
 सत्यमेव जयते	NATIONAL HIGHWAYS AUTHORITY OF INDIA (Ministry of Road Transport & Highways)	
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Ref : NHAI/RO-VJA/Admn./YP(T)/2022

Date : 26-02-2022

National Highways Authority of India (NHA), Regional Office-Vijayawada invites applications for 11 posts of Young Professional (Technical) on short term contract basis through Outsourcing Agency for a period of one year on the basis of merit from amongst the candidates possessing valid GATE 2021 score in the discipline of Civil Engineering.

Sl. No.	Post	CATEGORY					TOTAL	Remarks
		UR	SC	ST	OBC(NCL) Central List only	EWS		
1	Young Professional (Tech.) on short term contract basis through Outsourcing Agency	07	01	--	02	01	11	

- Note : The number of posts advertised may increase or decrease at the discretion of the Authority**

DETAILS OF ELIGIBILITY CONDITIONS

Sl. No.	Name of the post	Age Limit	Monthly Remuneration (Rs.)	Educational qualification and experience required	Method of Recruitment
(1)	(2)	(3)	(4)	(5)	(6)
1.	Young Professional (Tech.)	Not exceeding 30 years*	Rs.60,000/- per month (all inclusive)	Essential Educational Qualification: (i) Degree in Civil Engineering from a recognized University / Institute; (ii) Valid Graduate Aptitude Test in Engineering (GATE) Score 2021 in Civil Engineering discipline Desirable Experience : (i) Experience in Infrastructure & Roads Sector preferred	On contract basis through Outsourcing Agency for a period of one year

*The upper age limit is relaxable as per Govt. of India Rules applicable for different categories.

IMPORTANT CONDITIONS

1. The applicant should ensure the following:

- (i) **MINIMUM EDUCATIONAL QUALIFICATION:**
 - (a) A candidate should hold a Degree in Civil Engineering from a recognized University/ Institute on the closing date of receipt of application.
 - (b) A candidate should have valid Graduate Aptitude Test in Engineering (GATE) Score 2021 in Civil Engineering discipline on the closing date of receipt of application.
- (ii) **MINIMUM ESSENTIAL QUALIFICATIONS:** All applicants must fulfill the essential requirements of the post and other conditions stipulated in the advertisement. They are advised to satisfy themselves before applying that they possess at least the essential qualifications laid down for the post. No inquiry asking for advice as to eligibility will be entertained.
- (iii) **AGE:** Not exceeding 30 years as on closing date of advertisement. The Upper age limit for advertised post on contract basis is relaxable as per Govt. of India rules applicable for different groups/category.
- (iv) **ELIGIBILITY FOR AVAILING RESERVATION:**
 - A) A candidate will be eligible to get the benefit of community reservation only in case the particular caste to which the candidate belongs is included in the list of reserved communities issued by the Central Government.
 - b) The OBC candidates applying for this post must submit OBC (Non-Creamy Layer) certificate issued during the year 2021 - 2022.
 - c) Further the OBC certificate should also clearly indicate that the candidate does not belong to creamy layer as defined by the Government of India for applying to posts.
 - d) A candidate will be eligible to get the benefit of the Economically Weaker Section (EWS) reservation only in case the candidate meets the criteria issued by the Central Government and is in possession of requisite Income & Asset Certificate based on income for Financial Year (FY) 2020-2021 issued after 01.04.2021.
 - e) Candidate's seeking reservation as SC/ST/OBC/EWS, shall have to produce/submit a certificate in the prescribed proforma ONLY from the designated authority indicating clearly the candidate's caste, the Act/Order under which the caste is recognized as SC/ST/OBC. They must also ensure that the name of their caste/community and its spelling in their caste/community certificate should be exactly as mentioned in the lists notified by the central government from time to time (for OBC category list of castes recognized by the Govt. of India as OBC castes in the central list is available on the site www.ncbc.nic.in, for ST category the list caste for each state is available on the site www.ncst.nic.in and for SC category the list of castes for each state is available on the site www.socialjustice.nic.in). A certificate containing any variation in the caste name will not be accepted.
 - f) Candidates seeking reservation/relaxation benefits available for SC/ST/OBC/EWS/PwBD must ensure that they are entitled to such reservation/relaxation as per eligibility prescribed in the relevant Rules/instructions. They should also be in possession of all the requisite certificates in the prescribed format in support of their claim as stipulated in the relevant rules/instructions for such benefits and **these certificates should be dated earlier than the due date** i.e closing date of the application.

- g) No change in the community status already indicated in the application by a candidate for this post will be allowed.
- h) The formats of certificates for availing reservation under SC/ST/OBC/EWS/PwBD categories, to be submitted by the candidates are enclosed. Application not supported by valid certificates as above will be summarily rejected.

- (v) **Selection process: On the basis of valid GATE score 2021 in Civil Engineering discipline** as on closing date of advertisement. However, NHAI reserves the right to invite candidate for interview, as per cut off for respective category subsequently to be decided by NHAI.

NOTE-I: The prescribed essential qualifications are the minimum and the mere possession of the same does not entitle candidates to be considered for engagement on contract basis or interview.

- (vi) **How to apply:** Applications are to be submitted in the prescribed format along with Photograph and self attested copies of following documents:

- Class -X Certificate indicating date of birth
- Caste Certificate in support of SC/ST/OBC-NCL/EWS (as per prescribed format attached)
- Provisional/Degree in support of passing Degree in Civil Engineering
- Valid GATE 2021 score card in Civil Engineering Discipline
- Experience certificate showing length of service

- 2) Crucial date for determination of eligibility shall be the last date prescribed for the receipt of applications.
- 3) Candidates belonging to SC/ST/Minority Communities/ladies/PwBD are especially welcome and should apply in large numbers.
- 4) Canvassing or bringing influence in any form will disqualify the candidature.
- 5) Applications received through any other mode / incomplete application in any respect shall be liable for summarily rejection.
- 6) The advertisement can be withdrawn at any time at the discretion of the Competent Authority without assigning any reason there for. Corrigendum or Addendum or cancellation to this advertisement, if any, shall be published only on the website of NHAI. Therefore, the Applicants are advised to check the website of NHAI regularly.
- 7) In case of large number of applications received, candidates will be shortlisted on the basis of GATE-2021 score merit and shall accordingly be called for interview.
- 8) Duly filled-in applications with supporting documents (each page shall be signed by applicant) may be **“sent by Registered Post / Speed Post”** to the address given below, as to reach by 25/03/2022 up to 5.00PM. The envelope containing the

application should be prescribed with “Application for the post of Young Professional (Tech.) on Contract basis through outsourcing agency” . Applications received through e-mail/Fax shall summarily be rejected.

Address : The Regional Officer,
Regional Office-Vijayawada (Andhra Pradesh),
National Highways Authority of India,
Door No. 41-29-45A, R.S. No.373/2A,
Kodandaramalyam, Chalasani Nagar,
Ranigarithota, Krishnalanka,
Vijayawada - 520013, Andhra Pradesh.
e-mail: rovijayawada@nhai.org, nhairovja@gmail.com

- 9) The applications received after 25/03/2022 (5:00PM) shall not be entertained. The short listed candidates will be called for an interview. Intimation in this regard shall be sent to the short listed candidates through email / by post subsequently.
- 10)The short listed candidates at the time of interview should bring original documents / certificates in support of age, educational qualification along with mandatory VALID GATE-2021 SCORE CARD, certificate in support of reservation claimed by the candidate etc., self-attested copies of each document and recent passport size photograph along with the updated Bio-Data (in the enclosed format). No TA/DA will be paid for attending the interview and candidates shall have to make their own arrangements for boarding and lodging, if any, and no claim will be entertained.
- 11)Screened candidates will be called for interview and the selected candidates will have to work under in Regional Office and its PIUs under the jurisdiction of Regional Office-Vijayawada in the State of Andhra Pradesh for a period of one year as under :

Sr. No.	Name of RO/PIU	No. of Young Professional (Tech.) proposed to be engaged
(i)	RO-Vijayawada	1
(ii)	PIU-Vizianagaram	1
(iii)	PIU-Visakhapatnam	1
(iv)	PIU-Rajahmendravaram	1
(v)	PIU-Vijayawada	1
(vi)	PIU-Amaravati (AP)	1
(vii)	PIU-Nellore	1
(viii)	PIU-Tirupati	1
(ix)	PIU-Chittoor	1
(x)	PIU-Kadapa	1
(xi)	PIU-Ananthapur	1

**APPLICATION FOR THE POST OF YOUNG PROFESSIONAL
(TECH.) ON CONTRACT BASIS THROUGH OUTSOURCING
AGENCY
(TO BE FILLED IN ENGLISH CAPITAL LETTERS)**

Affix Latest
Passport Size
Photograph
here

1	Name of the Candidate	:	
2	Father's / Husband's Name	:	
3	Date of Birth (in Christian era dd/mm/yyyy format)	:	
4	Permanent Address (with Pin Code)	:	
5	Address for Correspondence (with Pin Code)	:	
6	E-mail address, Phone Numbers (Office, Residence & Mobile), Fax Number	:	
7	(a) Religion	:	
	(b) Whether belong to minority communication, if yes, please specify.	:	
	(c) Whether belong to SC/ST/OBC	:	
	(d) Whether Physically Disabled	:	
	(e) Gender	:	
8.	Details of Present Employment :	:	
	(a) Name of the Organization	:	
	(b) Designation held	:	
	(c) Period of employment	:	
	(d) Nature of job	:	
	(e) Contact Person	:	
9.	Details of Computer Knowledge Language(s) known and software used	:	
10.	Languages known (Read, Write, Speak and Understand)	:	

11. Details of Education Qualification from Matriculation onwards (enclose a separate sheet, duly authenticated by your signatures, if the space below is insufficient)

a	Examination Passed				
b	Year of Passing, Valid GATE Score 2021				
c	Name of the College / Institute				
d	University / Board				
e	Main Subjects				
f	Remarks (% of marks, division, etc.)				

12. Details of experience (in chronological order, enclose a separate sheet, duly authenticated by your signatures, if the space below is insufficient)

a	Name of the Organization			
b	Period of Tenure			
c	Brief Description of duties / experience			
d	Scale of pay and current basic pay			
e	Details of experience in the relevant filed (dd/mm/yyyy format)			

13. Whether Education and other qualification required for the post are satisfied. (if any qualification has not been treated as equivalent to the one prescribed in the rules, State the authority for the same)

	Required for the post	Possessed by the Applicant (Yes/No)
Essential Educational Qualification	Degree in Civil Engineering valid GATE Score-2021	
Desirable Educational Qualification	Any	
Desirable Experience	Additional experience, if any, in Road & Highway Works	

14. Additional information, if any, which you would like to mention in support of your suitability for the post (This among other things may provide information with regard to (i) additional academic qualifications, (ii) professional training, (iii) work experience over and above prescribed in the vacancy advertisement (Enclose duly authenticated by your signatures, if the space is insufficient).

DECLARATION

I have carefully gone through the vacancy circular / advertisement and I am well aware that the Curriculum Viate duly supported by documented submitted by me will also be assessed by the Selection Committee at the time of selection for the post.

I also hereby solemnly declare and undertake that all the information furnished by me is true, correct and complete to the best of my knowledge and belief. I undertake that, if at any stage of the selection or even after selection, any of the information furnished by me is found to be false, incorrect or misleading, then my candidature / appointment / service will stands cancelled / terminated without assigning me any reason thereof. I am fully aware that this appointment is on contract basis and I do not have any claim for confirmation or regularization or absorption in NHA and this appointment shall be terminated at any time without assigning any reason thereof.

Date : _____

(Signature of the Candidate)

Place : _____

Note : Self-attested copies of documents in support of educational qualification to be enclosed. Application will not be considered without self-attested copies of supporting documents.

Proforma-I

The form of certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under the 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/Tribe* which
is recognised 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, 1951

@ The Constitution (Scheduled Tribes) Union Territories Order, 1951

[as amended by the Scheduled Castes and Scheduled Tribes List (Modification) Order, 1956; the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976., the State of Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Reorganisation) Act, 1987.]

@ 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 Order (Amendment) Act, 1976

@ The Constitution (Dadar and Nagar Haveli) Scheduled Castes Order, 1962

@ The Constitution (Dadar and Nagar Haveli) Scheduled Tribes Order, 1962

@ The Constitution (Pondicherry) Scheduled Castes Order, 1964

@ The Constitution (Uttar Pradesh) Scheduled Tribes 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

@ The Constitution (Sikkim) Scheduled Tribes Order, 1978

@ The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989

- @ The Constitution (SC) Order (Amendment) Act, 1990
- @ The Constitution (ST) Order (Amendment) Act, 1991
- @ The Constitution (ST) Order (Second Amendment) Act, 1991
- @ The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act 2002
- @ The Constitution (Scheduled Castes) Order (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes and Scheduled Tribes) Orders (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002

% 2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration to another.

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes certificate issued to Shri/Shrimati* Father/Mother of Shri/Shrimati/Kumari of village/town* in District/Division* of the State/Union Territory* who belongs to the Caste/Tribe* which is recognised as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* of issued by the dated

% 3. Shri/Shrimati/Kumari* and/or* his/her* family ordinarily resides 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.

@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 Scheduled Caste/Scheduled Tribe Certificate.

(i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary Magistrate/† Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.

†(not below of the rank of 1st Class Stipendiary Magistrate).

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

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

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

(v) Administrator/Secretary to Administrator/Development Officer(Lakshadweep)

Proforma-II

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 recognised 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, OM No. 36033/3/2004-Estt. (Res) dated 9th March, 2004, O.M. No. 36033/3/2004-Estt. (Res) dated 14th October, 2008 and O.M. No. 36033/1/2013-Estt. (Res) dated 27th May, 2013**.

Signature _____
Designation _____ \$

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.

\$ - List of Authorities empowered to issue Other Backward Classes certificate will be the same as those empowered to issue Scheduled Caste/Scheduled Tribe certificates.

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

Proforma-III

Form of declaration to be submitted by the OBC candidate (in addition to the community certificate)

I Son/daughter of Shri.....resident of village/town/city.....district.....state.....hereby declare that I belong to the.....community which is recognized as a backward class by

the Government of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No 36102/22/93-Estt. (SCT) dated 8-9-1993. It is also declared that as on closing date, I do not belong to persons/sections/sections (Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum dated 8-9-1993, O.M. No. 36033/3/2004-Estt. (Res.) dated 9th March, 2004 and O.M. No. 36033/3/2004-Estt. (Res.) dated 14th October, 2008.

Signature:.....

Full Name:.....

Address:.....

Proforma-IV

CERTIFICATE TO BE PRODUCED BY SERVING/RETIRED/RELEASED ARMED FORCES PERSONNEL FOR AVAILING THE AGE CONCESSION FOR POSTS FILLED BY DIRECT RECRUITMENT BY UNION PUBLIC SERVICE COMMISSION OTHERWISE THAN ON RESULTS OF AN OPEN COMPETITIVE EXAMINATION

A. Form of Certificate applicable for Released/Retired Personnel

It is certified that No..... Rank.....
Name.....whose date of birth is..... has rendered service
from..... to..... in Army/Navy/Air Force.

2. He has been released from military services:

% a) on completion of assignment otherwise than

- (i) by way of dismissal, or
- (ii) by way of discharge on account of misconduct or inefficiency, or
- (iii) on his own request, but without earning his pension, or
- (iv) he has not been transferred to the reserve pending such release

2. He has already completed his initial assignment of five years on.....and is on extended assignment till.....

3. There is no objection to his applying for civil employment and he will be released on three months notice on selection from the date of receipt of offer of appointment.

Place:

Date:

Signature, Name and Designation of the

Competent Authority**

SEAL

**Authorities who are competent to issue certificate to Armed Forces Personnel for availing Age concessions are as follows:

(a) In case of Commissioned Officers including ECOs/SSCOs.

Army - Military Secretary Branch, Army Hqrs., New Delhi

Navy - Directorate of Personnel, Naval Hqrs., New Delhi

Air Force - Directorate of Personnel Officers, Air Hqrs., New Delhi

(b) In case of JCOs/ORs and equivalent of the Navy and Air Force.

Army - By various Regimental Record Offices

Navy - BABS, Mumbai

Air Force - Air Force Records, New Delhi

Performa-V

Form-V

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs
and in cases 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
- 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 and Seal of Authorised Signatory of notified Medical Authority)

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

Form-VI
Certificate of Disability
(In case 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

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)
..... Ageyears,
male/female..... Registration No..... permanent resident of
House No.....Ward/Village/Street..... Post
Office District..... State whose photograph is
affixed above, and are satisfied that:

(A) He/she is a Case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S. 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 :

(i) not necessary,

Or

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

@ e.g. Left/right/both arms/legs

e.g. Single eye

£ 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.

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
--

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 (to be specified) and is shown against the
 relevant

disability in the table below:-

S. 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)/(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 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.

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.

Note: The principal rules were published in the Gazette of India by Ministry of Social Justice and Empowerment vide notification number 489, dated 15.06.2017.

Proforma-VI

The form of certificate to be produced by Government servants for claiming Age concession

(Letter Head of the Institution/Issuing Authority)

This is to certify that Shri/Ms.....S/o,D/o,W/o Shri.....is a regularly appointed n employee of this Organization/Department/Ministry and duties performed by him/her during the period(s) are as under

Certified that:

*(a) Shri/Shrimati/Kum. holds substantively a permanent post ofin the Office/Department ofwith effect from

*(b) Shri/Smt./Kum. has been continuously in temporary service on a regular basis under the Central Government in the post ofin the

Office/Department.....with

effect from

Name of competent authority

Stamp of competent authority

Performa-IX

**Government of.....
(Name & Address of the authority issuing the certificate)**

**INCOME & ASSEST 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*** :

- I. 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.....

Name.....

Designation.....

Recent passport
size attested
photograph of the
applicant

***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.

Performa-V

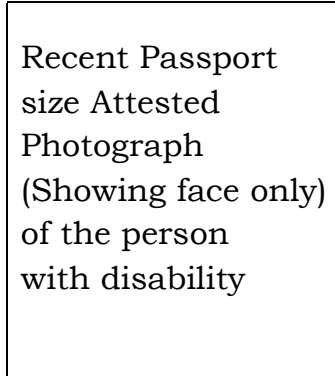
Form-V

Certificate of Disability

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

[See rule 18(1)]

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



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
- 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 and Seal of Authorised Signatory of notified Medical Authority)

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

Form-VI
Certificate of Disability
(In case of multiple disabilities)
[See rule 18(1)]

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

Recent size Photograph (Showing face only) of the person with disability	Passport Attested
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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) Ageyears,
male/female..... Registration No.....
permanent resident of House
No.....Ward/Village/Street.....
..... Post Office District.....
State whose photograph is affixed above, and are
satisfied that:

(A) He/she is a Case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S. 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 :

(i) not necessary,

Or

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

@ e.g. Left/right/both arms/legs

e.g. Single eye

£ 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.

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
--

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 (to be specified) and is shown against the relevant
disability in the table below:-

S. 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)/(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 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.

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.

Note: The principal rules were published in the Gazette of India by Ministry of Social Justice and Empowerment vide notification number 489, dated 15.06.2017.