

**CERTIFICATE FOR TYPING SKILL TEST EXEMPTION
FOR PERSONS WITH DISABILITIES (PWD)**

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL

DISABILITY CERTIFICATE

Certificate No. Date:

1. This is certified that Smt./Shri /Kum*..... son/ daughter* of Shri..... age.....sex Male/ Female having identification marks as below.

is suffering from permanent disability of following category :

A. Locomotor or cerebral palsy:

- (i) BL-Both legs affected but not arms.
(ii) BA-Both arms affected: (a) Impaired reach
(b) Weakness of grip
(iii) OL-One leg affected (right or left) (a) Impaired reach
(b) Weakness of grip
(c)Ataxic
(iv) OA-One arm affected (right or left) (a) Impaired reach
(b) Weakness of grip
(c)Ataxic
(v) BH-Stiff back and hips (cannot sit or stoop)
(vi) MW-Muscular weakness and limited physical endurance.

B. Blindness or Low Vision:

- (i) B-Blind (ii) PB-Partially Blind (i) D-Deaf (ii) PD-Partially Deaf

(Delete the category whichever is not applicable)

2. This is certified that Smt./Sri/Kumari..... being unable to perform the Typing Skill Test because of his/her physical disability, i.e., (indicate the category whichever is applicable) may be exempted from Typing Skill Test.

3. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment of this case is not recommended / is recommended after a period of..... year.....months..

4. Percentage of disability in his / her case ispercent.

5. Smt./Shri/Kum*..... meets the following physical requirement for:

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

(Signature of Doctor)

(Signature of Doctor)

(Signature of Doctor)

Name:

Name :

Name :

Registration No. :

Registration No. :

Registration No. :

Member, Medical Board

Member, Medical Board

Member, Chairperson, Medical Board

* Please delete the words which are not applicable

Place :

Counter signature of the Medical Superintendent/CMO/

Date :

Head of Hospital (with seal)

Note : (i) According to the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full participation) Rules, 1996 notified on 31.12.1996 by the Central Government in exercise of the powers conferred by sub-Section (1) and (2) of Section 73 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996), authorities to give disability Certificate will be a Medical Board duly constituted by the Central or the State Government. The State Government may constitute a Medical Board consisting of at least three members out of which at least one shall be a specialist in the particular field for assessing locomotor / hearing and speech. (ii) The certificate would be valid for a period of 5 years for those whose disability is temporary. For those who acquired permanent disability, the validity can be shown as 'permanent'.

Proforma for Medical Certificate to be obtained from an Eye Specialist by candidates applying for the posts of Assistant Station Master/Traffic Assistant.

I have checked up Smt. / Shri / Kumari who has applied for the post of Assistant Station Master/Traffic Assistant in Railways. Acuity of vision/colour vision of his/her has been tested in view of the following standards required for appointment on the Railways.

Post	Class	Distant vision	Near vision	Colour vision Ishihara
Assistant Station Master/Traffic Assistant	A-2	6/9,6/9 without glasses with fogging test	Sn 0.6/0.6 without glasses	Normal

Paste here your recent colour passport size photograph of size 3.5 cm x 3.5 cm (The colour photograph should not be more than 3 months old) The photograph should be attested by the eye specialist

Smt./Shri/ Kumari fully conforms to the above vision standards.

Name of the Eye Specialist

Registration No. of the Eye Specialist.

Place :

Date :

Signature of candidate in the above box below the photograph

(Signature & Seal of the Eye Specialist)

3. Reassessment of disability is :

(i) not necessary,

Or

(ii) is recommended/after year 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 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 disability certificate is issued

Paste here your recent colour photograph showing the disability (The photograph should be attested by the Chairperson of the Medical Board)

Signature of candidate in the above box below the photograph

**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)

(See Rule 4)

Certificate No. : Date:

This is to certify that I have carefully examined Shri/Smt./Kum son/wife/daughter of Shri

Date of Birth Age years, Male/Female.....

(DD)(MM)(YY)

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 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	Low Vision	#		
3	Blindness	Both Eyes		
4	Hearing Impairment	£		
5	Mental Retardation	x		
6	Mental-illness	x		

(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)

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

e.g. Single eye/both eyes

£ 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

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

(Authorised Signatory of notified Medical Authority)

(Name and Seal)

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 : 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 vide notification number S.O. 908(E), dated the 31st December, 1996.

DECLARATION TO BE SUBMITTED BY VISUAL HANDICAPPED CANDIDATES & THOSE CANDIDATES WHOSE WRITING SPEED IS AFFECTED BY CEREBRAL PALSY

PARTICULARS OF SCRIBE PROPOSED TO BE ENGAGED BY THE CANDIDATE

1. Name of the Candidate

2. Date of Birth of the Candidate

3. Name of the Scribe

4. Father's Name of the Scribe

5. Address of the Scribe :

(a) Permanent Address

(b) Present Address

6. Educational Qualification of the Scribe

7. Relationship, if any, of the Scribe to the Candidate

8 **DECLARATION:**

We hereby declare that the particulars furnished above are true and correct to the best of our knowledge and belief. We have read/ been read out the instructions of the Railway Recruitment Board regarding conduct of the visually challenged candidates/SCRIBES at this examination and here by undertake to abide by them.

(Signature of the Candidate)

(Signature of the Scribe)

Left thumb impression of the candidate in the box given above

Left thumb impression of the Scribe in the box given above.