posts in various departments as per the Recruitment Rules-2019 can be accessed at following links:

https://www.nitj.ac.in/index.php/nitj_cinfo/pages/813
(Annexure-I & Annexure-II)
The syllabus and selection process for each category of posts can be accessed at following link.

https://www.nitj.ac.in/index.php/nitj_cinfo/pages/813

(Annexure-III & Annexure-IV).

AGE RELAXATIONS

1. The age limit shown in the Recruitment Rules-2019 is the normal age limit and the age is relaxable for SC/ST/OBC/NCL/PwBD/Ex-servicemen as per Govt. of India, DoPT letter No.15012/2/2010-Estt(D) dated 27th March, 2012. The candidates are advised to check & apply as per their relaxation mentioned in this letter dated 27.03.2012 (refer to Annexure- V). The candidates serving in Central Govt./State Govt./ UTs/PSU and Autonomous bodies on regular pay scale shall be considered as departmental candidates as mentioned in the Recruitment Rules, 2019.

2. The NIT Jalandhar employees who are fulfilling minimum educational qualification and experience etc. for a particular post shall be eligible for applying to non-faculty posts irrespective of their age and percentage of marks i.e. the age and percentage of marks shall be relaxed as per clause –B (iii) of Govt. of India, MHRD, New Delhi instructions communicated vide letter no. F -35-5/2018.TS.III, dated 20.02.2019.

3. The employees who are working on adhoc/temporary/contractual/outsource basis as on starting date of filling of online application and have served for at least 2 years (cumulative) at NIT Jalandhar shall be granted age relaxation upto attaining of 50 years of age for applying to the non-faculty posts as a one-time measure. Such contract/adhoc/outsource employees will have to upload working certificate in support of claim issued by the Institute as per record, while applying to the particular post to be issued by the AR (General Administration).

LAST DATE OF SUBMISSION OF ONLINE APPLICATIONS IS 01/03/2023.

Online applications may be uploaded till 12.00 midnight on 01/03/2023, the link for the same will be activated on the Institute website www.nitj.ac.in on 01/02/2023. The candidates need to apply online only. No Hard copy of the application form is required to be sent to the Institute.

Separate online application forms is to be filed for each post. Applicants are advised to apply well in time before the last date of submission of online application forms as to avoid any rush at the closing date. The Institute will not entertain any request regarding non-submission of the online Application form.

The candidates are advised to fill the particulars carefully as the information furnished in the online application form shall be considered final and no request for addition/alternation shall be entertained thereafter.
The application fee (non-refundable) as per following table shall be charged from the candidates of the respective categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Online Facilitation/ processing charges</th>
<th>Examination/ application fee</th>
<th>Total Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>UR/OBC (NCL)/ EWS</td>
<td>500</td>
<td>500</td>
<td>1000</td>
</tr>
<tr>
<td>SC/ST/PwD/Women candidates (all categories)</td>
<td>500</td>
<td>-</td>
<td>500</td>
</tr>
</tbody>
</table>


The application fee shall be paid through online mode only (Debit/Credit Card/Net Banking) while filling the online application form.

Applications without the prescribed fee would not be considered and summarily rejected. No representation against such rejection would be entertained.

**Note 1:** The Institute reserves the right to modify/defer or cancel the advertisement at any stage of processing without assigning any reason.

**Note 2:** The date of birth mentioned in the Online Recruitment Application shall be treated as final. No subsequent request for a change of date of birth will be considered or granted. The candidates must attach the relevant document as proof of age with the application.

**General Instructions**

1. All Qualifications, Experiences and other criteria will be considered as on or before closing date of online application forms.

2. The application form is online and will not be supplied on postal request.

3. All Certificates/diploma/degrees etc. in support of educational qualification mentioned in the application should be awarded by the Board/Institute/University recognized by the Government/other Statutory Bodies. Applicant should upload self-attested copies of certificates in support of their essential qualification, experience, pay drawn details, documentary proof for Date of Birth, Disability Certificate, Caste Certificate, Latest OBC (non-creamy layer) certificate, EWS Certificate etc. Original certificates should be produced at the time of the selection process as well as while joining.

4. Persons serving in Govt. / Semi Govt. / Autonomous Bodies/ PSUs/ Universities / Educational Institutions are required to produce their NOC at the time of document verification failing which their candidature as a departmental candidate will not be considered.

5. All candidates applying for the particular category of posts may ensure their eligibility as per the educational qualification and other criteria as per advertisement. At any stage of recruitment process, if it is found that the candidate is not having requisite/desired qualification as required for particular category of
post, he will not be considered for further participation in the recruitment process. Further, his candidature will be rejected straightway.

6. The Institute also reserves the right to defer or cancel the selection process without assigning any reason thereof. The decision of the Institute in this regard will be final and binding on all the applicants who respond to this advertisement. No interim communication on the status of the application will be entertained.

7. Canvassing in any manner would entail disqualification of the candidature.

8. All information regarding the recruitment process will be provided through the Institute website only. The Institute will not be responsible in any manner if a candidate fails to visit/access the website in time. Candidates are requested to regularly visit the Institute website i.e., www.nitj.ac.in for updated information.

9. The Institute shall retain completed online applications data for non-shortlisted candidates only for three months after completion of recruitment process.

10. If a candidate wishes to apply for more than one post or pay level within a department, he/she needs to apply separately for each post/pay level.

11. The applicant will be responsible for the authenticity of submitted information, other documents and photograph. Furnishing of any false information and/or suppression/concealment of facts shall lead to rejection/cancellation of selection/appointment.

12. All candidates, irrespective of their category may be considered against UR positions, subject to fulfillment of parameters/conditions for UR candidates. However, against the vacancies earmarked for specific categories (SC/ST/OBC-NCL/EWS), only candidates belonging to respective categories shall be considered.

13. For SC/ST (Schedule Caste/Schedule Tribes) Candidates: Candidates belonging to SC/ST category shall have to submit the attested copy of Caste certificate (Annexure-VI) issued by the Competent Authority at the time of document verification.

14. For OBC-NCL (Other Backward Class – Non Creamy Layer) Candidates: Other Backward Classes (OBC-NCL) candidates in particular shall ensure that they possess the OBC-NCL certificate in the prescribed format (issued on or after 1st April 2022) as given in Annexure-VII.

15. For EWS (Economically Weaker Section) Candidates: EWS (Economically Weaker Section) candidates in particular shall ensure that they possess the EWS certificate in the prescribed format (issued on or after 1st April 2022) as given in Annexure-VIII.

Candidates who are not covered under the scheme of reservation for SC/ST/OBC-NCL and whose family gross annual income is below Rs. 8.00 Lakh (Rupees Eight Lakhs only) are to be identified as EWS for benefit of reservation for EWS. The income shall also include income from all sources i.e. salary, agriculture, business,
profession etc. for the financial year prior to the year of application. The income of the financial year 2021-2022 will only be considered. Also, candidates whose family owns or possesses any of the following assets shall be excluded from being identified as EWS, irrespective of family income:

a. 5 acres of agricultural land and above;
b. Residential flat of 1000 sq. ft. and above;
c. Residential plot of 100 sq. yards and above in notified municipalities;
d. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

The candidates applying against the vacancies reserved for EWS must produce valid Income and Asset Certificate issued by Competent Authority. In case of non-compliance to these stipulations, their claim for reserved status under EWS will not be entertained and the candidature/application of such candidates, if fulfilling all the eligibility conditions for General (UR) Category, will be considered under General (UR) vacancies only.

16. For PwBD (Persons with benchmark disability) Candidates:

The Persons with Benchmark Disability (PwBD) shall be required to submit the medical certificate in the prescribed form issued by the competent medical authorities for the purpose of employment as per Govt. of India norms along with their applications. Persons suffering from not less than 40% of the disability shall only be eligible for the benefit of reservation.

A person, who wants to avail the benefit of relaxation will have to submit a Disability Certificate issued by a Competent Authority as per the form V, VI and VII of rule 18(1) under Chapter 7 of Rights of Persons with Disabilities Rules, 2017 dated 15.06.2017. The candidates may refer Annexure-IX(A), IX(B) and IX(C) for the revised formats. The existing certificates of disability issued under the Persons with Disabilities Act 1995 (since repealed) shall continue to be valid for the period specified therein.

The candidates of PwBD category will be considered to be eligible for appointment only if they (after such Medical Examination as the Government or appointing authority, as the case may be, may prescribe) are found to satisfy the requirements of physical and medical standards of the post.

17. The decision of the competent authority in all matters relating to the eligibility of the candidate, screening/skill/written test and selection would be final and binding on all the candidates.

18. Any resultant dispute arising out of this advertisement shall be subject to the sole jurisdiction of the Courts situated at Jalandhar, Punjab only.

Registrar
Annexure-VI

FORMAT FOR SC/ST CERTIFICATE

A candidate who claims to belong to one of the Scheduled Caste or the Scheduled Tribes should submit in support of his/her claim an attested/certified copy of a certificate in the form given below, from the District Officer or the sub-Divisional Officer or any other officer as indicated below of the District in which his parents (or surviving parent) ordinarily reside who has been designated by the State Government concerned as competent to issue such a certificate. If both his parents are dead, the officer signing the certificate should be of the district in which the candidate himself ordinarily resides otherwise than for the purpose of his own education. Wherever photograph is an integral part of the certificate, the Commission would accept only attested photocopies of such certificates and not any other attested or true copy.

(The format of the certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under Government of India)

This is to certify that Shri/Shrimati/Kumari* son/ daughter of _______________________________ of village/town* _______________ in District/Division * _______________________________ of the State/Union Territory* _______________ belongs to the Caste/Tribes ____________________________________________ which is recognized as a Scheduled Castes/Scheduled Tribes* under:—

The Constitution (Scheduled Castes) order, 1950
The Constitution (Scheduled Tribes) order, 1950
The Constitution (Scheduled Castes) Union Territories order, 1951*
The Constitution (Scheduled Tribes) Union Territories Order, 1951*


The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956
The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes order (Amendment Act), 1976*.
The Constitution (Dadra and Nagar Haveli) Scheduled Castes order 1962. The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order 1962@. The Constitution (Pondicherry) Scheduled Castes Order 1964@
The Constitution (Scheduled Tribes) (Uttar Pradesh) Order, 1967 @ The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968@ The Constitution (Goa, Daman & Diu) Scheduled Tribes Order 1968 @The Constitution (Nagaland) Scheduled Tribes Order, 1970@
The Constitution (Sikkim) Scheduled Castes Order 1978@ The Constitution (Sikkim) Scheduled Tribes Order 1978@
The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989@ The Constitution (SC) orders (Amendment) Act, 1990@
The Constitution (ST) orders (Amendment) Ordinance 1991@ The Constitution (ST) orders (Second Amendment) Act, 1991@ The Constitution (ST) orders (Amendment) Ordinance 1996@
The Scheduled Caste and Scheduled Tribe Orders (Amendment ) Act 2002@ The Constitution (Scheduled Caste) Orders(Amendment) Act 2002@
The Constitution(Scheduled Caste and Scheduled Tribe) Orders (Amendment) Act 2002@ The Constitution (Scheduled Caste) Order (Amendment) Act 2007@
%2. Applicable in the case of Scheduled Castes, Scheduled Tribes persons who have migrated from one State/Union Territory Administration.

This certificate is issued on the basis of the Scheduled Castes/ Scheduled Tribes certificate issued to Shri/Shrimati ____ Father/mother of Shri/Srimati/Kumari* ______ of village/town* ______ in District/Division* of the State/Union Territory* who belong to the ___ Caste/Tribe which is recognized as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* issued by the __ dated__.

Shri/Shrimati/Kumari and /or * his/her family ordinarily reside(s) in village/town* __________________________ of ____________ District/Division* __________________ of the State/Union Territory of ______________________.

Signature __________________________

** Designation __________________________

(with seal of office)

Place __________________________

Date __________________________

* Please delete the words which are not applicable. Please quote specific presidential order.

% Delete the paragraph which is not applicable.

NOTE: The term ordinarily reside(s) used here will have the same meaning as in section 20 of the Representation of the People Act, 1950.

** List of authorities empowered to issue Caste/Tribe Certificates:


(ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.

(iii) Revenue Officers not below the rank of Tehsildar.

(iv) Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

NOTE: ST candidates belonging to Tamil Nadu State should submit caste certificate ONLY FROM THE REVENUE DIVISIONAL OFFICER.
(FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA)

This is to certify that Shri/Smt./Kumari __________________________ son/daughter of __________________________ of village/town __________________________

in District/Division __________________________ in the State/Union Territory __________________________ belongs to the __________________________ Community which is recognized as a backward class under the Government of India, Ministry of Social Justice and Empowerment's Resolution No. __________________________ dated __________________________*. Shri/Smt./Kumari __________________________ and/or his/her family ordinarily reside(s) in the __________________________ District/Division of the __________________________ State/Union Territory. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M. No. 36012/22/93-Estt (SCT) dated 8.9.1993**.

District Magistrate: __________________________

Deputy Commissioner etc.: __________________________

Dated:

Seal:

* The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

** As amended from time to time.

Note: The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act,1950.
Annexure-VIII

Government of ...............  

(Name & Address of the authority issuing the certificate)

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No._____________ Date ________________

VALID FOR THE YEAR

This is to certify that Shri/Smt./Kumari__________________________ son/daughter/wife of 

__________________________ permanent resident of ____________________________,  

Village/Street______________ Post Office______________ District______________ in 
the State/ Union Territory______________ Pin Code______________ whose photograph is 
attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her ‘family’** is below Rs. 8 Lakh (Rupees Eight Lakh only) for the financial year __________  

His/ her family does not own or possess any of the following assets ***:

1. 5 acres of agricultural land and above;

II. Residential flat of 1000 sq. ft. and above;

III. Residential plot of 100 sq. yards and above in notified municipalities;

IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari__________________________ belongs to the__________________ caste 
which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

Signature with seal of Office ____________________________

Recent Passport size attested photograph of the applicant

Name__________________________

Designation__________________________
*Note 1: Income covered all sources i.e. salary, agriculture, business, profession etc.

** Note 2: The term ‘Family' for this purpose include the person, who seeks benefit of reservation, his/ her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

***Note 3: The property held by a “Family” in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.
Annexure-IX (A)

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)

Recent passport size attested photograph (Showing face only) of the person with disability.

Certificate No. Date:

This is to certify that I have carefully examined Shri/Smt./Kum. son/wife/daughter of Shri ________________ Date of

Birth (DD/MM/YY) ________________ Age ________________ years, male/female ________________

registration No. ________________ permanent resident of House No. ________________

Ward/Village/Street ________________ Post Office ________________ District ________________

State ________________, whose photograph is affixed above, and am satisfied that:

(A) he/she is a case of:

- locomotor disability
- dwarfism
  (Please tick as applicable)

(B) the diagnosis in his/her case is ________________

(C) 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:-

<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 certificate of disability is issued
Annexure-IX(B)

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

Certificate No. Date:

This is to certify that we have carefully examined Shri/Smt./Kum. _______________ son/wife/daughter of Shri _______________ Date of Birth (DD/MM/YY) _ 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:

<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>Leprosy cured</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Dwarfism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Cerebral Palsy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Acid attack Victim</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Blindness(Single eye)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Low vision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Hard of Hearing</td>
<td></td>
<td></td>
<td>£</td>
</tr>
</tbody>
</table>

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

In figures: __________________________ percent
In words: ........................................................................................................................ percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is:
(i) not necessary, 
or
(ii) is recommended/after .............. years .............. months, and therefore this
    certificate shall be valid till ----- ----- -----

    (DD) (MM) (YY)

@ e.g. Left/right (arms/legs)
£ 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>

5. Signature and seal of the Medical Authority.

<table>
<thead>
<tr>
<th>Name and Seal of Member</th>
<th>Name and Seal of Member</th>
<th>Name and Seal of the Chairperson</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature/thumb impression of the person in
whose favour certificate of disability is issued.
Annexure-IX(C)

Form – VII Certificate of Disability
(In cases other than those mentioned in Forms VII(A) and VII(B) (Name and Address of the Medical Authority issuing the Certificate)
(See rule 18(1))

Recent passport size attested photograph
(Showing face only) of the person with disability

Certificate No. Date:

This is to certify that I have carefully examined

Shri/Smt./Kum. ___________________________ son/wife/daughter of Shri ___________________________
Date of Birth (DD/MM/YY) ______

Age _______ years, male/female _______ Registration No.
permanent resident of House No. __________ Ward/Village/Street
Post Office __________ District
State ___________, whose photograph is affixed above, and am satisfied that he/she is a case of disability. His/her extent of percentage physical impairment/disability has been evaluated as per guidelines ( .......... number and date of issue of the 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>Muscular Dystrophy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Leprosy cured</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Cerebral Palsy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Acid attack Victim</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Low vision</td>
<td>#</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Deaf</td>
<td>€</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Hard of Hearing</td>
<td>€</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Speech and Language disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Intellectual Disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Specific Learning Disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Autism Spectrum Disorder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Mental illness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Chronic Neurological Conditions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
15. Multiple sclerosis
16. Parkinson's disease
17. Haemophilia
18. Thalassemia
19. Sickle Cell disease

(Please strike out the disabilities which are not applicable)

2. The above condition is progressive/non-progressive/likely to improve/not likely to improve.
3. Reassessment of disability is:

(i) not necessary, or

(ii) is recommended/after _______ years ___________ months, and therefore this certificate shall be valid till (DD/MM/YY) ___

@ - eg. Left/Right/both arms/legs

# - eg. Single eye/both eyes

€ - eg. Left/Right/both ears

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

<table>
<thead>
<tr>
<th>Nature of document</th>
<th>Date of issue</th>
<th>Details of authority issuing certificate</th>
</tr>
</thead>
</table>

(Authorized 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