

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES BHUBANESWAR
SIJUA, POST:DUMDUMA, PATRAPADA, BHUBANESWAR-751019**

I/2543/2023

Attention - Candidates shortlisted for the post of Junior Administrative Assistant seeking exemption from appearing & qualifying in Typing Test.

Typing Test for the post of Junior Administrative Assistant will be conducted by the Institute on 04.12.2023 at notified vide RECT/6/2023-RECU SEC, I/2537/2023 DTD 25.11.2023. Relevant instructions pertaining to exemption from Typing Test are as follows:-

Persons with Disabilities candidates who claim to be permanently unfit to take the Typing Test because of a physical disability are eligible for exemption from appearing and qualifying in Typing Test, provided such candidates submit a Certificate in the prescribed format (Annexure-XIV) from the competent Medical Authority, i.e., the Civil Surgeon of a Government Health Care Institution declaring him to be permanently unfit for the Typing Test because of a physical disability.

The candidates have to report at the exam centre/venue for seeking exemption from appearing & qualifying in Typing Test on the date of their Typing Test along with duly filled Annexure-XIV, Undertaking (mentioned as annexure) and their medical certificate from notified Medical Authority (Annexure-XI to XIII), whichever is applicable, as per Notice of the exam. (Relevant annexure are attached with this notice)

Further, the candidates are required to produce all these documents in original at the time of document verification. If any candidate fails to produce the same, candidature of such candidates will be cancelled and they will have no claim against any posts.

Enclosures:- As under

Administrative Officer
AIIMS Bhubaneswar

UNDERTAKING

I _____, Roll No. _____ am a candidate for the post of Junior Administrative Assistant and would like to avail exemption from the requirement of appearing and qualifying in Typing Test as notified vide RECT/6/2023-RECU SEC, I/2537/2023 DTD 25.11.2023, as I am permanently unfit to take the typing test because of physical disability. I am herewith attaching a copy of requisite certificate in prescribed format (Annexure-XIV), issued by competent medical authority i.e. a civil surgeon of a Government health care institution along with relevant medical certificate in prescribed format. I also undertake that I will produce all these documents in original at the time of document verification. If I fail to produce the same, my candidature will be cancelled and I will have no claim against any posts.

SIGNATURE.....

NAME OF CANDIDATE.....

ROLL NO.....

DATE.....

ANNEXURE-XI

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
- blindness

(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:-

Nature of Document	of Issue	ls 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 is issued

ANNEXURE-XII

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

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

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

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:

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
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		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.

ANNEXURE-XIII

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

(.....number and date of issue of the 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

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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

ANNEXURE-XIV

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

This is to certify that Sh./Smt./Kum _____ son/daughter/wife of Shri _____ is suffering from _____.

Clinical diagnosis as a result of which he/ she has the following disabilities. (Brief description of his/ her disabilities) -----

This is a permanent disability and the extent of his/ her disability works out to ____% of disability. This disability is likely to interfere with Typewriting (specify) -----

Signature of Civil Surgeon:
Name:
(Official Stamp)
Place:
Date:

Photograph of candidate clearly showing face with affected portion of the body

Signature of candidate:
Name:
Roll Number: