

अखिल भारतीय आयुर्विज्ञान संस्थान, देवघर (झारखण्ड) ALL INDIA INSTITUTE OF MEDICAL SCIENCES, DEOGHAR



(An Institution of National Importance under Ministry of Health & Family Welfare, Govt. of India)
Website-www.aiimsdeoghar.edu.in

F.No: AIIMS Deoghar/DR/Non-Faculty/2025-26/25

Dated:22.09.2025

Advertisement Notice For Recruitment of Non-Faculty Group 'A' Posts at AIIMS Deoghar On Direct Recruitment Basis.

Applications are invited from Indian citizens for recruitment on the following Non-Faculty Group-A Posts on Direct Recruitment at All India Institute of Medical Sciences, Deoghar.

Details of Posts viz Group, Pay Level, Vacancy & Reservation:

| Sl No | NAME OF THE POST | Group | Pay Level 7 th CPC | Vacancy Post | UR | OBC | SC | ST | EWS |
|----------|----------------------------------|----------|-------------------------------------|-----------------|-------|-----|----|----|-----|
| 1. | Medical Physicist | A | Level-10 | 02 | 2 | - | - | - | - |
| 2. | Medical Officer (Ayush) | LA LA | Level-10 | 01 | 210 | 3 | - | - | - |
| 3. | Clinical Psychologist | A | Level-10 | 01 | 1 | R | - | - | - |
| 4. | Child Psychologist | FA | Level-10 | 01 | 1490g | 5 | - | - | - |
| 5. | Assistant Nursing Superintendent | Ans | Level-10 | 04 | 03 | 01 | - | - | - |

Note: Number of vacancies are provisional and subject to change at the discretion of the Executive Director & CEO, AIIMS Deoghar. Executive Director & CEO, AIIMS Deoghar reserves the right to alter the number of vacancies of one or more than one posts and he also reserves the right to cancel the advertisement.

Mode of application:

Interested candidates are required to submit their application in the prescribed format which is attached as Annexure-A and send duly filled application in all manners along with requisite documents to the following address through SPEED POST only:

To,

The Recruitment Cell, Fourth Floor, Academic Building, AIIMS Deoghar, Ramsagar, Devipur, Deoghar Jharkhand-814152

Note:

- i. Name of Post & Advertisement Number should be clearly mentioned on envelope.
- ii. All the pages of application and attachments must be self-attested and it should be clearly visible.
- iii. Candidates are advised to fill their correct and active-email ID in the application form, as all correspondences will be made by the Institute through e-mail.
- iv. 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 last date of applications failing which their application will be summarily rejected.
- v. The last date for receiving of application through *SPEED POST* will be 30 days from publishing of advertisement in Employment News.
- vi. The candidature of such applicants who fail to send the application through speed post by the stipulated date will not be considered and summarily rejected. No correspondence in this regard will be entertained.
- vii. In case a candidate wishes to apply for more than one post, he/she is required to fill in the form separately in prescribed format and sent the same through SPEED POST only followed by paying application fees as applicable.
- viii. Photograph pasted on the application form should not be blurred and the photograph should not be more than 03 months old.
- ix. Photograph wearing goggles/ sunglasses/ spectacles/ blurred/ too small shall be rejected.
- x. Photograph should be of passport size.

Age Limit & Essential Qualification:

| SI. | POST | Age | Essential Qualification & Other |
|-----|-----------|-------|---|
| | 7001 | | |
| No | | Limit | 2019 Qualification |
| 1 | Medical | 21-35 | Educational Qualifications:- |
| | Physicist | Years | M.Sc in Medical Physics or equivalent from a |
| | | | recognized University/ Institution |
| | | | Or |
| | | 3 | (i) M.Sc in Physics from a recognized |
| | | | University |
| | | | (ii)A Postgraduate Diploma/ Degree in |
| | | | Radiological/ Medical Physics from a |
| | | | recognized University/ Institute. |
| | | | Or |
| | | | M.Sc in Medical Technology with Radiotherapy |
| | | | as special subject from a recognized University |
| | | | and/ or Diploma in Radiation Protection. |
| | | | And |
| | | | Experience: |
| | | | • |
| | | | 2 years' experience of working in Radiotherapy |
| | | | Department of a Hospital |
| 2 | Medical | 21-35 | Essential:- |
| | Officer | Years | 1. A degree in relevant stream of AYUSH |
| | (Ayush) | | from recognized University/ Statutory State |

| | | | Board/ Council/ Faculty of Indian Medicine or equivalent recognized under the relevant council. 2. Enrolment on the Central Register of that stream in Central or State Register of Indian Medicine 3. Experience of 3 years' clinical and/ or teaching experience in a recognized hospital/ teaching Institution. Desirable:- A Postgraduate degree in relevant stream of AYUSH from a recognized University/ Statutory/ State/ Board/ Council/ Faculty of Indian Medicine |
|----|--|----------------|---|
| 3 | Clinical Psychologist | 21-35 Years | M.A / MSc in Psychology with M.Phil. in Clinical Psychology And At least 2 years' experience in Clinical Psychology Desirable:- Ph.D in Clinical Psychology from recognized University/ Institution |
| 4 | Child Psychologist | 21-35 years | M.A / MSc in Psychology with M.Phil. in Clinical Psychology And At least 2 years' experience in Child & Adolescence mental health Desirable:- Ph.D in Clinical Psychology from recognized University/ Institution |
| 5. | Assistant Nursing Superintendent | 21-35 years | Essential: (i) B.Sc Nursing (4 year course) from a recognized Institute/ University, Or B.Sc (Post Certificate) or equivalent such as B.Sc Nursing (Post Basic) (2 year course) from a recognized Institute/ University. (ii) Should be registered with the Indian Nursing Council/ State Nursing Council. Experience: Six years' experience in 200 bedded health care organization after obtaining Degree or equivalent from a recognized University/ Institutions Desirable:- (i) M.Sc (Nursing) from a recognized Institute/ University. |

| | (ii) | Ability to use computers-Hands on experience in office applications, |
|--|------|--|
| | | spread sheets and presentations |

Note:

- 1. The cut-off date for determining the age, experience & essential qualification etc will be the last date of submission of the application.
- 2. The period of experience, wherever prescribed, shall be counted after obtaining the prescribed essential qualification.

<u>Mode of Selection</u>: the selection will be based on the performance of Interview only. However, the Institute may hold a Screening Test (s)/ any other screening process to shortlist candidates to be called for Interview in those posts against which higher number of application from eligible candidates received. The decision of the Institute in this regard will be final. The performance in the screening test will carry no weightage & final selection will be based on the performance of the eligible candidate in Interview only.

Place of Interview/ Screening Test shall be communicated to the eligible candidates only, after shortlisting of applications. Request for any change in place or date of interview shall not be entertained.

No TA/DA will be paid for appearing in document Verification/ Screening Test/ Interview.

<u>Application Fees</u>: Aspirants who wish to apply against any of the above posts are required to pay application fee in form of Demand Draft as under:

| 201 | 3 |
|------------------------------|----------------------------|
| Unreserved/ EWS Candidates | Rs.3000/- (Three Thousand) |
| OBC Candidates | Rs.1000/- (One Thousand) |
| SC/ST/ PWD/ Women Candidates | Nil |

आरोग्यम परमं सखम

Note:

- 1. Fee once paid shall not be refunded under any circumstances nor be adjusted against any other examination or selection.
- 2. If any candidate wants to apply against more than one posts he has to pay application fee separately against each post.
- 3. Applications received without application fee as the case shall be summarily rejected.
- 4. The Demand draft should clearly mention "In favour of AllMS Deoghar and Payable at Deoghar" Original Copy of Demand Draft must be attached with application form.

Age Relaxation:

- 1. The upper age limit shall be determined as on last date of submission of application.
- 2. Date of birth filled by candidate in the application form and the same recorded in the Matriculation/ Secondary Examination Certificate will be accepted for determining the age and no subsequent request for change will be considered or granted.

- 3. No age relaxation would be available to SC/ ST/ OBC candidates applying for unreserved vacancies.
- 4. Permissible relaxation in upper age limit for different categories in accordance with Rules/guidelines of DoPT, Government of India are as under:

| C) | | |
|------------|--|---|
| Sl. No. | Category | Age relaxation permissible beyond the upper age limit |
| 1. | SC/ST | 05 Years |
| 2. | OBC | 03 Years |
| 3. | PwD | Age relaxation of 10 years (15 years for SC/ST and 13 years for OBC candidates) in upper age limit shall be allowed to Persons with disabilities suffering from (a) blindness or low vision, (b) deaf and hard of hearing (c) locomotor disability including cerebral palsy, leprosy cured, dwarfism, acid attack victims and muscular dystrophy (d) Autism, intellectual disability, specific learning disability and mental illness and (e) multiple disabilities from amongst persons under clauses (a) to (d) including deaf-blindness in case of direct recruitment to all civil posts/services under the Central Government identified suitable to be held by persons with such disabilities, subject to the condition that maximum age of the applicant on the crucial date shall not exceed 56 years. |
| 4. | Central Government Employees/ Departmental Candidates of AIIMS Deoghar | Age concession of 5 years are allowed to Departmental Candidates of Institute/ Central Government employees in case of recruitment to Group A and Group B posts which are filled on direct recruitment basis. Note: This concession is admissible to such of the Government Servants as are working in posts which are in the same line or allied cadres and where a relationship could be established that the service already rendered in a particular post will be useful for the efficient discharge of the duties of posts |
| 5. | Ex-Serviceman | For appointment to vacancies in Group B (Non-Gazetted) or Group C posts in Central Government, an ex-servicemen shall be allowed to deduct the period of actual military service from his actual age and if the resultant age does not exceed the maximum age limit prescribed for the post for which he is seeking appointment by more than three years, he shall be deemed to satisfy the condition regarding age limit. |

For appointment to any vacancy in Group A and Group B services or posts filled by direct recruitment otherwise than on the results of an Open All India Competitive Examination, the upper age limit shall be relaxed by the length of military service increased by three years in the case of ex-servicemen and commissioned officers including Emergency Commissioned Officers of Short Service Commissioned Officers.

For appointment to any vacancy in Group A and Group B services or posts filled by direct recruitment on the results of an All India Competitive Examination, the ex-serviceman and Commissioned Officers including Emergency Commissioned Officers or Short Service Commissioned Officers who have rendered at least five years military services and have been released —

i. On completion of assignment (including those whose assignment is due to be completed within one year) otherwise than by way of dismissal or discharge on account of misconduct or inefficiency; or on account of physical disability attributable to military service or on invalidment shall be allowed maximum relaxation of five years in the upper age

Note:

i. Candidates who wish to be considered against reserved vacancies or seek age relaxation must submit requisite certificate from the competent authority, in the prescribed format when such certificates are sought by concerned Indenting Departments/ Organizations at the time of document verification. Otherwise, their claim for SC/ ST/ OBC/ EWS/ PwBD/ ESM category will not be entertained and their candidature will be cancelled.

UF MEDICA

- ii. The formats of the certificates are annexed with the Notice of this Examination. The certificate of disability issued under the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996) will also be valid. Certificates in any other format are liable to be rejected.
- iii. Candidates are cautioned that they must ensure that they belong to the category as filled in the application form and are able to prove the same by furnishing the requisite certificate from the competent authority when such certificates are sought at the time of document verification, failing which their candidature will be cancelled. Any

- grievance received in this regard in any form like Post, Fax, Email, by hand, etc. shall not be entertained and will be summarily rejected.
- iv. The candidates with benchmark disabilities (PwBD) may note that they must select the appropriate PwBD sub-category i.e. OH/ HH/ VH/PwBD-Other, while filling the application form as per their certificate of disability issued by the competent authority. No subsequent change of PwBD sub-category will be allowed under any circumstances. Such candidates shall have to furnish the requisite certificate from the competent authority as declared in the application form when such certificates are sought at the time of document verification, failing which their candidature will be cancelled. It may be noted that type of disability/disabilities (such as OA, OL, BL, Dw, MI, SLD etc.), as indicated in the Notification No. 38-16/2020-DD-III dated 04.01.2021 issued by Department of Empowerment of Persons with Disabilities, should be clearly mentioned by the competent authority issuing the certificate. If a candidate is rejected for non-furnishing of the requisite certificate in support of the PwBD sub-category filled in the application form, the candidate will be solely responsible for the same and the Institute will not have any responsibility. Any grievance received in this regard in any form like Post, Fax, Email, by hand, etc. shall not be entertained by the Institute and will be summarily rejected.
- v. A person seeking appointment on the basis of reservation to OBC must ensure that he does not fall in creamy layer on the crucial date i.e. the closing date of application. The applicants of OBC category, who are not covered under creamy layer in terms of Standing Instructions of Government of India as amended from time-to-time, seeking Age-relaxation, Reservation etc. shall invariably submit the requisite certificate as per the format.
- vi. The applicants seeking reservation of EWS category shall invariably submit the requisite certificate as per from the Competent Authority, as and when called for by the Institute, otherwise their claims for reservation etc. shall not be considered.
- vii. Candidates may also note that in respect of the above, their candidature will remain provisional till the veracity of the concerned document is verified by the Appointing Authority.
- viii. If any candidate avails benefit of reservation at any stage of recruitment such as age relaxation or shortlisted for mains/ interview after availing benefits of reservation in prelims/ screening test shall not be considered for unreserved seats.
- ix. The applicants already in Government service or any regular service shall have to produce No Objection Certificate from their present employer at the time of Document Verification/ Interview. Therefore, while applying for the post, candidate must get prior permission form their present employer.

Other Terms & Conditions:

i. All India Institute of Medical Sciences, Deoghar is an autonomous body established under Act of Parliament.

- ii. Service under the Institute is governed by that Act and the Rules & Regulations framed thereunder.
- iii. The Institute strives to have a workforce which reflects gender parity and women candidates are encouraged to apply.
- iv. All the posts carry usual allowances as admissible to Central Government Employees of similar status at Deoghar, Jharkhand.
- v. **Probation period**: The period of probation is two (2) years.
- vi. The applicants, who do not have requisite qualifications/ experiences as advertised as on the last date for submission of applications, will not be considered. However, in case they are called for screening test/ interview and appeared for the test does not confer any rights for selection in case they are found not meeting eligibility criteria later.
- vii. Incomplete application(s) will be summarily rejected. Application received after the last date of submission of application will not be considered.
- viii. The period of experience wherever prescribed shall be counted after obtaining the prescribed educational qualification.
- ix. The applicants already in Government service or any regular service shall have to produce No Objection Certificate from their present employer at the time of Document Verification/ Interview. Therefore, while applying for the post, candidate must get prior permission form their present employer.
- x. 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 posts as mentioned in the advertisement will be considered strictly as per existing rules/ guidelines of the Institute.
- xi. 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.
- xii. AIIMS reserves the rights to increase or decrease the number of vacancies.
- xiii. Canvassing of any kind will be a disqualification.
- xiv. The candidate should not have been convicted by any Court of Law.
- xv. While every effort will be made to provide residential accommodation to the staff 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. If no accommodation is provided, necessary HRA as admissible to central government servants of similar status stationed at Deoghar (Jharkhand) will be provided.
- xvi. In case any information given or declaration by the candidate is found to be false or if the candidate *has wilfully suppressed any material information relevant to this appointment, he/she will be liable to be removed from the service and any action may be taken as deemed fit by the Appointing Authority.
- xvii. The Competent Authority reserves the right to any amendment, cancellation & changes to this advertisement as a whole or in part without assigning any reason or giving notice. Any corrigendum/ addendum/ amendment to this advertisement and further details about screening test/ Interview will only be posted in Institute's Website

- therefore candidates are advised to visit website of AIIMS Deoghar regularly for any update about this advertisement and selection process.
- xviii. The decision of the AIIMS Deoghar, Jharkhand in all matters related to eligibility, acceptance or rejection of the applications, penalty for false information, mode of selection, conduct of screening test in some posts, examination centres etc will be final and binding on the candidates and no enquiry/ correspondence will be entertained in this regard.
- xix. The decision of the Competent Authority regarding document verification, verification of documents and selection would be final and binding on all candidates. No representation/correspondence will be entertained in this regard.
- xx. Based on the declaration of the candidates in their offline applications, they may be provisionally declared eligible to appear in the screening test/ Interview as applicable. However, if anyone found not meeting the requisite qualification/ experience & other eligibility criteria as per advertisement at any stage of the selection process or even after selection, then his candidature will be treated as cancelled without giving them any further notice.
- xxi. All disputes will be subject to jurisdiction of Court of Law at Deoghar.

Clarification & Enquiries:

Mail to: recruitment@aiimsdeoghar.edu.in

-sd-

Recruitment Cell, AIIMS Deoghar

आरोग्यम परमं सखम

| | fce for recruitment of non-factuitment basis. | |
|--------------------|---|--|
| Advertisement No.: | | Affix passport size colour |
| Post Applied for: | | photograph not less than 03 months old |
| ТО ВЕ | FILLED IN BLOCK LETTERS | |
| Full Name: | | |

| ТО ВЕ | FILLED IN BLOCK LETTERS |
|--|-------------------------|
| Full Name: | |
| Father's / Husband's Name: | |
| Permanent Address: | |
| (House No/ Village/ Town/ District/ State/ Country v& Pin) | |
| Present Address: | |
| (House No/ Village/ Town/ District/ State & Pin) | |
| Phone / Mobile No.: | |
| Alternate Mobile No: | |
| Email Address: | |
| Date of Birth (as per Matriculation Certificate): | |
| Are you a citizen of India by birth or by domicile? | |
| (PI attach documentary proof in case of citizen by domicile) | |
| Category (SC/ST/OBC/EWS/UR): | |
| Sex (Male/Female/Other): | |

| | 4.5 | | | 4.5 |
|-------|-------|--------|--------|-------|
| Educa | ati∧n | al ()u | alitic | ati∧n |

| SL No | Examination Passed | Subject / Discipline | School / College / University | Month & Year of Passing | Marks Obtained (%) / Grade |
|----------|-----------------------|-------------------------|-------------------------------------|-------------------------------|----------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

Experience Details

| Name of Organization | Date of Joining | Date of Relieving | Name of Post | Adhoc / Regular / Contract | Nature of Work | Last Basic Pay | Pay Level |
|-------------------------|--------------------|----------------------|--------------------|-------------------------------------|----------------------|----------------------|--------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Oth

| Other Details: |
|---|
| Are you currently working in a Government Department / Institution? ☐ Yes ☐ No ☐ Yes, please attach copy of NOC from current employer. |
| Demand Draft Details: DD No.: Date: Bank Name & Branch: Amount: Registration Details (If applicable): |
| Undertaking |
| I hereby declare that the information provided above is true and correct to the best of my knowledge and belief. If any information provided by me is found to be false or incorrect at any stage, my application/candidature is liable to be rejected, and I shall be responsible for any action as per rules/ law in force. |
| Date: |
| Place: |

Signature of the Candidate:

Attachments Details (to be submitted along with application form):

| Document Details | Whether attached (yes/no) | Document No. |
|--|---------------------------------|--------------|
| Identity Card | | |
| (copy of Aadhaar/ Passport/ Voter ID/ PAN Card etc) | | |
| Copy of certificate in respect of birth. | | |
| Copy of certificates of the qualification as mentioned in application form | | |
| Experience Certificate after completion of essential qualification. | | |
| Category Certificate | | |
| (SC/ST/OBC/EWS/ PwD/ ESM) | | |
| No Objection Certificate | | |
| Demand Draft | | |

FORMAT FOR SC/ ST CERTIFICATE

The form of 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/* |
| District/Division* | of the |
| State/UnionTerritory* | belongs |
| tothecaste/ Tribes* which is recognized as a So | cheduled Castes/Scheduled |
| Tribes* under:- | |
| @The Constitution (Scheduled Castes) Order,1950 | |
| @The Constitution (Scheduled Tribes) Order, 1950 | |
| @TheConstitution (Scheduled Castes) Union Territories O | Order, 1951 |
| @The Constitution (Scheduled Tribes) Union Territories | - |
| [As amended by the Scheduled Castes and Scheduled T | (ribes Lists (Modification) |
| order, 1956, the Bombay Reorganization Act, 1960 & t | |
| Act, 1966, the State of Himachal Pradesh Act 1970 | _ |
| (Reorganization) 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 & Kashmir) Scheduled CastesOrder | ,1956 |
| @The Constitution (Andaman and Nicobar Islands) Sche | eduled Tribes Order, |
| 1959as amended by the Scheduled Castes and Sche | eduled 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 (Uttar Pradesh) Scheduled Tribes Order, 196 | 7 |
| @The Constitution (Goa, Daman & Diu) Scheduled Castes Order | , 1968 |
| @The Constitution (Goa, Daman & Diu) Scheduled Tribes Order | r 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 (Scheduled Castes) Order (Amendment) Act, 2002

@ The Scheduled Castes and Schedules Tribes Orders (Amendment) Act, 2002

@The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002

@The Constitution (Scheduled Castes and Scheduled Tribes) Orders (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.

| | | is issued | | | Schedu | led Caste | s/ Schedi | uled | |
|----------------|-------------|-------------|----------|-------------|-----------|-----------|------------|---------|------|
| Tribes | | | | | | d | | to | |
| Shri/Shrimati | * | | | | | Father/1 | nother | of | |
| Shri/Srimati/I | Kumari*_ | | | | | | | of | |
| village/town* | | in | Distri | ct/Division | * | | | _of | |
| the State/Uni | on Territo | ry* | | who bel | ong to th | e Caste/T | ribe* wh | ich | |
| is recognized | as a | Scheduled | Caste/ | Scheduled | Tribe | in the | State/U: | nion | |
| Territory* of | | isst | ied by | the | | dated | | _ | |
| | | | | | | | | | |
| %3. Shri/Shri | mati/Kun | nari* | | | | and/ | or * his/h | ıer fan | nily |
| ordinarily | reside(s) | in | village/ | town* | | | | | of |
| | District/ | Divisio | on* o | f the | State/ | Union | Territo | ory* | of |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | Sig | nature _ | | | | |
| | | | | **Do | ignation | ı | | | |
| | | | | De | signation | | (with sea | | |
| | | | | | | | e/ Union | | |
| | | | | | | Stat | e/ Omon | Tellio | or y |
| Place: | | | | | | | | | |
| Date: | | | | | | | | | |
| Date | | | | | | | | | |
| *Diago dale | ata tha mar | de mhich a | | alicable | | | | | |
| *Please dele | | | | | | | | | |
| @ Please q | uote speci | inc preside | muai ord | ei | | | | | |

- % 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 Certificates:
- District Magistrate/ Additional District Magistrate/ Collector/ Deputy **(1)** Commissioner/ Additional Deputy Commissioner/ Dy. Collector/ Ist Class Stipendiary Magistrate/ +Sub-Divisional Magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner.
- + (not below of the rank of 1st Class Stipendiary Magistrate).
- Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency (ii) Magistrate.
- Revenue Officers not below the rank of Tehsildar. **(III)**
- Sub-Divisional Officers of the area where the candidate and/or his family normally resides.
- Administrator/ Secretary to Administrator/ Development Officer (Lakshadweep).

(FORMAT OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA)

| Inis is | to certify th | at Shri / Si | nt. /Kuma | 111 | | | | _son/daughter |
|---------|----------------|--------------|-------------|------------------------|--------|---------|------------|----------------------------|
| of | | | | | of | | | village/town |
| | | | in Dist | rict/Divisio | on | | | in |
| the | State/Union | Territory | | belo | ongs | to | the | |
| Comm | unity which is | recognized | as a back | ward clas | s und | er the | Governn | nent of India, |
| Ministr | y of | Social | Justice | and | En | npow | erment's | Resolution |
| No | | dated | | *_ | | - | | |
| Shri/Sm | nt./Kumari | | | -and/or hi | s/her | famil | y ordinari | ily reside(s) in |
| the | | Di | strict/Divi | sion of t | h e — | | | -State/Union |
| | | | | | | | | ersons/sections |
| (Cream | y Layer) men | ntioned in C | olumn 3 o | of the Scho | eduled | l to th | ne Govern | ment of India, |
| Departn | nent of Perso | nnel &Trai | ning O.M. | No. 3601 | 12/22/ | 93-Es | tt (SCT) | dated8.9.1993, |
| O.M. N | o. 36033/3/20 | 004-Estt. (R | es) dated | 9 th March, | 2004 | O.M | . No.3603 | 33/3/2004-Estt. |
| | | | | | | | | ated 27 th May, |
| 2013**. | | - | | | | | ` ' | |
| | | | | | | | | |
| | | | | | | | Signature | |
| | | | | | De | signat | tion | |
| Dated: | | | | | | | | |
| | | | | | | | | |
| | | Sea1 | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

- *- The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate's 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.

Form of Certificate to be submitted by Central Government Civilian Employees seeking age-relaxation

| (To be filled by the Head of the Office of D | epartment in which the candidate is working). |
|--|---|
| | |
| is a Central Government Civilian employee | • |
| matrix or pay scale of Rs with closing date. | |
| This office has no objection for his/ h Screening Test/ Interview for the post of Deoghar. | ner appearing in the Document Verification/ at AIIMS |
| | Signature: |
| | Name: |
| | |
| Place: Date: | Office Seal |
| (*Please delete the words which are not ap | plicable.) |

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

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

| | Certificate No | Date |
|----|--|-------------------------------|
| | VALID FOR THE YEAR | |
| | This is to certify that Shri/Smt./Kumari | son/daughter/wife of |
| | Village/Street Post Office in the State/ Union Territory whose photograph is attested below belongs to Economically W | District, |
| | whose photograph is attested below belongs to Economically Wannual income* of his/ her 'family'** is below Rs.8 Lakh (Ruffinancial yearHis/her family does not following assets ***: | pees Eight Lakh only) for the |
| | 5 acres of agricultural land and above; Residential flat of 1000 sq. ft. and above; Residential plot of 100 sq. yards and above in notified mun IV Residential plot of 200 sq. yards and above in areas other | • |
| 2. | Shri/Smt./Kumaribelongs to the recognized as a Scheduled Caste, Scheduled Tribe and Other Bac | |
| | Signature with seal of Office_ | |
| | Name | |
| | Designati | ion |
| | 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.

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)

| | | attested photograph | | | | | |
|--|--|-------------------------------------|--|--|--|--|--|
| | | (Showing face only) of | | | | | |
| | | the person with | | | | | |
| | | disability. | | | | | |
| Certificate No. | | Date: | | | | | |
| | t I have carefully ex son/wife/daughter.of | samined Shri/Smt./Kum. | | | | | |
| | | Ageyears, | | | | | |
| | | permanent | | | | | |
| | | e/StreetPost | | | | | |
| OfficeD | istrict Sta | te, whose | | | | | |
| photograph is affixed above | | | | | | | |
| (A) he/she is a case of: • locomotor disability • dwarfism • blindness (Please tick as applicable) (B) the diagnosis in his/her case is | | | | | | | |
| permanent locomotor disa | bility/dwarfism/blindness in per guidelines (| | | | | | |
| The applicant has submitte | d the following document a | s proof of residence:- | | | | | |
| Nature of Document | of Issue | ls of authority issuing certificate | | | | | |
| | | | | | | | |

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Recent

passport

size

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

2.

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 | | | | son | arefully n/wife/da ate of Bi | ughter | | (| of | 5 | ı. Shri |
| Age | ye | ars, male | e/femal | | | | | • | | _ ′ | | | |
| _ | | | | | | | | | | | | | |
| Registr | ration | No. | ard/Vil | lage/ | Street | per | manent | resi | dent | of Pos | Hous t Office | se ce | No. |
| | | W District | | | Sta | ate | | | whos | e pho | otogra | anh i | s |
| affixed | 1 above | e, and an | n satisf | ied tl | nat: | | | | | P | | -P | |
| impain date of | ment/d f issue (| a case isability of the gu t the rele | has bee | en ev s to b | aluateo e spec | las ifie | per guid | delines e disabi | () | | nur | nber | and |
| S. 1 | No Dis | ability | | pa | ffected art ody | of | Diagnos | sis | imp | | t nt/men (in %) | | ca1 |
| 1. | | omotor bility | | @ |) | | | | | | | | |
| 2. | | scular trophy | | | | | | | | | | | |
| 3. | 1 | rosy cure | d | | | | | | | | | | |
| 4. | | arfísm | | | | | | | | | | | |
| 5. | | ebral Pal | - | | | | | | | | | | |
| 6. | | d attack ' | Victim | | | | | | | | | | |
| 7. | | v vision | | # | | | | | | | | | |
| 8. | | ndness | | # | | | | | | | | | |
| 9. | | - | | £ | | | | | | | | | |
| 10. | | d of Hear | ring | £ | | | | | | | | | |
| 11. | Lar | ech iguage di | and sability | | | | | | | | | | |
| 12. | | ellectual Disat | | | | | | | | | | | |
| 13. | | ecific I ability | earning | g | | | | | | | | | |

| 14. | Autism Spectrum |
|-----|---------------------------------------|
| | Disorder |
| 15. | Mentalillness |
| 16. | Chronic |
| | Neurological |
| | Conditions |
| 17. | Multiple sclerosis |
| 18. | Parkinson"s disease |
| 19. | Haemophilia |
| 20. | Thalassemia |
| 21. | Sickle Cell disease |
| | · · · · · · · · · · · · · · · · · · · |

| | | | | | | | | | | | impairment | |
|------|------|----|---|-------|--------|----------|-------|-----|--------------|------------|---------------|----|
| _ | | | _ | 1 | number | and date | of is | sue | of the guide | lines to b | e specified), | is |
| as f | ollo | ws | : | | | | | | | | | |
| | | | | | | | | | | | | |

| In figurespercent | |
|-------------------|---------|
| In words: | percent |
| III Words . | Percent |

- This condition is progressive/non-progressive/likely to improve/not likely to improve.
- 3. Reassessment of disability is:
 - (i) not necessary,

Ot

(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 | Name | Name and |
| and | and | Seal of the |
| Seal of | Seal of | Chairperson |
| Member | Member | - |

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: |
|-------------|----|-------|
| | | |

| | certify that I have care | fully examined Shri/Smt./Kum | Date |
|----------|---|------------------------------------|------------------|
| | | Ageyears, | male/female |
| | | permanent reside | |
| | Ward/Villag | ge/Street | _ Post Office |
| | District | State | , whose |
| photogra | ph is affixed above, | and am satisfied that he/she is | a case of |
| | | disability. His/her extent of perc | entage physical |
| impairm | ent/disability has been e | evaluated as per guidelines (n | umber and date |
| | of the guidelines to in the table below: | be specified) and is shown again | nst the relevant |

| S. No | Disability | Affected | Diagnosis | Permanent physical |
|-------|------------------------------------|-----------------|-----------|--|
| | | part of body | | 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)

- The above condition is progressive/non-progressive/likely to improve/not likely to improve.
- 3. Reassessment of disability is:
- (i) not necessary, or
- @ 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 iss | authority ertificate |
|--------------------|---------------|----------------|-------------------------|
| | | | |

(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