

भारत

सरकार
सीमाशुल्क आयुक्त का कार्यालय

सीमाशुल्क गृह, कोच्चिन, भारत 682009

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GOVERNMENT OF INDIA
OFFICE OF THE COMMISSIONER OF CUSTOMS
CUSTOM HOUSE, W/ISLAND, COCHIN- 682009

टेलीफोन 0484-2666861 to 2666864
Telephone 0484-2666774 / 2666776
Control Room 0484-2666422

Sevottam compliant



An IS 15700 certified Custom House

नियुक्ति प्रस्ताव OFFER OF APPOINTMENT

F.No. S45/03/2017 Estt Cus

तारीख Dated: 16.02.2017

विषय: कर्मचारी चयन आयोग (संयुक्त स्नातक स्तरीय परीक्षा, - 2015) के जरिये सीमाशुल्क गृह, कोच्चिन में कर सहायक के कैडर में नियुक्ति - संबन्धित।

Sub: Appointment to the cadre of Tax Assistant in Custom House, Cochin through Staff Selection Commission (Combined Graduate Level Examination, 2015) - Reg.

सूचित किया जाता है कि कर्मचारी चयन आयोग ने निम्नलिखित अभ्यर्थियों को परीक्षा आधार पर सीमाशुल्क गृह, कोच्चिन में वेतन मैट्रिक्स के लेवल 4 में 25,500/- रु. के मूल वेतन तथा नियमानुसार ग्राह्य सामान्य भत्तों के साथ कर सहायक के रूप में नियुक्त करने की सिफारिश की है। नियुक्ति पूर्ण रूप से अस्थायी है और अभ्यर्थी की सेवा को किसी भी समय बिना कोई कारण बताए या यदि अभ्यर्थी के शारीरिक रूप से सक्षम नहीं पाए जाने पर समाप्त किया जा सकता है।

It is hereby informed that the Staff Selection Commission has sponsored the following candidates for appointment as Tax Assistant on probation in Custom House, Cochin, in level 4 of Pay Matrix with Basic Pay of Rs 25,500/- and usual allowances admissible under the rules. The appointment is purely temporary and the services of the candidate are liable to be terminated any time without notice and without assigning any reasons or if the candidate is found physically unfit.

क्र.सं. Sl.No	अभ्यर्थी का नाम Name of the candidate सर्वश्री/श्रीमती S/Shri/Smt
1.	वेगुरु प्रियतमरेड्डी Veguru Priyathamreddy
2.	राहुल कुमार Rahul Kumar
3.	श्याम ओ. Shyam O

2. नियुक्ति, अभ्यर्थी द्वारा भारत के संविधान के प्रति "निष्ठा का शपथ" लेने और संलग्न फार्म में केंद्र या राज्य सरकार के दो राजपत्रित अधिकारियों या वैतनिक मेजिस्ट्रेटों से आचरण प्रमाणपत्र प्रस्तुत करने तथा संलग्न फार्म में अभ्यर्थी द्वारा इस आशय की घोषणा करने पर कि उसके एक से अधिक पत्नी जीवित नहीं है, निर्भर करेगी, उसकी नियुक्ति इससे संबंधित अपेक्षाओं के लागू होने से उसे छूट दिए जाने पर निर्भर करेगी। अभ्यर्थी को एक सिविल सर्जन के स्तर के चिकित्सक से स्वस्थता प्रमाणपत्र भी प्रस्तुत करना होगा।

The appointment is subject to the candidates taking "Oath of Allegiance" to the Indian Republic and production of certificate of character, in the enclosed form from two Gazetted officers of the Central or State Government or Stipendiary Magistrates and to the submission of declaration in the enclosed form by the candidate that he has not more than one wife living, the appointment will be subject to his being exempted from the enforcement of the requirement in this behalf. The candidate should also produce a certificate of fitness from a physician not below the rank of a Civil Surgeon.

3. अभ्यर्थी को यह भी सूचित किया जाता है कि यदि वे नियुक्ति का प्रस्ताव स्वीकार करते हैं, तो वे समय-समय पर संशोधित केंद्र सरकार के रोजगार में वरिष्ठ/कनिष्ठ सेवाओं के लिए निर्धारित नियमों एवं विनियमों द्वारा शासित होंगे और उनसे अपेक्षा की जाती है कि वे इन निर्धारित प्रावधानों से परिचित हों। इसके अलावा, स्थाई करने पर विचार करने से पहले उनको निर्धारित विभागीय परीक्षाएं तथा नियमों के अधीन कोई अन्य परीक्षाएं उत्तीर्ण करनी होंगी। वे सी.सी.एस. (अवकाश) नियम, 1972 द्वारा शासित होंगे और यदि उनको अंततः स्थाई किया जाता है, तो वे नई निश्चित अंशदायी पेंशन प्रणाली (डीसीपीएस) द्वारा शासित होंगे।

The candidate is also informed that if he accepts the offer, he will be governed by the Rules and Regulations prescribed for the conditions of services of Superior / Inferior servants in the employment of the Central Government as amended from time to time and that he is expected

to acquaint himself with the prescribed provisions. Further he will be required to pass the Departmental Examination prescribed for the post within two years from the date of joining duty failing which he is liable for suitable action as stipulated in the Departmental Examination Rules. He will be governed by the C.C.S (Leave) Rules 1972 and if he is eventually confirmed, he will be governed by the new Defined Contributory Pension Scheme (DCPS).

4. यदि अभ्यर्थी अनुसूचित जाति/अनुसूचित जनजाति/अन्य पिछड़ा वर्ग से संबंधित हैं, तो उनको निर्धारित फार्म (प्रति संलग्न) में अनुसूचित जाति/अनुसूचित जनजाति/अन्य पिछड़ा वर्ग प्रमाणपत्र प्रस्तुत करना होगा।
In case the candidate belongs to Scheduled Castes /Scheduled Tribe Community/ Other Backward Community he should produce the Scheduled Castes / Scheduled Tribe Community/ Other Backward Community Certificate in the prescribed form (Copy enclosed).
5. अभ्यर्थी को यह भी सूचित किया जाता है कि किसी अन्य कार्यालय, चाहे वे सरकारी हो या कोई दूसरा, में रोजगार के लिए उनके आवेदन पत्र साधारण रूप से अग्रेषित नहीं किया जाएगा। किसी भी मामले में ऐसे आवेदन उचित माध्यम से आगे प्रेषित करने के लिए (यदि अनुमति प्रदान की जाती है) सीमाशुल्क आयुक्त को प्रस्तुत करना चाहिए और इन कार्यालयों को सीधे नहीं भेजेना चाहिए।
The candidate is also informed that his application for employment to other offices, whether Government or otherwise will not ordinarily be forwarded. Such applications should in any case, be submitted to the Commissioner of Customs through the proper channel for onward transmission (if permission is granted) and not direct to these offices.
6. यदि अभ्यर्थी द्वारा दी गई कोई घोषणा या सूचना गलत पाई जाती है या अभ्यर्थी द्वारा जानबूझकर कोई महत्वपूर्ण जानकारी छिपाई जाती है, तो उन्हें सेवा से निकाल दिया जा सकता है या उन पर ऐसी कोई कार्रवाई की जा सकती है, जो सरकार उचित समझे।
If any declaration given or information furnished by the candidate proves to be false or if the candidate is found to have willfully suppressed any material information, he will be liable for removal from service and such other action, as Government may deem necessary.
7. यदि अभ्यर्थी उपर्युक्त शर्तों पर नियुक्ति स्वीकार करते हैं, तो उनको दिनांक 06.03.2017 या इससे पहले अपर आयुक्त (पी एवं वी), सीमाशुल्क गृह, कोचिन के समक्ष झूठी के लिए रिपोर्ट करना चाहिए। अस्वीकृति के बारे में लौटती डाक से सूचित किया जाए। यदि कोई उत्तर नहीं मिलता है या अभ्यर्थी निर्धारित तारीख को झूठी के लिए रिपोर्ट करने में असफल रहता है, तो नियुक्ति प्रस्ताव को रद्द माना जाएगा। विभाग में कार्यभार संभालने के लिए कोई यात्रा भत्ता नहीं दिया जाएगा।
In case the candidate accepts the post on the above conditions, he should report for duty to the Addl. Commissioner (P&V), Custom House, Cochin on or before 06.03.2017. Non acceptance should be intimated by return of post. If no reply is received or the candidate fails to report for duty by the prescribed date, the offer of appointment will be treated as cancelled. No traveling allowance will be allowed for joining the Department.
8. कार्यभार ग्रहण के लिए उन्हें निम्नलिखित दस्तावेज मूल एवं प्रतिलिपियों में अपने साथ लाने होंगे।
At the time of joining the candidates should bring the following documents in original as well as in copy.
 - a) जन्म की तारीख के समर्थन में दस्तावेजी सबूत।
Documentary evidence in support of Date of Birth.
 - b) शैक्षणिक योग्यता के संबंध में दस्तावेजी सबूत।
Documentary evidence in support of Educational Qualification.
 - c) अ.जा/अ.ज.जा./अ.पि.व. के मामले में जाति प्रमाणपत्र
Caste Certificate in case of SC/ST/OBC.
 - d) केंद्र या राज्य सरकार के दो राजपत्रित अधिकारियों या वैतनिक मजिस्ट्रेटों से आचरण संबंधी प्रमाणपत्र।
Certificate of Character from two Gazetted officers of the Central or State Government or Stipendiary Magistrates
 - e) सिविल सर्जन के स्तर के चिकित्सक से स्वस्थता प्रमाणपत्र।
Certificate of fitness from a physician not below the rank of a Civil Surgeon.
 - f) राज्य/केंद्र सरकार/सार्वजनिक क्षेत्र के उपक्रम आदि में वर्तमान में कार्यरत अभ्यर्थियों के मामले में पिछले नियोक्ता से सेवामुक्ति प्रमाणपत्र। प्रमाणपत्र इस नियुक्ति प्रस्ताव के संदर्भ में प्राप्त करना चाहिए।

Discharge Certificate from previous employer in case the candidate is employed in any of the offices under the State/ Central Government / Public Undertaking presently. The certificate should be obtained with reference to this Offer of Appointment.

9. अभ्यर्थी द्वारा निर्धारित फार्म में (प्रति संलग्न) निकट संबंधों के बारे में सूचना प्रस्तुत की जानी चाहिए। The information in respect of close relations should be produced by the candidate in the form prescribed (Copy enclosed).
10. अनुप्रमाणन फार्म (संलग्न) **तीन प्रतियों में** विधिवत् भर कर कार्यभार संभालने के समय प्रस्तुत किया जाए। The attestation form (enclosed), **in triplicate**, may be duly filled and produced at the time of joining
11. अभ्यर्थी को यह भी सूचित किया जाता है कि नियुक्ति अस्थायी है और यह जन्म की तारीख/शैक्षणिक योग्यता/आचरण एवं पूर्ववृत्त, जाति/जनजाति प्रमाणपत्रों के उचित माध्यमों के जरिए सत्यापित किए जाने पर निर्भर होगी और यदि सत्यापन में यह पता चलता है कि कोई भी दावा गलत है, तो उनकी सेवाएं बिना कोई कारण बताए समाप्त की जाएंगी और फर्जी प्रमाणपत्र प्रस्तुत करने के मामले में उन पर बिना किसी पक्षपात के भारतीय दंड संहिता के प्रावधानों के तहत कार्रवाई की जाएगी।
The candidate is also informed that the appointment is provisional and is subject to verification of Date of Birth/Educational Qualification/ Character & Antecedents, Caste/Tribe certificates being verified through the proper channels and if the verification reveals that any of the claim is false, his services will be terminated forthwith without assigning any further reasons and without prejudice to such further action as may be taken under the provisions of the Indian Penal Code for production of false certificates.

Sd/-

(अनीष पी. राजन ANEISH P RAJAN)

उप सीमाशुल्क आयुक्त (स्था.)

DY. COMMISSIONER OF CUSTOMS (ESTT.)

संलग्न Encl: उपर्युक्त के अनुसार As above.

सीमाशुल्क गृह की वेबसाइट पर प्रकाशित करने के लिए / To be published in the CH website.

To:

1. Shri Veguru Priyathamreddy
H No 26-11-48
Dandora Colony
KPHB Road, Nellore Dist
Andhra Pradesh 524 004.
2. Shri Rahul Kumar
S/O Jagdish Prasad
Moh- Sonar Toli
PO+PS-Sasaram
Rohtas , Bihar 821 115.
3. Shri Shyam O
No 4419
LIG II
MMDA Mathur
Chennai 600 068.

CASTE CERTIFICATE

This is to certify that Shri/Smt/Kum son/daughter of Shri. 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 / Other Backward Classes under the Scheduled Castes and Scheduled Tribes (lists) modification, 1956. The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956, the Constitution (Andaman & Nicobar Islands) Scheduled Tribes Order, 1959, the Constitution (Dadar & Nagar Haveli) Scheduled Castes Order, 1962, the Constitution (Dadar & Nagar Haveli) Scheduled Tribes Order, 1962.

2. Shri/Smt/Kum and/or/his/her family ordinarily reside(s) in Village*/Town ofDistrict/Division* of the State*/Union Territory of

* Please delete the words which are not applicable

Note: The term "Ordinarily resides" used here will have same meaning as in Section 20 of the representation of the People Act, 1950.

FORM -3
DETAILS OF FAMILY

Name of the Government Servant :

Designation :

Date of Birth :

Date of Appointment :

Details of the members of my family as on

Sl. No.	Name of the members Members of Family*	Date of Birth	Relationship with the official	Initials of the head of Office	Remarks
1.					
2.					
3.					
4.					
5.					
6.					
7.					

.....

I hereby undertake to keep the above particulars upto date by notifying to the Head of Office any addition or alteration.

Signature of the Govt. Servant.

Place:

Date:

* Family for this purpose means family as defined in clause (b) of sub-rule (14) of Rule 54 of the CCS (Person) Rules, 1972.

Note: Wife and husband shall include respectively judicially separated wife and husband.

SIMPLE VERIFICATION FOR RECORD /CHECK ONLY

ATTESTATION FORM

‘Warning’

1. The furnishing of false information or suppression of any factual information in the Attestation Form would be a disqualification, and is likely to render the candidate unfit for employment under the Government.

PHOTO

2. If detained, arrested, prosecuted, bound down, fined, convicted, debarred, acquitted etc., subsequent to the completion and submission of this form, the details should be communicated immediately to the Authorities to whom the Attestation Form has been sent early, failing which it will be deemed to be a suppression of factual information.

3. If the fact that false information has been furnished or that there has been suppression of any factual information if any time during the services would be liable to be terminated.

1) Name in Full (in Block Letters) with aliases, if any. (Please indicate if you have added or dropped in any stage any part of your name or surname)	SURNAME	NAME
2) Present address in full (i.e. Village , Thana and District, or House Number/ Lane /Street/ Road and Town		
3) (a) Home address in full (i.e. Village, Thana and District, or House Number Lane/Street/ Road, and Town and name of District Head Quarters) (b) If originally a resident of Pakistan, the address in that Country and the date of Migration to Indian Union.		

4.. Particulars of places (with periods of residences) where you have resided for more than one year at a time during the preceding five years. In case of stay abroad (including Pakistan) particulars of all places where you have resided for more than one year after attaining the age of 21 years, should be given.

From	To	Residential address in Full (i.e. Village, Thana and District or House No. Lane/Street/Road and Town	Name of the District Head Quarters of the place mentioned in the preceding Col.

5 (a)

Relations	Name	Nationality (by birth or by domicile)	Place of birth	Occupation (if employed give full designatio n and official address)	Present postal address (if dead, give last address)	Permanent home address
1. Father (Name in full, aliases, if any)						
2. Mother						
3. Spouse						
4. Brother(s)						
5. Sister (s)						
6. Son(s)/Daughter(s)						

- (b) Information to be furnished with regard to son(s) and/or daughter(s) in case they are studying/living in a foreign country.

Name	Nationality by birth and/or by domicile	Place of birth	Country in which studying/living with full address	Date from which studying /living in the country mentioned in previous column

6. Nationality :

7. (a) Date of birth :

(b) Present age :

(c) Age of Matriculation :

8. (a) Place of birth, District and State in which situated :

(b) District and State to which you belong :

(c) District and State to which your father originally belongs :

9. (a) Your religion :

(b) Are you a member of Scheduled Caste/scheduled Tribe ? Answer 'Yes' or 'No' :

10. Educational qualifications showing places of education with years in Schools and Colleges since 15th year of age

Name of School/College with full address	Date of entering	Date of leaving	Examination passed

11. (a) Are you holding or having at any time held an appointment under the Central or State Government or a Semi-Government or a Quasi-Government body, or an Autonomous body, or a Public undertaking, or Private firm or Institution? If so, give full particulars with date of employment, up-to-date.

Period		Designation, emoluments and nature of employment	Full name and address of employer	Reasons for leaving previous service
From	To			

(b) If the previous employment was under the Government of India/a State Government/an Undertaking owned or controlled by the Government of India or a State Government/an Autonomous body/University/Local body. If you had left service on giving a month's Notice under Rule 5 of the Central Civil Service (Temporary Service) Rules, 1965, or any similar corresponding rules were any disciplinary proceedings framed against you, or had you been called upon to explain your conduct in any matter at the time you gave notice of termination of service, or at a subsequent date, before your services actually terminated ?

- 12 (i) (a) Have you ever been arrested? Yes/No
- (b) Have you ever been prosecuted? Yes/No
- (c) Have you ever been kept under detention? Yes/No
- (d) Have you ever been fined by a Court of Law? Yes/No
- (e) Have you ever been bound down? Yes/No
- (f) Have you ever been convicted by a Court of Law for any Offence? Yes/No
- (g) Have you ever been debarred from any examination or restricted by any University or any other Educational Authority/Institution? Yes/No
- (h) Have you ever been debarred/disqualified by any Public Service Commission/Institute of Secretariat Training and Management/S.S.C for any of their examination/selection? Yes/No
- (i) Is any case pending against you in any Court of law at the time of filling up this Attestation Form? Yes/No
- (j) Is any case pending against you in any University or any other Educational Authority/Institution at the time of filling up this Attestation Form? Yes/No

(ii) If the answer to any of the above mentioned questions is 'Yes' give full particulars of the case/arrest/detention/fine/conviction/sentence/punishment etc. and/or the nature of the case pending in the Court/University/Educational Authority etc., at the time of filling up this Attestation Form.

- NOTE** (i) Please also see the "Warning" at the top of the Attestation Form.
- (ii) Specific answers to each of the questions should be given by striking out 'Yes' or 'No' as the case may be.

13. Name of two responsible persons of your locality or two references to whom you are known.

1.

2.

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances which might impair my fitness for employment under Government.

Place:

Date:

Signature of the Candidate

CHARACTER CERTIFICATE

Certified that I** have known Shri/Smt/Kum
..... son/daughter of Shri/Smt
for the last two years and that to the best of my knowledge and belief he/she bears a
reputable character and has not antecedents which render he/her unsuitable for
Government employment.

Shri/ Smt/Kum is not related to me.

Place : (*) Signature :

Date : Designation :

ATTESTED

Place:..... (**) Signature:.....

Date:..... Designation:.....

This should be done after the candidate has been finally selected for appointment

(*) **(Certificate to be signed)** by any one of the following)

- i) Gazetted officers of Central or State Government
- ii) Members of Parliament or State Legislature belonging to the constituency where the candidate or his parent/guardian is ordinarily resident;
- iii) Principal/Head Master of the recognized School/College/Institution where the candidate studied last:
- iv) Post Masters.

(**) **To be attested** by stipendiary I Class Executive Magistrate/District Magistrate or Sub Divisional Magistrate)

DECLARATION

I Shri/Smt./Kumari

declare as under:

- * (i) that I am unmarried/a widower/a widow
- *(ii) that I am married and have only one wife living
- *(iii) that I am married and my husband has no other living wife, to the best of my knowledge.
- *(iv) that I am married and have more than one wife living. Application for grant of exemption is enclosed
- *(v) that I am married to a person who has already one wife or more living. Application for grant of exemption is enclosed.

@ I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Signature:.....

Note: * Please delete clauses not applicable

@ Application in the case of clause (i) , (ii) and (iii) only

APPLICATION FOR GRANT OF EXEMPTION

To

The Additional Commissioner of Customs (P&V),
Custom House,
Cochin-9.

Sir,

I request that in view of the reasons stated below, I may be granted exemption from the operations of restriction on the recruitment to service of person having more than one wife living/women who is married to a person already having one wife or more living.

/ Reasons /

Yours faithfully,

Signature:

MEDICAL CERTIFICATE

I do hereby certify that I have examined Shri./ Smt./ Kum.a candidate for employment in the Customs Department and cannot discover that he/she has any disease (Communicable or otherwise), constitutional weakness or bodily infirmity except _____. I do not consider this as a disqualification for employment in the office of the Commissioner of Customs, Cochin-9

Personal marks of identification:

- 1.
- 2.

Signature

Name and Designation of the Medical Officer
with Reg. No. and address

Station:
Date:

Office Seal

Signature of the Candidate

CANDIDATE'S STATEMENT AND DECLARATION

The candidate must make the statement required below prior to his/her Medical Examination and must sign the declaration appended thereto. His/her attestation is specially directed to the warning contained in the note below:-

1. State your name in full (In Block Letters) :
2. State your age and place of birth :
3. (a) Have you ever had small-pox, intermittent or any :
other fever, enlargement of suppression of glands,
spitting of blood, Asthma, heart disease, lung
disease, fainting attacks, rheumatism appendicitis?

(b) Any other disease or accident requiring :
confinement to bed and medical or surgical
treatment?
4. When were you last vaccinated?
5. Have you or any of your near relations been afflicted :
with consumptions, scrofula, gout, asthma, fits,
epilepsy, or insanity?
6. Have you suffered from any form of nervousness due to :
overwork or any other cause ?
7. Have you been examined and declared unfit for Govt.
service by a Medical Officer/Medical Board, within
the last three years ?

8. Furnish the following particulars concerning your family:

Father's age if living and state of health	Father's age at death and cause of death	No. of brothers living, their ages and State of health	No. of brothers dead, their ages at death and cause of death
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Mother's age, if living and state of health	Mother's age at death and cause of death	No. of sisters living, their ages and state of health	No. of sisters dead, their ages at death and cause of death
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STATEMENT SHOWING DETAILS OF PREVIOUS EMPLOYMENT PRIOR TO THE APPOINTMENT IN THIS CUSTOM HOUSE, COCHIN WITH EFFECT FROM:

PERIOD:

NAME OF OFFICE:

REASON FOR DISCHARGE/ RESIGNATION:

NAME:

PLACE:

DATE:

SIGNATURE:

STATEMENT SHOWING DETAILS OF PREVIOUS EMPLOYMENT PRIOR TO THE APPOINTMENT IN THIS CUSTOM HOUSE, COCHIN WITH EFFECT FROM:

PERIOD:

NAME OF OFFICE:

REASON FOR DISCHARGE/ RESIGNATION:

NAME:

PLACE:

DATE:

SIGNATURE:

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

Certificate No. _____ Date _____

DISABILITY CERTIFICATE

This is certified that Shri/Smt/Kum _____ son/wife/daughter of Shri _____
_____ age _____ sex _____ identification mark(s) _____

is suffering from permanent disability of following category :-

A. Locomotor or cerebral palsy :

(i) BL-Both legs affected but not arms.

(ii) BA-Both arms affected (a) Impaired reach
(b) Weakness of grip

(iii) BLA-Both legs and both arms affected

(iv) OL-One leg affected (right or left) (a) Impaired reach
(b) Weakness of grip
(c) Ataxic

(v) OA-One arm affected (a) Impaired reach
(b) Weakness of grip
(c) Ataxic

(vi) BH-Stiff back and hips (Cannot sit or stoop)

(vii) MW-Muscular weakness and limited physical endurance.

B. Blindness or Low Vision : (i) B-Blind
(ii) Partially Blind

C. Hearing Impairment : (i) D-Deaf
(ii) PD- Partially Deaf

(DELETE THE CATEGORY WHICHEVER IS NOT APPLICABLE)

2. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment of this case is not recommended/is recommended after a period of _____ years _____ months.*

3. Percentage of disability in his/her case is percent.

4. Sh./Smt./Kum meets the following physical requirements for discharge of his /her duties :-

- | | |
|--|--------|
| (i) F-can perform work by manipulating with fingers. | Yes/No |
| (ii) PP-can perform work by pulling and pushing. | Yes/No |
| (iii) L-can perform work by lifting. | Yes/No |
| (iv) KC-can perform work by kneeling and crouching. | Yes/No |
| (v) B-can perform work by bending. | Yes/No |
| (vi) S-can perform work by sitting. | Yes/No |
| (vii) ST-can perform work by standing. | Yes/No |
| (viii) W-can perform work by walking. | Yes/No |
| (ix) SE-can perform work by seeing. | Yes/No |
| (x) H-can perform work by hearing/speaking. | Yes/No |
| (xi) RW-can perform work by reading and writing. | Yes/No |

(Dr. _____) (Dr. _____) (Dr. _____)

Member, Medical Board Member, Medical Board Chairperson, Medical Board

Countersigned by the Medical Superintendent/

CMO/Head of Hospital (with seal)

*Strike out which is not applicable.

Affix here recent attested Photograph Showing the disability duly attested by the chairperson of the Medical Board