



अखिल भारतीय आयुर्विज्ञान संस्थान, भुवनेश्वर
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BHUBANESWAR
 (स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के तत्वावधान में एक संबिधिक निकाय)
 (A Statutory Body under aegis of Ministry of H & F.W., Govt. of India)
 सिजुआ, डाक : डुमुडुमा, भुवनेश्वर-751019
 Sijua, Post: Dumuduma, Bhubaneswar-751019

File No.: **RECT-11012/1/2026-RECU SEC**

Date:15.05.2026

NOTIFICATION

RECRUITMENT OF ASSISTANT PROFESSOR (GROUP 'A') POSTS IN LIVER TRANSPLANT UNIT OF AIIMS BHUBANESWAR ON DIRECT RECRUITMENT BASIS-2026.

All India Institute of Medical Sciences (AIIMS), Bhubaneswar, an Autonomous Institute of National Importance, is one of the new AIIMS and apex healthcare Institute being established by the Ministry of Health & Family Welfare, Government of India under the **Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)** with the aim to address regional disparities in quality tertiary healthcare across the country while promoting self-sufficiency in undergraduate, postgraduate, and higher medical education, research and training.

The following Assistant Professor posts are being advertised for recruitment against the sanctioned vacant posts for the Liver Transplant Unit. Accordingly, the Online applications are invited from eligible Indian citizens and other candidates as permitted under applicable laws for the post of Assistant Professor in **Liver Transplant Unit of AIIMS Bhubaneswar**, on a Direct Recruitment Basis. The link for submission of online applications, along with detailed information regarding the advertised posts, **shall be activated from the date of publication of this advertisement in the Employment News/ Rozgar Samachar**. All relevant details, including the cut-off dates and other important instructions pertaining to this recruitment, will be provided exclusively on the official website of AIIMS Bhubaneswar.

Sl. No.	Post Name	Category	No. of Posts
01	Assistant Professor (Critical Care)	OBC	01
02	Assistant Professor (HPB Surgery)	UR	01
03	Assistant Professor (Anaesthesia)	SC	01
04	Assistant Professor (Paediatric Hepatology)	UR	01

Abbreviation used:

OBC-Other Backward Classes, **SC**- Scheduled Caste, **UR**- Unreserved

IMPORTANT NOTES: -

1. The above vacancies are provisional and subject to variation. The Executive Director, AIIMS, Bhubaneswar reserves the right to alter the vacancies including reserved vacancies as per the Govt. of India Rules/Circulars and requirements or otherwise.
2. **Relaxation of One-year Teaching/Research experience for SC candidates in Faculty selection will be given as per Rules/Guidelines issued by DoPT.**
3. Qualifications and Experiences as prescribed may be relaxed in exceptional cases at the discretion of the Selection Committee with prior approval of the Competent Authority.
4. 4% of the total vacancies is horizontally reserved for PwBD (OH-OL and BL) candidates and also PwBD as per the Ministry of Social Justice and Empowerment's Notification No. 16-15/2010-DD.III dated 29th July, 2013 as amended from time to time as applicable. The Physical requirement is required to fill up the posts on horizontal basis are S (Sitting), ST (Standing), W

(Walking), MF (Manipulation by Fingers) & RW (Reading & Writing). All the instructions of Govt. of India as applicable in this regard will be followed.

5. Reservation will be as per Government of India Policy.
6. **The cut-off date to determine the maximum age limit, essential qualification & experiences will be the last date of submission of Online Application.**
7. The period of experience wherever prescribed shall be **counted after obtaining the prescribed qualification**.
8. The Essential Qualifications and Experiences for the Posts are as under: -

SI No.	Name of the Post	Qualification/ Experience
01	Assistant Professor	<p><u>Essential for Medical Candidates (For General Disciplines):</u></p> <ol style="list-style-type: none"> 1. A medical Qualification included in the I or II schedule or part II of the third schedule to the Indian Medical Council Act of 1956 (Persons possessing qualifications included in part II of third schedule should also fulfil the conditions specified in section 13(3) of the Act.) 2. A postgraduate qualification e.g. MD/MS or a recognized qualification equivalent thereto in the respective discipline/subject. <p>3. <u>Experience:</u></p> <p>Three years teaching and/or research experience in recognized Institution in the subject of specialty after obtaining the qualifying degree of M.D. /M.S. or qualification recognized equivalent thereto.</p> <p><u>Essential for Super Specialty Disciplines:</u></p> <ol style="list-style-type: none"> 1. A medical Qualification included in the I or II schedule or part II of the third schedule to the Indian Medical Council Act of 1956 (Persons possessing qualifications included in part II of third schedule should also fulfil the conditions specified in section 13(3) of the Act.). 2. A postgraduate qualification e.g. MD/MS or a recognized qualification equivalent thereto in the respective discipline/subject. 3. D.M. in the respective discipline/subject for medical super specialties and M.Ch. in the respective discipline/subject for surgical super specialties (2 years or 3 years or 5 years recognized course) or a qualification recognized equivalent thereto. <p><u>Experience:</u> One-year teaching and/or research experience in a recognized Institution in the subject of specialty after obtaining the qualifying degree of D.M./M.Ch. (2 years or 5 years recognized course after MBBS) or qualification</p>

		recognized equivalent thereto. However, no experience is necessary for the candidates possessing the 3 years recognized degree of D.M/M.Ch. or qualification recognized equivalent thereto.
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***Specific Educational Qualifications for the respective posts (as applicable):**

Sl. No.	Specialty	Educational Qualification
01.	HPB Surgery	The candidate must possess an M.Ch. in HPB Surgery.
02.	Paediatric Hepatology	The candidate must possess a D.M. in Pediatric Hepatology.
03.	Critical Care	For Paediatric Critical Care, the candidate must possess a D.M./DNB/DrNB in Critical Care Medicine.

9. MAXIMUM AGE LIMIT & AGE RELAXATION:

- 9.1 Assistant Professor:** - Not exceeding **50 (Fifty) years** as on cut-off date.
- 9.2** Upper age limit shall be determined as on **last date of submission of Online Applications.**
- 9.3** No age relaxation would be available to **SC/OBC** candidates applying for unreserved vacancies.
- 9.4** Age relaxation permissible to various categories is as under: -

Sl. No.	Category	Age Relaxation permissible beyond the upper age limit
1	SC	05 Years
2	OBC	03 Years
3	PwBD	10 Years
4	Government Servant (As per DoPT instruction)	05 Years

- 9.5** Age relaxation to other categories of the candidates will also be applicable as per the DoPT instructions.

10. RESERVATION:

- 10.1** Reservation for **SC/OBC/PwBD** will be as per Government of India Policy.
- 10.2** Candidates applying against any of the reserved category posts, viz. SC/OBC/PwBD will be considered on production of **valid Caste/PwBD Certificate** issued by the Appropriate/Competent Authority on the prescribed format. Community should be clearly and legibly mentioned in the Certificate.
- 10.3** Applicants applying for the posts reserved for OBC must obtain certificate of **OBC (Non-Creamy Layer)** in the prescribed format issued by Competent Authority. The certificate should be of the **Current Financial Year** and in accordance with instructions issued by the Government of India in this respect from time to time. Applicants should ascertain that they belong to the reserved categories (caste) enlisted in the Central List for the Other Backward Classes. OBC candidate(s) should not belong to Creamy Layer and their

sub-caste should match with the entries in Central List of OBC, failing which their candidatures will not be considered under any of the applied reserved category post(s).

- 10.4.** 4% of the total vacancies are horizontally reserved for **PwBD candidates** as per the Ministry of Social Justice and Empowerment's Notification No. 16-15/2010-DD.III dated 29th July, 2013 as amended from time to time as applicable. Only such persons would be eligible for reservation under PwBD quota in service/posts who suffer from not less than 40% of physical disability. Person who wants to avail the benefit of reservation has to submit a Disability Certificate as issued by a Competent Authority in prescribed format. However, the candidature of PwBD applicant is subject to evaluation by a Medical Board duly constituted by the Executive Director, AIIMS, Bhubaneswar. This Medical Board will evaluate suitability of candidates for the post he/she is being considered for. All the instructions of Govt. of India as amended and as applicable in this matter will be followed if the same is not consistent in this connection.

11. NO OBJECTION CERTIFICATE:

The applicants who are already in **Government service (including AIIMS Bhubaneswar Employees)** shall have to produce **No Objection Certificate (NOC)** from their present employer at the time of Interview or as per the instructions issued from time to time. However, they have to take prior permission from their employer while applying for the post. **No candidate will be allowed to appear for the interview without NOC from his/her employer.**

12. PAY SCALE & ALLOWANCES:

12.1 All the posts carry usual allowances as admissible to Central Government Employees of similar status at Bhubaneswar, Odisha.

12.2 Pay Scale: -

1.	Assistant Professor	Level 12 of the Pay Matrix as given in the MoH&FW (INI-I-Section), GoI Letter No.V- 16020/28/2017-INI-I (Pt.), dated 23 rd August, 2018 i.e., Minimum Pay of Rs.1,01,500/- (Plus NPA for medically qualified candidates only) with provision to move to Level 13 of the Pay Matrix after three years.
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13. APPLICATION PROCESS:

13.1 The applicants applying in response to this advertisement should satisfy themselves regarding their eligibility for the post applied for. They must be fulfilling Eligibility Criteria as on the cut-off date of online applications failing which their application will be rejected. They must possess the educational qualification and experiences as recognized by the Govt. of India. Their candidature will be cancelled at any stage if it is found that their educational qualification or experiences is not recognized by the Govt. of India.

13.2 The aspiring applicants satisfying the eligibility criteria in all respect can apply through **ON-LINE** application mode only. The On-line registration of application will be made available on official website of AIIMS, Bhubaneswar i.e. <https://aiimsbhubaneswar.nic.in/>. The notification for date of activation of link for submission of online applications in respect of above said posts along with other relevant information will be notified on the website.

13.3 The Cut-off date (the Last Date submission of the Online application Form) for the

aforementioned Posts will be **30 days** from the date of publication of Notification in the Employment News/ Rozgar Samachar. In case the cut-off date falls on weekly off or holidays, then the cut-off date of submission of the application will be shifted to the next working day (up to 5:00 PM).

- 13.4** Candidates applying through the online mode are required to submit a duly signed hard copy of the **Online Application Form**, along with **Self-Attested Copies** of all relevant documents, including but not limited to: **Matriculation Certificate, Intermediate Certificate, MBBS Degree Certificate, Internship Completion Certificate, MD/MS/DM/M.Ch or equivalent qualification certificates**, along with all corresponding **Mark Sheets**, and **Teaching/Research Experience Certificates**, etc., in support of fulfilling the prescribed criteria relating to **Age, Educational Qualifications, Experience**, and other eligibility conditions.

Candidates must ensure that the **hard copy of the application**, along with all requisite documents, reaches the Institute **within 7 days from the cut-off date**, failing which the candidature is liable to be **rejected/not considered**. The Institute shall **not be responsible for any postal delays**.

The **Experience Certificate** must clearly indicate the **Duration of Service ("From" to "To")**, **Nature of Experience (Teaching/Research)**, and other relevant details. The candidates can only mention those teaching experiences which are recognized by MCI/Govt. of India.

- 13.5** The signed hard copies of Online application along with all above mentioned certificates/documents should be sent through Speed Post/Courier etc. within stipulated period. Address for sending the hard copy of the application and relevant documents is as under:

To,
The Assistant Administrative Officer, Recruitment Cell,
All India Institute of Medical Sciences, Bhubaneswar,
Sijua, Dumuduma, Bhubaneswar-751019
Tel. No: 0674-2476255

- 13.6** The envelope containing the application should be **super-scribed** with "**Application for the Post of _____**".
- 13.7** Candidates are advised to fill their correct and **active e-mail Id** in the online application, as all correspondences will be made by the Institute through e-mail. Test/Interview schedule will be mailed in due course to the candidate in their registered e-mail.
- 13.8** The candidate must ensure that their **Photo and Signature** should be clearly visible in preview at the time of filling of application in online mode. If photo/signature image is displayed small or not visible in preview on website, that means photo/signature is not as per the AIIMS, Bhubaneswar prescribed guidelines and in that case, their application will be rejected. So, candidates are advised to be careful while uploading their photo and signature. Both must be visible clearly on Online Application Form.
- 13.9** In case a candidate wishes to apply for more than one post, he/she is required to fill in the form separately through On-line mode and separate application fees as applicable is to be paid.
- 13.10** Any query regarding technical problem of on-line application mode may be sent through email to **itdept@aiimsbhubaneswar.edu.in** (Only for Online Application Form & Payment Related Queries).

14. APPLICATION FEES: Rs. 1,000/- (Rupees One Thousand Only) Plus Applicable GST.

14.1 For OBC/ Unreserved candidates, the Application Fee is Rs.1000/- plus applicable GST. The candidates can pay the prescribed Application Fee online by clicking in the link provided in the website while filling up the Online Application.

14.2 Application Fee once remitted shall not be refunded under any circumstances.

14.3 No Application Fee for SC/PwBD/Women Candidates of any community.

14.4 Incomplete application(s) and application received without the prescribed fee would not be considered and summarily rejected. The decision of the Competent Authority of AIIMS, Bhubaneswar in this regard will be final.

15. SHORT LISTING/METHOD OF SELECTION:

The prescribed qualification is minimum and mere possessing the same does not entitle any candidate to be called for interview or for selection. Based on the application, the Screening Committee may short- list candidates for interview. If required there may be Screening test to shortlist candidates for interviews in case large number of candidates apply for a post or posts. Candidates called for interview will have to produce all relevant original documents in proof of details furnished in their application at the time of interview. They may also be asked to submit an affidavit/declaration as decided by the AIIMS, Bhubaneswar at time of Interview. The methodology of Selection will be decided by the Standing Selection Committee as deemed fit besides any other matter relating to the selection process.

16. OTHER TERMS & CONDITIONS

16.1 Site of Interview: Interview will be held at AIIMS Bhubaneswar or any other place as decided by the Executive Director, AIIMS, Bhubaneswar. No TA/DA will be paid for appearing in the interview.

16.2 AIIMS, Bhubaneswar decision is final: The decision of the AIIMS, Bhubaneswar in all matters relating to eligibility, acceptance or rejection of the applications, penalty for false information, mode of selection, methodologies for the selection, and allotment of posts to selected candidates will be final and binding on the candidates and no enquiry / correspondence will be entertained in this regard.

16.3 Any corrigendum or revision of the advertisement or any other information regarding this recruitment will be posted on the Official website of AIIMS, Bhubaneswar only in due course. Candidates are advised to visit the Institute website regularly for updated information in this regard.

INFORMATION TO THE CANDIDATES

1. The All India Institute of Medical Sciences is an autonomous body established under Act of Parliament.
2. Service under the Institute is governed by that Act and the Rules & Regulations framed thereunder.
3. **The Institute strives to have a workforce which reflects gender parity and women candidates are encouraged to apply.**
4. All the posts carry usual allowances as admissible to Central Government Employees of similar status at Bhubaneswar, Odisha.
5. Probation period: The period of probation is two years.
6. Assessment Promotion: A faculty after rendering fixed years of service on a grade may be considered for assessment promotion subject to the Rules and Regulations applicable from time to time.

7. The employees of the Institute will be governed by the New Pension Scheme as per the provision contained in the Ministry of Finance, Department of Economic Affairs (ECB & PR Division). Notification No. 5/7/2003-ECB&PR dated 22.12.2003. However, pay protection and continuation of past services of the existing Govt. employees selected to the post of Faculty will be considered strictly as per the Rules/guidelines as applicable to AIIMS Bhubaneswar with due approval of the Competent Authority.
8. The post(s) is/are whole time and private practice of any kind is prohibited.
9. The candidates are likely to be posted at rural health and urban health centres or other centres attached with the Institute for the period to be decided by the Institute, as applicable.
10. The candidates are also likely to be posted at rural health and urban health centres or other centres attached with the Institute for the period to be decided by the Institute as applicable.
11. While every effort will be made to provide residential accommodation to the Faculty appointed at the Institute subject to availability but in view of the paucity of the residential accommodation in the campus it may not be possible to provide accommodation in every case. In the event that no accommodation is provided, necessary H.R.A. as admissible to Central Government Servants of similar status stationed at Bhubaneswar, Odisha will be provided.
12. Canvassing of any kind will be a disqualification.
13. The candidate should not have been convicted by any Court of Law.
14. In case any information given or declaration by the candidate is found to be false or if the candidate has willfully suppressed any material information relevant to this appointment, he/she will be liable to be removed from the service and any action taken as deemed fit by the Appointing Authority.
15. The Competent Authority reserves the right of any amendment, cancellation and changes to this advertisement as a whole or in part without assigning any reason or giving notice.
16. The decision of the Competent Authority regarding interview, verification of documents and selection would be final and binding on all candidates. No representation/correspondence will be entertained in this regard.
17. All disputes will be subject to jurisdiction of Court of Law at Bhubaneswar.

Clarification & Enquiries:

Mail to: recruitment@aiimsbhubaneswar.edu.in

Contact No: 0674-2476255 (10:00 AM to 05:00 PM on working days)

--Sd/--

(Prof. (Dr.) Ashutosh Biswas)
Executive Director
AIIMS, Bhubaneswar

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 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* _____

As amended by the Scheduled Castes and Scheduled Tribes Lists(Modification) order, 1956, the Bombay Reorganization Act, 1960 & the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act 1970, the North-Eastern Area(Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order(Amendment) Act, 1976.

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 _____ 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 _____ the _____ dated _____.

%3. 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:**

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Dy. Collector/Ist Class Stipendiary Magistrate/Sub-Divisional Magistrate/Extra-Assistant Commissioner/Taluka Magistrate/Executive Magistrate.
- (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-OBC-NCL**OBC-NCL Certificate Format****FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES (NCL)* APPLYING FOR ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri/Smt./Kum** _____ Son/
 Daughter** of Shri/Smt.** _____ of Village/
 Town** _____ District/Division** _____ in
 the State/Union Territory _____ belongs to the
 _____ community that is recognized as a backward class under
 Government of India***, Ministry of Social Justice and Empowerment's Resolution No.
 _____ dated _____****

Shri/Smt./Kum. _____ 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 08/09/93 which is modified vide OM No. 36033/3/2004
 Estt.(Res.) dated 09/03/2004, further modified vide OM No. 36033/3/2004-Estt. (Res.) dated
 14/10/2008, again further modified vide OM No.36036/2/2013-Estt (Res) dtd. 30/05/2014, and
 again further modified vide OM No. 36033/1/2013-Estt (Res) dtd. 13/09/2017.

District Magistrate /
 Deputy Commissioner /
 Any other Competent Authority

Dated:

Seal

-
- * Visit <http://www.ncbc.nic.in> for latest guidelines and updates on the Central List of State-wise OBCs.
 ** Please delete the word(s) which are not applicable.
 *** As listed in the Annexure (for FORM-OBC-NCL)
 **** The authority issuing the certificate needs to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

NOTE:

- (a) The term 'Ordinarily resides' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
 (b) The authorities competent to issue Caste Certificates are indicated below:
 (i) District Magistrate/ Additional Magistrate/ Collector/ Deputy Commissioner/ Additional Deputy Commissioner/ Deputy Collector/ Ist Class Stipendiary Magistrate/ Sub-Divisional magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner (not below the rank of Ist Class Stipendiary Magistrate).
 (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
 (iii) Revenue Officer not below the rank of Tehsildar' and
 (iv) Sub-Divisional Officer of the area where the candidate and/or his family resides
 (v) Certificate issued by any other authority will be rejected

ANNEXURE for FORM-OBC-NCL

Sl. No.	Resolution No.	Date of Notification
1	No.12011/68/93-BCC(C)	13.09.1993
2	No.12011/9/94-BCC	19.10.1994
3	No.12011/7/95-BCC	24.05.1995
4	No.12011/96/94-BCC	09.03.1996
5	No.12011/44/96-BCC	11.12.1996
6	No.12011/13/97-BCC	03.12.1997
7	No.12011/99/94-BCC	11.12.1997
8	No.12011/68/98-BCC	27.10.1999
9	No.12011/88/98-BCC	06.12.1999
10	No.12011/36/99-BCC	04.04.2000
11	No.12011/44/99-BCC	21.09.2000
12	No.12015/9/2000-BCC	06.09.2001
13	No.12011/1/2001-BCC	19.06.2003
14	No.12011/4/2002-BCC	13.01.2004
15	No.12011/9/2004-BCC	16.01.2006
16	No.12011/14/2004-BCC	12.03.2007
17	No.12011/16/2007-BCC	12.10.2007
18	No.12019/6/2005-BCC	30.07.2010
19	No. 12015/2/2007-BCC	18.08.2010
20	No.12015/15/2008-BCC	16.06.2011
21	No.12015/13/2010-BC-II	08.12.2011
22	No.12015/5/2011-BC-II	17.02.2014
23	No. 12011/04/2014-BC-II	14-01-2015
24	No. 12011/7/2014-BC-II	23-01-2015
25	No. 12011/1/2015-BC-II	27-05-2015
26	No. 12015/05/2011-BC-II	15-07-2015
27	No. 12011/06/2014-BC-II	09-09-2015
28	No. 12011/13/2016-BC-II	25-05-2016
29	No. 12011/14/2016-BC-II	15-06-2016
30	No. 12011/15/2016-BC-II	30-06-2016
31	No. 12011/04/2014-BC-II	11-08-2016
32	No. 12011/6/2014-BC-II	07-12-2016
33	No. 12011/13/2016-BC-II	22-12-2016
34	No.20012/1/2017-BC-II	19-01-2017
35	No. 12011/7/2017-BC-II	31-07-2017

(Form-II)**Disability Certificate**

**(In cases of amputation or complete permanent paralysis of limbs or dwarfism or
in case of blindness)**

(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 Mr./Ms./Mx. _____
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
physical impairment/blindness in relation to his/her _____ (part of body) as
per guidelines (to be specified).

2. The candidate has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

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

Signature and Seal of Authorised Signatory of
Notified Medical Authority)

(Form-III)**Disability Certificate (In case of multiple disabilities)****(Name and Address of the Medical Authority Issuing the Certificate)**

Recent pp size Attested Photograph (showing face only) of the person with disability

Certificate No. _____

Date: _____

This is to certify that we have carefully examined Mr./Ms./Mx. _____
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 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 (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

Sr. 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	X		
13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			
15.	Mental illness	X		
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 (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/both eyes

£ - e.g. Left/Right/both ears

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

Nature of Document	Date of Issue	Details of authority issuing certificate

Signature and seal of the Medical Authority

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

(Form-IV)**Disability Certificate (In cases other than those mentioned in Forms II and III)****(Name and Address of the Medical Authority Issuing the Certificate)**

Recent pp size Attested Photograph (showing face only) of the person with disability

Certificate No. _____

Date: _____

This is to certify that I have carefully examined Mr./Ms./Mx. _____
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:-

Sr. 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	X		
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness	X		
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

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/both eyes

£ - e.g. Left/Right/both ears

4. The candidate 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)

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

Countersigned

{Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)}

Note: 1. “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”