

UTTAR PRADESH PUBLIC SERVICE COMMISSION

Advertisement. No. 01/E-1/S-8/2022-23

LAST DATE FOR THE PAYMENT OF APPLICATION FEE IN THE BANK: 02-01-2023 LAST DATE FOR SUBMISSION OF ONLINE APPLICATIONS: 05-01-2023

IMPORTANT - (1) "Incomplete Online Application-Form shall be rejected and no communication in this regard shall be entertained."

(2) "If at any stage, it comes to the knowledge of the commission that the candidate has concealed or misrepresented any information, his candidature shall be rejected and proceeding to debar him from future examinations and selections shall be initiated." (3) "The candidates are directed to ensure at the time of online application the preservation of information regarding all the stages (i.e. Registration, Fee payment, Final submission etc.) in Soft/Hard copy for future references."

SPECIAL NOTICE:- (a) "Applications will be accepted only when fee is deposited in the Bank upto prescribed last date for fee payment. If the fee is deposited in bank after the last date prescribed for fee payment, the on-line application of the candidate will not be accepted and the fee deposited in the bank will not be refunded in any condition. It will be responsibility of the candidates to payment fee in the bank upto last date prescribed for fee payment and 'submit' the application upto last date prescribed for submission of applications. It is also informed that less or more amount deposited in the form of examination fee shall not be refunded in any condition." (b) In Online Application System, the candidates have to provide their Mobile No. in prescribed column failing which their Basic Registration shall not be completed. All relevant informations/ instructions shall be sent through sms on that mobile number.

NECESSARY INFORMATION TO APPLICANTS FILLING THEIR APPLICATIONS THROUGH ON-LINE

This advertisement is also available on the Commission's website http://uppsc.up.nic.in. The Online application system is applicable for applying against this advertisement. Applications sent by any other mode shall not be entertained hence candidates are advised to apply On-line only. In connection with On-line application, candidates are advised to go through the instructions thoroughly given as under and apply accordingly:-

- 1. When the candidate clicks "ALL NOTIFICATIONS/ ADVERTISEMENTS" on the Commission's website http:// uppsc.up.nic.in the On-line advertisements shall be automatically displayed, wherein there shall be 3 parts given as below:
- (i) User instructions
- (ii) View Advertisement
- (iii) Apply

The Instructions for filling "On-line form" have been given in User Instruction. The Candidates desirous to see the advertisement will have to click before 'View Advertisement' to which they are desirous to see, full advertisement will be displayed alongwith sample snapshots of On-line Application procedure. Click on "Apply" for On-Line Application.

On-line application will be completed in three stages: First Stage:- On clicking "Apply" Candidate Registration will be displayed. Basic Registration form will be displayed on clicking the 'Candidate Registration' in respect to the Examination. After filling the Basic Registration form, the candidates must check all the informations filled by them. If any correction/modification is required, click on 'Click here to modify' and ensure the required corrections/ modifications. After being fully satisfied with all the informations filled, click on 'Submit Application' consequently, the registration of first stage shall be over. Thereafter 'Print Registration Slip' shall be displayed and Print of Registration Slip must be taken by Clicking on

Second Stage:- After the completion of the procedure of first stage, 'Fee to be deposited [in INR]' shall be displayed with caption "Click here to proceed for payment". After clicking the above caption of 'Click here to proceed for payment", home page of State Bank MOPS (Multi Option Payment System) shall be displayed comprising of 03 modes of payment viz.

(i) NET BANKING (ii) CARD PAYMENTS and (iii) **OTHER PAYMENT MODES.**

After payment the required fee by any one of the above prescribed modes, "Payment Acknowledgement Receipt (PAR)" shall be displayed alongwith detail of fee payment, the print of which must be taken by clicking on "Print Payment Receipt".

Third stage: - On completion of the procedure of second stage click on "Proceed for final submission of application form (Part-2)" as a result of which 'format' shall be displayed. The candidates are required to enter all the required informations in the format. The photo and signature duly scanned shall be uploaded also. The candidate should scan his photograph and signature in

the prescribed size (the size will be mentioned at the specified spot in the On-line application). This should also be kept in notice that the photo must be latest passport size. In case the photo and signature, scanned in the prescribed size, are not uploaded, then the On-line system will not accept it. The procedure related for scanning of the photo and signature is laid down in the Appendix-1. After filling in all entries in the format, the candidates may click "PREVIEW" to see for themselves that all entries and informations are correctly entered and after satisfying themselves should click "Submit" button to forward the same to the Commission. It is essential that the candidate should fill all informations On-line correctly according to the instructions given and click the 'Submit' button by the last date prescribed for submission of the application form. If the candidate does not click the "Submit" button, the On- Line application process shall not be completed finally and the candidate shall be accountable for this. After clicking the 'Submit' button, the candidate may take a print of the application to preserve it with them. In the event of any discrepancies, the candidate will be required to submit the said print in the office of the Commission, otherwise his/her request shall not be entertained.

- 2. Application Fee: In the ON-LINE Application process after completing the procedure of first stage, category wise prescribed fee is to be deposited as per instructions provided in second stage. The prescribed fee for different categories is as under:-
- Unreserved/ Economically Weaker Sections/ other Backward Class
- Exam fee Rs. 80/- + On-line processing fee Rs. 25/- Total = Rs. 105/-
- Scheduled Tribe
- (ii) Scheduled Caste/ Exam fee Rs. 40/- + On-line processing fee Rs. 25/- Total = Rs. 65/-
- (iii) Handicapped
- Exam fee NIL/- + On-line processing fee Rs. 25/- Total = Rs. 25/-
- (iv) Ex-Servicemen -
- Exam fee Rs. 40/- + On-line processing fee Rs. 25/- Total = Rs. 65/-
- (v) Dependents of the Freedom Fighters/ Women
 - According to the original category
- 3. If the claims of the candidates made in their applications are not found true, they can be debarred from all the future examinations and selections made by the Commission including other appropriate penalties.
- 4. Modify Submitted Application: If a candidate comes to know about any errors in the submitted application form except in the name of exam and type of recruitment. Registered Mobile Number, E-mail ID, Aadhaar Number and such cases where prescribed fee for modified category is higher (in case of error in these entries, candidate may submit new online application with prescribed fee only as previously deposited fee will neither be adjusted nor refunded) he/she will be given only one opportunity to modify it/them according to the following procedure before the last date of the submission of application form. "Candidate has to click on 'Modify Submitted Application' under Online application process' in Candidate Segment. After that Candidate Personal Details' will be displayed on the screen to fill in Registration No., Date of Birth, Gender, Domicile and Category. After filling the Verification code the candidate has to click on the 'proceed' button following which for Authentication of the candidate OTP (One Time Password) will be sent on the registered mobile no. of the candidate and the Option-Box will be displayed on the screen to fill in the OTP. After the candidate has filled in the OTP and clicks on the 'proceed' button his/her previously submitted on line application from will be displayed on the screen. The candidate can submit his/her on line application form after making required modifications in it. This facility will be available to the candidates only one time within the last date of submission of application form."

Note: After scrutiny of online application if it is found by the commission that the candidate has submitted more than one application form, in such a case, only the last submitted application form of the candidate will be accepted and the remaining application forms will automatically stand cancelled ad application modification option has been provided in foregoing para, therefore, in this regard no claim of the candidate will be accepted.

MEDICAL & HEALTH SERVICE DEPARTMENT

U.P. (ALLOPATHY)

2382 (Two Thousand Three Hundred Eighty Two) Posts of Medical Officer grade-II (Level-2), Nature of post - Group 'A' Gazetted, Reservation - According to the existing Govt. Orders. Pay Scale - 67700-208700, Level-11, Age Limit - 21 to 40 years (Age relaxation is

permissiable as per rule to the reserved category candidates), Number of posts in different specialities is as under:-

S. N.	Specialist	Medical Officer Grade-II Level-2 (Direct Recruitment)	Deptt. No.
1	Gynecologist	346	S-8/1
2	Anesthetist	476	S-8/2
3	Pediatrician	418	S-8/3
4	Radiologist	68	S-8/4
5	Pathologist	06	S-8/5
6	General Surgeon	401	S-8/6
7	General Physician	488	S-8/7
8	Ophthalmologist	05	S-8/8
9	Orthopedician	02	S-8/9
10	E.N.T. Specialist	29	S-8/10
11	Dermetologist	46	S-8/11
12	Psychiatrist	32	S-8/12
13	Microbiologist	08	S-8/13
14	Forensic Specialist	52	S-8/14
15	Public Health Specialist	05	S-8/15
	Total	2382	

Note:- (i) Horizontal reservation will be as per rules, for physically handicapped person, if post available, only O.A. (One Arm Affected), O.L. (One Leg Affected), L.V. (Low Vision), Dw (Dwarfism) and A.A.V. (Acid Attack Victims) candidates are eligible. (ii) The no. of vacancies may increase or decrease on the request of the Govt. in special circumstances.

Educational Qualification (Essential) and other Qualifications-A- Essential Qualification (i) MBBS degree of a university recognized by the 'Medical Council of India' or an undergraduate medical degree recognized under 'The National Medical Commission Act, 2019.' and, (ii) Postgraduate Degree (3 years) in the concerned Specialty of a university recognized by the 'Medical Council of India' or a Post-Graduate Medical degree recognized under 'The National Medical Commission Act, 2019', or (iii) Postgraduate Diploma (2 years) in the concerned Speciality of a university recognized by the Medical Council of India or a Post-Graduate medical diploma recognized under 'The National Medical Commission Act, 2019' and with at least one year of experience in the concerned Speciality after registration of the diploma in the concerned Medical Council.

Specialty-wise educational qualification for Medical

Officer Grade-II:- SI. Section A Section-B					
Specialist	Section-A Requisite Post Graduate Degree Qualification	Section-B Requisite Post Graduate Diploma Qualification			
Gynecologist	M.D. (Obstetrics & Gynaecology) M.S. (Obstetrics & Gynaecology)	Diploma in Obstetrics and Gynaecology			
Anesthetist	M.D. (Anesthesiology)	Diploma in Anaesthesia			
Pediatrician	M.D. (Paediatrics)	Diploma in Child Health			
Radiologist	M.D. (Radio- Diagnosis) M.D. (Radiology)	Diploma in Radio Diagnosis			
Pathologist	M.D. (Pathology) M.D. (Lab Medicine) M.D. (Bio-Chemistry)	Diploma in Clinical Pathology Diploma in Path. & Bact. Diploma in Transfusion Medicine			
General Surgeon	M.S. (General Surgeon)	-			
General Physician	M.D. (Emergency Medicine) M.D. (Geriatrics) M.D. (Pulmonary	Diploma in General Medicine Diploma in Emergency Medicine Diploma in Diabetology			
	Specialist Gynecologist Anesthetist Pediatrician Radiologist Pathologist General Surgeon	Specialist Specialist Section-A Requisite Post Graduate Degree Qualification M.D. (Obstetrics & Gynaecology) M.S. (Obstetrics & Gynaecology) M.D. (Anesthesiology) Pediatrician M.D. (Paediatrics) M.D. (Radio- Diagnosis) M.D. (Radiology) M.D. (Radiology) M.D. (Pathology) M.D. (Pathology) M.D. (Bio-Chemistry) General Surgeon General Surgeon General Physician General Physician General Physician General Medicine) M.D. (Emergency Medicine) M.D. (Emergency Medicine) M.D. (Geriatrics)			

		M.D. (Respiratory Medicine) M.D. (Internal Medicine) M.D. (Tuberculosis & Chest Diseases)	
8	Ophthalmologist	M.S. (Ophthalmology) M.D. (Ophthalmology)	Diploma in Ophthalmology Diploma in Ophthalmic Medicine and Surgery.
9	Orthopedician	M.S. (Orthopaedics) M.S. (Traumatology and Surgery)	Diploma in Orthopaedics
10	E.N.T. Specialist	M.S. (E.N.T.)	Diploma in Ot-Rhino- Laryngology
11	Dermatologist	M.D. (Dermatology) M.D. (Venereology)	Diploma in Dermatology Diploma in Venereology Diploma in Leprosy Diploma in Dermatology, Venereology and Leprosy
12	Psychiatrist	M.D. (Psychiatry)	Diploma in Psychological Medicine
13	Microbiologist	M.D. (Bacteriology) M.D. (Microbiology)	Diploma in Microbiology
14	Forensic Specialist	M.D. (Forensic Medicine)M.D. (Forensic Medicine and Toxicology)	Diploma in Forensic Medicine
15	Public Health Specialist	M.D. (Social & Preventive Medicine)M.D. (Community Medicine)M.D. (Community Health Administration)	Diploma in Community Medicine Diploma in Public Health Master in Public Health Master in Public Health (Epidemiology) Master Degree in Applied Epidemiology

*Degree/Diploma granted by Diplomate of National Board (DNB) bodies for the concerned specialty(ies) mentioned above shall also be eligible subject to the rules above.

*Holders of Postgraduate degree/Postgraduate diploma issued by the Medical Council of India, institutions recognized by National Medical Commission and Diplomate of National Board-DNB will only be eligible for this selection process, apart from the said institutions, Postgraduate degree/Postgraduate diploma issued by any other institution will not be valid.

B. Preferential Qualification- (1) Who has served in the territorial army for minimum period of two years. (2) Who has obtained a "B" certificate of National cadet corps. (3) Possessing a post grduate degree or diploma in Medicine or health Sciences recognized by the Medical Council of India. Note:- Candidates should be Registered in U.P. Medical Council or Medical Council of India.

GENERAL INSTRUCTIONS LAST DATE FOR THE PAYMENT OF APPLICATION FEE IN THE BANK: 02-01-2023 LAST DATE FOR SUBMISSION OF ONLINE APPLICATIONS: 05-01-2023

- **1.**The candidate must carefully study the detailed advertisement and may apply for the post only when he/ she is eligible for the concerned post.
- **2.** In no circumstance, applications shall be accepted after the last prescribed date and time. Applications found without requisite informations and without photograph and signature, even when received in time, will be summarily rejected.
- 3. The knowledge of Hindi is essential.
- 4. The date of calculation of age (except where indicated otherwise) is 1st July, 2022. The maximum agelimit shall be relaxable by five years for the candidates belonging to Scheduled Caste, Scheduled tribe, Other backward class, Skilled players of U.P. of Classified (for the post of Group 'B' and 'C' only) Games and State Govt. Employees of U.P. including Teachers/ Staff of the Basic Shiksha Parishad of U.P. according to G.O. No. 1648/79-5-2015, dated 19 June, 2015 and Teachers/Staff of the Government Aided Madhyamik Vidyalayas of U.P. as per G.O. No. 1508/15-8-2015-3057, dated 16 September, 2015 (Only domiciled persons of U.P. are entitled for such age relaxation). The upper age limit shall also be greater by 3 years + period of service rendered in army for the emergency commissioned officers/short service

commission officers/commissioned officers/Ex-Army personnels of U.P. It is essential to be discharged from army upto the date of last date of receipt of application. Relaxation of 15 years in the upper age limit will be admissible to P.H. candidates.

- **5.** After receipt of application in the Commission, any request for change in the qualification and category will not be entertained.
- **6.** Minimum educational qualification is not sufficient for being called for interview. Mere eligibility does not entitle a candidate to be called for interview or for selection. Intimation for interview will be sent later on.
- 7. In case of large number of applicants for the post/ posts, the Commission may hold screening test, which will be communicated in due course of time. Under the conditions of holding screening test (Objective Type), penalty shall be imposed for wrong answers given by the candidates as below.
- (i) There are four alternatives for the answer to every question. For each question for which a wrong answer has been given by the candidate, **one third (0.33)** of the marks assigned to that question will be deducted as penalty.
- (ii) If a candidate gives more than one answer, it will be treated as a wrong answer even if one of the given answer happens to be correct and there will be same penalty as above for that question.
- (iii) If a question is left blank i.e. no answer is given by the candidate, there will be **no penalty** for that question.
- **8.** The original certificates are required for verification at the time of interview. Candidate will then also be required to submit his/her passport size photograph attested by head of department or head of the institution, where he/she received last education or by a Gazetted Officer.
- **9.** Candidates serving under Central or State Government will have to produce "NO OBJECTION CERTIFICATE" from their employer at the time of interview.
- **10.** The decision of the Commission as to the eligibility or otherwise of a candidate will be final.
- 11. The candidate coming under the reserved category, desiring benefit of the reservation, must indicate in the prescribed column of the on-line application the category/ sub category (one or more than one) whatever may be, and if they fail to do so, they will be treated like a general candidate and the benefit of reservation will not be admissible to them.
- 12. Till the last date and time of the submission of the online application, it is must to click the 'Submit Button'. The candidate must take a print out of the application duly filled in and keep it safe and secure. In the event of any discrepancy, the candidate will be required to submit the print-out to the office of the Commission otherwise the request of the candidate shall not be entertained.
- 13. With regard to claims made in the 'On-line Application', the candidate shall submit the following original certificate/ certificates in the prescribed format, when asked for by the Commission. If the certificates are not submitted in time, the candidature shall be cancelled.
- **13.1** Only Higher Secondary/High School Certificate for proof of the age shall be treated valid.
- **13.2** Proof of degree/diploma or its equivalent qualifications to confirm the prescribed essential and preferential qualifications.
- **13.3** In the case of physically handicapped candidates, the certificate issued by the competent authority in the formatto the Govt. Order No. 05/2022/18/1/2008/47/ka-2/2022 dated 18th April 2022.
- **13.4** In the case of the skilled players of the classified sports, a certificate issued by the competent authority will be required in terms of the Government Order No. 22/21/1983-Ka-2 dated 28th November 1985.
- 13.5 Under any reserved category/categories, for the confirmation of the claim for reservation, the caste certificate issued by District Magistrate/Additional District Magistrate (Executive)/City Magistrate/SDM/Tehsildar in the prescribed format prescribed under Govt. Order No. 22/16/92-TC-III/Ka-2/2002 dated 22nd October, 2008 in respect of candidates belonging to the SC/ST/OBC, will be accepted.
- 13.6 उत्तर प्रदेश शासन, कार्मिक अनुभाग—2 के पत्रांक 1/2019/4/1/2002/का—2/19 टी.सी.— || दिनांक 18 फरवरी 2019 में निहित प्राविधानों के अनुपालन में उत्तर प्रदेश राज्य के मूल निवासी एवं आर्थिक रूप से कमजोर वर्गों के ऐसे व्यक्तियों जो अनुसूचित जाति, अनुसूचित जनजाति तथा अन्य पिछड़े वर्गों के लिए आरक्षण की वर्तमान व्यवस्था से आच्छादित नहीं हैं, को उत्तर प्रदेश सरकार की लोक सेवाओं और पदों की सभी श्रेणियों में सीधी भर्ती के प्रक्रम पर 10 प्रतिशत का आरक्षण नियमानुसार देय होगा।
- 13.7 Those candidates, willing to take the benefit of the reservation may obtain a certificate, issued by the competent authority, in support of the reserved category, in the prescribed format printed in this detailed advertisement and submit the same to the Commission, whenever required to do so. Those claiming more than one reserved category will be given only one such concession, which will be more beneficial. The candidates not originally domiciled in U.P. belonging to SC, ST, O.B.C., dependants of freedom fighters, handicapped and Ex-servicemen are not entitled to benefit of reservation. Such candidates will be treated in general category.

नोटः- शासनादेश संख्या-39 रिट/का-2/2019 दिनांक - 26 जून, 2019 द्वारा शासनादेश संख्या- 18/1/99/ का-2/2006 दिनांक 09 जनवरी,

2007 के प्रस्तर-4 में दिये गये प्राविधान, "यह भी स्पष्ट किया जाता है कि राज्याधीन लोक सेवाओं और पदों पर सीधी भर्ती के प्रक्रम पर महिलाओं को अनुमन्य उपरोक्त आरक्षण केवल उत्तर प्रदेश की मूल निवासी महिलाओं को ही अनुमन्य है" को रिट याचिका संख्या- 11039/2018 विपिन कुमार मौर्या व अन्य बनाम उत्तर प्रदेश राज्य व अन्य तथा सम्बद्ध 6 अन्य रिट याचिकाओं में मा0 उच्च न्यायालय, इलाहाबाद द्वारा दिनांक 16.01.2019 को अधिकारातीत (Ultra Vires) घोषित करने सम्बन्धी निर्णय के अनुपालन में शासनादेश दिनांक 09.01.2007 से प्रस्तर-04 को विलोपित किए जाने का निर्णय लिया गया है। उक्त निर्णय शासन द्वारा मा0 उच्च न्यायालय के आदेश दिनांक 16.01.2019 के विरूद्ध दायर विशेष अपील (डी) संख्या-475/2019 में मा0 न्यायालय द्वारा पारित होने वाले अन्तिम निर्णय के अधीन होगा।

- **14.** The Commission do not advise to candidates about their eligibility. Therefore, they should carefully read the advertisement and when satisfied about their qualifications in terms of the advertisement, then only apply.
- **15.** In the category of dependants of the freedom fighters only sons, daughters, grand-sons (son's son/daughter's son) and grand daughters (son's daughter/daughter's daughter, married/ unmarried) are covered. Only such relationships with the freedom fighters are not adequate but the candidate should remain actually dependant of the freedom fighter. It is advised that now the candidates may obtain the reservation, certificate from the District Magistrate in terms of Govt. Order No. 453/79-V-1-15-1(Ka)/14-2015 dated 07-04-2015 in the prescribed format and submit the same.
- **16.** In the event of involvement of a candidate in the concealment of any important information, pendency of any case/criminal case, conviction, more than a husband or wife being alive, submission of facts in a distorted manner, canvassing for selection etc. The Commission reserves the right to reject the candidature and debar from appearing in the examinations and selections.
- 17. The change of address intimation may be sent immediately to the Commission. In order to make any correspondence with the Commission, it is essential to mention the name of the post applied for, advertisement number, Deptt. No., date of birth and registration number.
- **18.** In case the candidates face any problem in the "On-line Application" they may get their problem resolved by contacting over phone or Website clicking 'Contact us'.
- **19.** Candidates are required to complete essential qualification till the last date of receipt of On-line application.
- **20.** The claim of category, subcategory, domicile, gender, date of birth, name and address will be valid only till the last date of online application. In this regard no application for error correction/modification shall be acceptable. Incomplete application form shall be summarily rejected and no correspondence shall be entertained in this in this regard. On submission of false/misleading information, the candidature will be cancelled.

Appendix-1 The procedure relating to upload photo & signature.

Detailed Application Form:

At the top of the page there is a 'Declaration' for the candidates. Candidates are advised to go through the contents of the Declaration carefully. Candidate has the option to either agree or disagree with the contents of Declaration by clicking on 'I Agree' or 'I do not agree' buttons. In case the candidate opts to disagree, the application will be dropped and the procedure will be terminated. Accepting to agree only will submit the candidate's Online Application.

Notification Details:-

This section shows information relevant to Notification i.e. Notification number, selection type, directorate/department name and post name.

Personnel Details :-

This section shows information about candidate personnel details i.e. Registration Number, candidate name, Father/ Husband name, Gender, DOB, UP domicile, Category, Marital status, email and contact number.

OTHER DETAILS OF CANDIDATE:-

Other details of candidate shows the information details about UP Freedom Fighter, Ex Army, service duration and your physical challenges

Education & Experience details :-

It shows your educational and experience details. Candidate address, photo & signature details:-

Here you will see your complete communication address and photo with your signature.

Declaration segment

At the bottom of the page there is a **'Declaration'** for the candidates. Candidates are advised to go through the contents of the Declaration carefully.

After filling all above particulars there is provision for preview your detail before final submission of application form on clicking on "Preview" button.

Preview page will display all facts/particulars that you have mentioned on entry time if you are sure with filled details then click on "Submit" button to finally push data into server with successfully submission report that you can print.

Otherwise using "Back" button option you can modify your details.

[CANDIDATES ARE ADVISED TO TAKE A PRINT OF THIS PAGE BY CLICKING ON THE "Print" OPTION AVAILABLE]

For other information candidates are advised to select आवेदक / आवेदिका का हस्ताक्षर तथा पूरा नाम। स्थान :desired option in 'Home Page' of Commission's website जिला पिछड़ी जाति के http://uppsc.up.nic.in in CANDIDATE SEGMENT व्यक्ति हैं। यह जाति उ०प्र० लोक सेवा (अनुसूचित जातियों, अनुसूचित **CANDIDATE SEGMENT** Form-II जनजातियों और अन्य पिछड़े वर्गों के लिये आरक्षण) अधिनियम, 1994 **NOTIFICATIONS / ADVTS.** (यथासंशोधित) की अनुसूची-एक के अन्तर्गत मान्यता प्राप्त है। **Certificate of Disability** All Notification / Advertisements यह भी प्रमाणित किया जाता है कि श्री / श्रीमती / कुमारी **ONLINE FORM SUBMISSION** (In cases of amputation or complete permanent पूर्वोक्त अधिनियम, 1994 (यथासंशोधित) की अनुसूची—दो 1. Candidate Registration paralysis of limbs or dwarfism and in case of blindness) जैसा कि उ0प्र0 लोक सेवा (अनुसूचित जातियों, अनुसूचित जनजातियों 2. Fee Deposition /Reconciliation और अन्य पिछड़े वर्गों के लिये आरक्षण) (संशोधन) अधिनियम, 2001 (Name and Address of the Medical Authority issuing the 3. Submit Application Form द्वारा प्रतिस्थापित किया गया है एवं जो उ०प्र० लोक सेवा (अनुसूचित Certificate) **APPLICATION FORM STATUS** जातियों, अनुसूचित जनजातियों और अन्य पिछड़े वर्गों के लिये Update your transaction ID by Double Verification mode आरक्षण) (संशोधन) अधिनियम, 2002 द्वारा संशोधित की गयी है, से View Application Status आच्छादित नहीं है। इनके माता-पिता की निरंतर तीन वर्ष की अवधि के Recent passport size List of Applications Having photo related Objections लिये सकल वार्षिक आय आठ लाख रुपये या इससे अधिक नहीं है तथा attested photograph Print Duplicate Registration Slip इनके पास धनकर अधिनियम, 1957 में यथा विहित छूट सीमा से अधिक (showing face only) of **Print Detailed Application Form** सम्पत्ति भी नहीं है। the person with disabiliy **EXAMINATION SEGMENT** श्री / श्रीमती / कुमारीतथा / अथवा उनका परिवार उत्तर प्रदेश के ग्रामतहसीलतहसील Print Address Slip for sending documents to Commission Certificate No. [Only for Direct Recruitment] This is to certify that I have carefully examined नगर में सामान्यतया रहता है। **DOWNLOAD SEGMENT** Shri/Smt./Kum.____son/wife/daughter of Shri____Date of Birth (DD/MM/YY)____Age स्थान हस्ताक्षर Download Document of Verification for this Examination Download Admit Card दिनांक पूरा नाम ____years, male/female_____ registration No. _____permanent resident of House No. _____Ward/Village/Street _____Post office_____District____State____. Download Interview Letter: After Examination पद नाम Download Interview Letter: Direct Recruitment जिलाधिकारी / अतिरिक्त जिलाधिकारी / सिटी मजिस्ट्रेट / परगना Download Syllabus मजिस्ट्रेट / तहसीलदार। Know your Registration No. whose photograph is affixed above, and am satisfied that: (प्रपत्र—।) Click here to view Key Answer Sheet (A) he/she is a case of: उत्तर प्रदेश सरकार **Latest Tenders** locomotor disability LAST DATE FOR RECEIPT OF APPLICATIONS: On-line कार्यालय का नाम..... Application process must be completed (including filling आर्थिक रूप से कमजोर वर्ग के सदस्य द्वारा प्रस्तुत किया जाने dwarfism up of Part-I, Part-II and Part-III of the Form) before last blindness वाला आय एवं परिसम्पत्ति प्रमाण–पत्र date of form submission according to Advertisement, after प्रमाण पत्र संख्या..... दिनांक (Please tick as applicable) which the weblink will be disabled. वित्तीय वर्ष के लिए मान्य The diagnosis in his/her case is_ Appendix-1 प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी...... he/she has ______% (in figure)_____ ___percent The Procedure relating to upload Photo & Signature.**B**पुत्र / पति / पुत्री....... ग्राम / कस्बा.......... पोस्ट ऑफिस थाना तहसील (in words) permanent locomotor disability/ **Guide Lines for Scanning Photograph with Signature** dwarfism/blindness in relation to his/her_ 1. Paste the Photo on any white paper as per the below (part of body) as per quidelines (.....number जिला पिन कोड .. required dimensions. Sign in the Signature Space provided. and date of issue of the guidelines to be specified). के स्थायी निवासी हैं. जिनका फोटोग्राफ नीचे, अभिप्रमाणित है, Ensure that the signature is within the box. The applicant has submitted the following document आर्थिक रूप से कमजोर वर्ग के सदस्य हैं, क्योंकि वित्तीय वर्ष 2. Scan the below required size containing photograph and as proof of residence:-में इनके परिवार की कुल वार्षिक आय 8 लाख (आठ लाख रूपये मात्र) signature. Please do not scan the complete page. से कम है। इनके परिवार के स्वामित्व में निम्नलिखित में से कोई भी 3. The entire image (of size 3.5 cm by 6.0 cm) consisting of परिसम्पत्ति नहीं है:– the photo along with the signature is required to be scanned, Nature of Date of **Details of authority** 1.5 (पॉच) एकड कृषि योग्य भृमि अथवा उससे ऊपर। and stored in * .jpg, .jpeg, .gif, .tif, .png format on local **Document** Issue issuing certificate machine. एक हजार वर्ग फीटअथवा इससे, अधिक क्षेत्रफल का फ्लैट। 4. Ensure that the size of the scanned image is not more III. अधिसूचित नगरपालिका के अंतर्गत 100 वर्ग गज अथवा than **50 KB**. इससे अधिक का आवासीय भूखण्ड। 5. If the size of the file is more than 50 KB, then adjust the 3. Signature and seal of the Medical Authority. IV. अधिसूचित नगरपालिका से इतर 200 वर्ग गज अथवा इससे settings of the scanner such as the DPI resolution, colours (Dr....) (Dr....) (Dr....) अधिक का आवासीय भूखण्ड। etc., during the process of scanning. Member Member Chairperson 2. श्री / श्रीमती / कुमारी 6. The applicant has to sign in full in the box provided. Since Medical Board Medical Board Medical Board सदस्य हैं जो अनुसूचित जाति, अनुसूचित जनजाति तथा अन्य पिछड़े the signature is proof of identity, it must be genuine, and in full; initials are not sufficient. Signature in CAPITAL वर्गों के रूप में अधिसूचित नहीं हैं। with seal with seal with seal **LETTERS** is not permitted. हस्ताक्षर(कार्यालय का मुहर सहित) आवेदक का Signature/thumb 7. The signature must be signed only by the applicant and Countersigned by the impression of the पासपोर्ट साइज not by any other person. **Chief Medical Officer** person in whose 8. The signature will be used to put on the Hall Ticket and का अभिप्रमाणित (with seal) जिलाधिकारी / अतिरिक्त जिलाधिकारी / सिटी favour certificate of wherever necessary. If the Applicant's signature on answer फोटोग्राफ disability is issued मजिस्ट्रेट / परगना मजिस्ट्रेट / तहसीलदार। script, at the time of the examination, does not match the signature on the Hall Ticket, the applicant will be ₿(प्रपत्र—॥) disqualified. आर्थिक रूप से कमजोर वर्ग के लाभार्थ स्वयं घोषणा पत्र Form-III Sample Image & Signature :-<u>स्वयं घोषणा पत्र</u> **Certificate of Disability** width= 3.5 cm मैं पुत्र / पुत्री / पत्नी ग्राम / कस्बा (In cases of multiple disabilities) .. पोस्ट ऑफिसब्लाकथानाब्लाक (Name and Address of the Medical Authority/Board .. तहसील राज्य जिलाराज्य issuing the Certificate) ने आर्थिक रूप से कमजोर वर्ग के प्रमाण पत्र हेतु आवेदन दिया है, Recent passport size एतद् द्वारा घोषणा करता / करती हूँ। attested photograph 1. मैं जाति से सम्बन्ध रखता / रखती हूँ, जो (showing face only) of Signature उत्तर प्रदेश हेतु अधिसूचित अनुसूचित जाति, अनुसूचित जनजाति, the person with disabiliy एवं अन्य पिछड़ा वर्ग की सूची में सूचीबद्ध नहीं है। 2. मेरे परिवार की कुल श्रोतों (वेतन, कृषि, व्यवसाय, पेशा इत्यादि) से कूल वार्षिक आय रूँ (शब्दों में) है। Cerficate No. मेरे परिवार के पास उल्लिखित आय के सिवाय अथवा इसके This is to certify that we have carefully examined परिशिष्ट अतिरिक्त अन्यत्र कोई परिसम्पत्ति नहीं है। Shri/Smt./Kum.____son/wife/ daughter of Shri _____Date of birth (DD/MM/YY)____ उ०प्र० की अनुसूचित जाति तथा अनुसूचित जनजाति के लिये अथवा जाति प्रमाण-पत्र (प्रारुप-II) कई स्थानों पर स्थित परिसम्पत्तियों को जोड़ने के पश्चात भी मैं (नाम) . age____years, male/ female_ प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी आर्थिक रूप से कमजोर वर्ग के दायरे में Registration No._____ permanent resident of सुपुत्र / सुपुत्री श्री निवासी ग्राम तहसील आता / आती हूँ। Ward/Village/Street_ House No. नगर जिला उत्तर प्रदेश राज्य मैं घोषणा करता / करती हूँ कि मेरे परिवार की सभी परिसम्पत्तियों Post Office _____District _____ State की जाति के व्यक्ति हैं जिसे संविधान (अनुसूचित जाति) को जोड़ने के पश्चात् निम्नलिखित में से किसी भी सीमा से अधिक whose photograph is affixed above, and am satisfied that: आदेश, 1950 (जैसा कि समय-समय पर संशोधित हुआ)/संविधान (A) he/she is a case of Multiple Disability. His/her extent of (अनुसूचित जनजाति, उत्तर प्रदेश) आदेश, 1967 के अनुसार अनुसूचित I. 5 (पॉच) एकड़ कृषि योग्य भूमि अथवा उससे ऊपर। permanent physical impairment/disability has been जाति / अनुसूचित जनजाति के रूप में मान्यता दी गई है। II. एक हजार वर्ग फीट अथवा इससे, अधिक क्षेत्रफल का फ्लैट। evaluated as per guidelines (.....number and date of issue श्री / श्रीमती / कुमारी तथा / अथवा III. अधिसूचित नगरपालिका के अंतर्गत 100 वर्ग गज अथवा इससे of the guidelines to be specified) for the disabilites ticked उनका परिवार उत्तर प्रदेश के ग्राम तहसील ... अधिक का आवासीय भूखण्ड। below, and is shown against the relevant disability in the नगर जिला में सामान्यतया रहता है। IV. अधिसुचित नगरपालिका से इतर 200 वर्ग गज अथवा इससे अधिक स्थान हस्ताक्षर.. का आवासीय भूखण्ड। में प्रमाणित करता / करती हूँ कि मेरे द्वारा उपरोक्त जानकारी मेरे ज्ञान और Permanent दिनांक पूरा नाम..... Affected physical विश्वास के अनुसार सत्य है और मैं आर्थिक रूप से कमजोर वर्ग के लिए Diagno पद नाम..... impairment/ आरक्षण सुविधा प्राप्त करने हेतु पात्रता धारण करता / करती हूँ। यदि मेरे द्वारा part of Disability जिलाधिकारी/अतिरिक्त जिलाधिकारी/सिटी मजिस्ट्रेट/परगना mental disability दी गई जानकारी असत्य / गलत पायी जाती है तो मैं पूर्ण रूप से जानता body (in%) मजिस्ट्रेट / तहसीलदार / अन्य वेतन भोगी मजिस्ट्रेट, यदि कोई हूँ / जानती हूँ कि इस आवेदन पत्र के आधार पर दिये गये प्रमाण पत्र के द्वारा हो / जिला समाज कल्याण अधिकारी। Locomotor disability @ शैक्षणिक संस्थान में लिया गया प्रवेश / लोक सेवाओं एवं पदों में प्राप्त की गई उत्तर प्रदेश के अन्य पिछड़े वर्ग के लिए जाति प्रमाण-पत्र नियुक्ति निरस्त कर दी जायेगी / कर दिया जायेगा अथवा इस प्रमाण पत्र के Muscular Dystrophy आधार पर कोई अन्य सविधा / लाभ प्राप्त किया गया है उससे भी वंचित किया 3. Leprosy cured (प्रारुप—I) जा सकेगा और इस सम्बन्ध में विधि एवं नियमों के अधीन मेरे विरूद्ध की जाने 4. Dwarfism प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी सुपुत्र/ वाली कार्यवाही के लिए मैं उत्तरदायी रहुँगा / रहुँगी। सुपुत्री निवासी तहसील नगर Cerebral Palsy

Acid attack Victim

नोट:- जो लागू नहीं हो उसे काट दें।

1 7. Low Vision #	7. Deaf £	
8. Blindness #	8. Hard of Hearing £	प्रारूप — 2
9. Deaf £	9. Speech and	(मान्यता प्राप्त क्रीड़ा / खेल में अपने प्रदेश की ओर से राष्ट्रीय
10. Hard of Hearing £	Language disability	प्रतियोगिता में भाग लेने वाले खिलाड़ी के लिये) सम्बन्धित खेल की प्रदेशीय एसोसिएशन का नामराज्य
11. Speech and	10 Intellectual Disability	सरकार की सेवाओं / पदों पर नियुक्ति के लिए कुशल खिलाड़ियों के
Language disability 12. Intellectual Disability	11. Specific Learning Disability	लिए प्रमाण-पत्र
13. Specific Learning	12. Autism Spectrum	प्रमाणित किया जाता है कि श्री / श्रीमती / कुमारी आत्मज / पत्नी / आत्मजा श्री निवासी (पूरा पता)न
Disability	Disorder	दिनांकसे दिनांकतकमं
14. Autism Spectrum	13. Mental illness	(क्रीड़ा / खेल-कूद का नाम) की प्रतियोगिता (टूर्नामेन्ट स्थान का
Disorder 15, Mental illness	14. Chronic Neurological	नाम)में (क्रीड़ा / खेल-कूद का नाम) की प्रतियोगिता / टूर्नामेन्ट में प्रदेश की ओर से भाग लिया।
16. Chronic Neurological	Conditions 15. Multiple sclerosis	उनके टीम के द्वारा उक्त प्रतियोगिता/टूर्नामेन्ट में
Conditions	16. Parkinson's disease	स्थान प्राप्त किया गया।
17. Multiple sclerosis	17. Haemophilia	यह प्रमाण-पत्र(प्रदेशीय संघ का नाम) में उपलब्ध रिकार्ड के आधार पर दिया गया है।
18. Parkinson's disease	10. Thaiasseria	
19. Haemophilia 20. Thalassemia		स्थान हस्ताक्षर दिनांक नाम
21. Sickle Cell disease		чт чг
(B) In the light of the above, his/her over all permanent	(Please strike out the disabilities which is not applicable) 2. The above condition is progressive/non-progressive/	संस्था का नाम
physical impairment as per guidlines (number and	likely to improve/not likely to improve.	मुहर
date of issue of the guidelines to be specified), is as	3. Reassessment of disability is:-	नोट : यह प्रमाण-पत्र प्रदेशीय खेल-कूद संघ के सचिव द्वारा
follows:- In figurespercent.	(i) not necessary, or	व्यक्तिगत रूप से किये गये हस्ताक्षर होने पर ही मान्य होगा।
In wordspercent	(ii) is recommended/afteryears months, and therefore this certificate shall be	
2. This condition is progressive/non-progressive/likely to	valid till (DD) (MM) (YY)	प्रारूप — 3
improve/not likely to improve.	@ - e.g. Left/right/both arms/legs	(मान्यता प्राप्त क्रीड़ा / खेल में अपने विश्वविद्यालय की ओर से
3. Reassessment of disability is:- (i) not necessary,	# - e.g. Single eye/both eyes	अन्तर्विश्वविद्यालय प्रतियोगिता में भाग लेने वाले खिलाड़ी के लिये)
or	£ - e.g. Left/Right/both ears	विश्वविद्यालय का नामराज्य स्तर की सेवाओं / पदों
(ii) is recommended/ after years months,		पर नियुक्ति के लिए कुशल खिलाड़ियों के लिए प्रमाण-पत्र
and therefore this certificate shall be valid till	Name and Seal Name and Seal Name and Seal	प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी आत्मज/पत्नी/आत्मजा श्री निवास (पूरा नाम) के कहा किया किया की कियाकिया के
(DD) (MM) (YY) @ -e.g. Left/right/both arms/legs	of Member of Member of the Chairperson	वश्वविद्यालय की कक्षा के
# - e.g. Single eye	Signature/thumb 4 Countersigned by the	विद्यार्थी ने दिनांक से दिनांक तक
£ - e.g. Left/Right/both ears		(स्थान का नाम) में आयोजित अन्तर्विश्वविद्यालय
4. The applicant has submitted the following document as	person in whose Chief Medical Officer favour certificate of (with seal)	(क्रीड़ा / खेल-कूद का नाम) प्रतियोगिता / टूर्नामेन्ट में विश्वविद्यालय की ओर से भाग लिया। उनके टीम के द्वारा उक्त
proof of residence:-	disability is issued Signature and seal of the	प्रतियोगिता / टूर्नामेन्ट में सीन प्राप्त किया गया। यह
Nature of Date of Details of authority Document Issue Issuing certificate	Medical Authority.	प्रमाण-पत्र डीने ऑफ स्पोर्ट्स अथवा इंचार्ज खेल कूद विश्वविद्यालय में उपलब्ध रिकार्ड के आधार पर दिया गया है।
Document Issue Issuing certificate		
5. Signature and seal of the Medical Authority.	उत्तर प्रदेश लोक सेवा (शारीरिक रूप से विकलांग, स्वतंत्रता संग्राम	स्थान हस्ताक्षर
o. Orginatare and sear of the Wedlean Authority.	सेनानियों के आश्रितों और भूतपूर्व सैनिकों के लिये आरक्षण),	दिनांक ——
Name and Seal Name and Seal Name and Seal	अधिनियम, 1993 (यथासंशोधित) के अनुसार स्वतंत्रता संग्राम सेनानी	чद
	के आश्रित के प्रमाण–पत्र का प्रपत्र।	संस्था का नाम
of Member of Member of the Chairperson		
Signature/thumb	प्रमाण—पत्र प्रमाण— किया जाना है कि और शीमनी	मुहर
Signature/thumb impression of the Countersigned by the	प्रमाणित किया जाता है कि श्री / श्रीमती निवासी	नोट: यह प्रमाण-पत्र विश्वविद्यालय के डीन ऑफ स्पोर्ट्स या इंचार्ज
Signature/thumb impression of the person in whose Countersigned by the Chief Medical Officer	प्रमाणित किया जाता है कि श्री/श्रीमती निवासी ग्राम– जगर– जिला– उत्तर प्रदेश लोक सेवा (शारीरिक रूप से विकलांग, स्वतंत्रता संग्राम सेनानियों के	
Signature/thumb impression of the Countersigned by the	प्रमाणित किया जाता है कि श्री/श्रीमती निवासी ग्राम— नगर— जिला— जतर प्रदेश लोक सेवा (शारीरिक रूप से विकलांग, स्वतंत्रता संग्राम सेनानियों के आश्रितों और भूतपूर्व सैनिकों के लिये आरक्षण) अधिनियम, 1993 के	नोट: यह प्रमाण-पत्र विश्वविद्यालय के डीन ऑफ स्पोर्ट्स या इंचार्ज खेल-कूद द्वारा व्यक्तिगत रूप से किये गये हस्ताक्षर होने पर ही मान्य
Signature/thumb impression of the person in whose favour certificate of disability is issued Countersigned by the Chief Medical Officer (with seal)	प्रमाणित किया जाता है कि श्री/श्रीमती निवासी ग्राम—	नोट: यह प्रमाण-पत्र विश्वविद्यालय के डीन ऑफ स्पोर्ट्स या इंचार्ज खेल-कूद द्वारा व्यक्तिगत रूप से किये गये हस्ताक्षर होने पर ही मान्य
Signature/thumb impression of the person in whose favour certificate of disability is issued Countersigned by the Chief Medical Officer (with seal)	प्रमाणित किया जाता है कि श्री/श्रीमती निवासी ग्राम— नगर— जिला— उत्तर प्रदेश लोक सेवा (शारीरिक रूप से विकलांग, स्वतंत्रता संग्राम सेनानियों के आश्रितों और भूतपूर्व सैनिकों के लिये आरक्षण) अधिनियम, 1993 के अनुसार स्वतंत्रता संग्राम सेनानी हैं और श्री/श्रीमती/कुमारी (आश्रित) पुत्र/पुत्री/पौत्र (पुत्र का पुत्र या पुत्री का पुत्र) तथा पौत्री (पुत्र की पुत्री या पुत्री या पुत्री की पुत्री) (विवाहित अथवा अविवाहित)	नोट: यह प्रमाण-पत्र विश्वविद्यालय के डीन ऑफ स्पोर्ट्स या इंचार्ज खेल-कूद द्वारा व्यक्तिगत रूप से किये गये हस्ताक्षर होने पर ही मान्य होगा। प्रारूप – 4 (मान्यता प्राप्त क्रीड़ा / खेल में अपने स्कूल की ओर से राष्ट्रीय
Signature/thumb impression of the person in whose favour certificate of disability is issued Countersigned by the Chief Medical Officer (with seal) Form-IV Certificate of Disability	प्रमाणित किया जाता है कि श्री/श्रीमती निवासी ग्राम— नर्न जिला— उत्तर प्रदेश लोक सेवा (शारीरिक रूप से विकलांग, स्वतंत्रता संग्राम सेनानियों के आश्रितों और भूतपूर्व सैनिकों के लिये आरक्षण) अधिनियम, 1993 के अनुसार स्वतंत्रता संग्राम सेनानी हैं और श्री/श्रीमती/कुमारी (आश्रित) पुत्र/पुत्री/पौत्र (पुत्र का पुत्र या पुत्री का पुत्र) तथा पौत्री (पुत्र की पुत्री या पुत्री की पुत्री) (विवाहित अथवा अविवाहित) उपरांकित अधिनियम, 1993 (यथासंशोधित) के प्राविधानों के अनुसार	नोट: यह प्रमाण-पत्र विश्वविद्यालय के डीन ऑफ स्पोर्ट्स या इंचार्ज खेल-कूद द्वारा व्यक्तिगत रूप से किये गये हस्ताक्षर होने पर ही मान्य होगा। प्रारूप – 4 (मान्यता प्राप्त क्रीड़ा / खेल में अपने स्कूल की ओर से राष्ट्रीय खेल-कूद में भाग लेने वाले खिलाड़ी के लिये)
Signature/thumb impression of the person in whose favour certificate of disability is issued Countersigned by the Chief Medical Officer (with seal)	प्रमाणित किया जाता है कि श्री/श्रीमती निवासी ग्राम—	नोट: यह प्रमाण-पत्र विश्वविद्यालय के डीन ऑफ स्पोर्ट्स या इंचार्ज खेल-कूद द्वारा व्यक्तिगत रूप से किये गये हस्ताक्षर होने पर ही मान्य होगा। \[\frac{\textbf{yrev} - 4}{\text{den}} \] (मान्यता प्राप्त क्रीड़ा / खेल में अपने स्कूल की ओर से राष्ट्रीय खेल-कूद में भाग लेने वाले खिलाड़ी के लिये) डाइरेक्ट्रेट ऑफ पब्लिक इन्सट्रक्शन्स / निदेशक, शिक्षा, उत्तर
Signature/thumb impression of the person in whose favour certificate of disability is issued Countersigned by the Chief Medical Officer (with seal) Form-IV Certificate of Disability (In cases of other than those mentioned in Forms II and III)	प्रमाणित किया जाता है कि श्री/श्रीमती निवासी ग्राम—	नोट: यह प्रमाण-पत्र विश्वविद्यालय के डीन ऑफ स्पोर्ट्स या इंचार्ज खेल-कूद द्वारा व्यक्तिगत रूप से किये गये हस्ताक्षर होने पर ही मान्य होगा। प्रारूप – 4 (मान्यता प्राप्त क्रीड़ा / खेल में अपने स्कूल की ओर से राष्ट्रीय खेल-कूद में भाग लेने वाले खिलाड़ी के लिये)
Signature/thumb impression of the person in whose favour certificate of disability is issued Form-IV Certificate of Disability (In cases of other than those mentioned in Forms II and III) (Name and Address of the Medical Authority/Board issuing the Certificate)	प्रमाणित किया जाता है कि श्री/श्रीमती निवासी ग्राम— निवासी ग्राम— निवासी ग्राम— उत्तर प्रदेश लोक सेवा (शारीरिक रूप से विकलांग, स्वतंत्रता संग्राम सेनानियों के आश्रितों और भूतपूर्व सैनिकों के लिये आरक्षण) अधिनियम, 1993 के अनुसार स्वतंत्रता संग्राम सेनानी हैं और श्री/श्रीमती/कुमारी (आश्रित) पुत्र/पुत्री/पौत्र (पुत्र का पुत्र या पुत्री का पुत्र) तथा पौत्री (पुत्र की पुत्री या पुत्री की पुत्री) (विवाहित अथवा अविवाहित) उपरांकित अधिनियम, 1993 (यथासंशोधित) के प्राविधानों के अनुसार उक्त श्री/श्रीमती (स्वतंत्रता संग्राम सेनानी)के आश्रित हैं। स्थानः	नोट: यह प्रमाण-पत्र विश्वविद्यालय के डीन ऑफ स्पोर्ट्स या इंचार्ज खेल-कूद द्वारा व्यक्तिगत रूप से किये गये हस्ताक्षर होने पर ही मान्य होगा। प्रारूप - 4 (मान्यता प्राप्त क्रीड़ा / खेल में अपने स्कूल की ओर से राष्ट्रीय खेल-कूद में भाग लेने वाले खिलाड़ी के लिये) डाइरेक्ट्रेट ऑफ पब्लिक इन्सट्टक्शन्स / निदेशक, शिक्षा, उत्तर प्रदेशराज्य स्तर की सेवाओं / पदों पर नियुक्ति के लिए कुशल खिलाड़ियों के लिए प्रमाण-पत्र प्रमाणित किया जाता है कि श्री / श्रीमती / कुमारी
Signature/thumb impression of the person in whose favour certificate of disability is issued Form-IV Certificate of Disability (In cases of other than those mentioned in Forms II and III) (Name and Address of the Medical Authority/Board issuing the Certificate) Recent passport size	प्रमाणित किया जाता है कि श्री/श्रीमती निवासी ग्राम—	नोट: यह प्रमाण-पत्र विश्वविद्यालय के डीन ऑफ स्पोर्ट्स या इंचार्ज खेल-कूद द्वारा व्यक्तिगत रूप से किये गये हस्ताक्षर होने पर ही मान्य होगा। प्रारूप - 4 (मान्यता प्राप्त क्रीड़ा / खेल में अपने स्कूल की ओर से राष्ट्रीय खेल-कूद में भाग लेने वाले खिलाड़ी के लिये) डाइरेक्ट्रेट ऑफ पब्लिक इन्सट्टक्शन्स / निदेशक, शिक्षा, उत्तर प्रदेशराज्य स्तर की सेवाओं / पदों पर नियुक्ति के लिए कुशल खिलाड़ियों के लिए प्रमाण-पत्र प्रमाणित किया जाता है कि श्री / श्रीमती / कुमारी
Signature/thumb impression of the person in whose favour certificate of disability is issued Form-IV Certificate of Disability (In cases of other than those mentioned in Forms II and III) (Name and Address of the Medical Authority/Board issuing the Certificate) Recent passport size attested photograph	प्रमाणित किया जाता है कि श्री/श्रीमती निवासी ग्राम—	नोट: यह प्रमाण-पत्र विश्वविद्यालय के डीन ऑफ स्पोर्ट्स या इंचार्ज खेल-कूद द्वारा व्यक्तिगत रूप से किये गये हस्ताक्षर होने पर ही मान्य होगा। प्रारूप — 4 (मान्यता प्राप्त क्रीड़ा / खेल में अपने स्कूल की ओर से राष्ट्रीय खेल-कूद में भाग लेने वाले खिलाड़ी के लिये) डाइरेक्ट्रेट ऑफ पब्लिक इन्सट्रक्शन्स / निदेशक, शिक्षा, उत्तर प्रदेशराज्य स्तर की सेवाओं / पदों पर नियुक्ति के लिए कुशल खिलाड़ियों के लिए प्रमाण-पत्र प्रमाणित किया जाता है कि श्री / श्रीमती / कुमारी
Signature/thumb impression of the person in whose favour certificate of disability is issued Form-IV Certificate of Disability (In cases of other than those mentioned in Forms II and III) (Name and Address of the Medical Authority/Board issuing the Certificate) Recent passport size	प्रमाणित किया जाता है कि श्री/श्रीमती निवासी ग्राम—	नोट: यह प्रमाण-पत्र विश्वविद्यालय के डीन ऑफ स्पोर्ट्स या इंचार्ज खेल-कूद द्वारा व्यक्तिगत रूप से किये गये हस्ताक्षर होने पर ही मान्य होगा। प्रारूप — 4 (मान्यता प्राप्त क्रीड़ा / खेल में अपने स्कूल की ओर से राष्ट्रीय खेल-कूद में भाग लेने वाले खिलाड़ी के लिये) डाइरेक्ट्रेट ऑफ पब्लिक इन्सट्रक्शन्स / निदेशक, शिक्षा, उत्तर प्रदेश
Signature/thumb impression of the person in whose favour certificate of disability is issued Form-IV Certificate of Disability (In cases of other than those mentioned in Forms II and III) (Name and Address of the Medical Authority/Board issuing the Certificate) Recent passport size attested photograph (showing face only) of	प्रमाणित किया जाता है कि श्री/श्रीमती निवासी ग्राम—	नोट: यह प्रमाण-पत्र विश्वविद्यालय के डीन ऑफ स्पोर्ट्स या इंचार्ज खेल-कूद द्वारा व्यक्तिगत रूप से किये गये हस्ताक्षर होने पर ही मान्य होगा। प्रारूप — 4 (मान्यता प्राप्त क्रीड़ा / खेल में अपने स्कूल की ओर से राष्ट्रीय खेल-कूद में भाग लेने वाले खिलाड़ी के लिये) डाइरेक्ट्रेट ऑफ पब्लिक इन्सट्रक्शन्स / निदेशक, शिक्षा, उत्तर प्रदेश
Signature/thumb impression of the person in whose favour certificate of disability is issued Form-IV Certificate of Disability (In cases of other than those mentioned in Forms II and III) (Name and Address of the Medical Authority/Board issuing the Certificate) Recent passport size attested photograph (showing face only) of the person with disabiliy Cerficate No. Date:	प्रमाणित किया जाता है कि श्री / श्रीमती	नोट: यह प्रमाण-पत्र विश्वविद्यालय के डीन ऑफ स्पोर्ट्स या इंचार्ज खेल-कूद द्वारा व्यक्तिगत रूप से किये गये हस्ताक्षर होने पर ही मान्य होगा। प्रारूप — 4 (मान्यता प्राप्त क्रीड़ा / खेल में अपने स्कूल की ओर से राष्ट्रीय खेल-कूद में भाग लेने वाले खिलाड़ी के लिये) डाइरेक्ट्रेट ऑफ पब्लिक इन्सट्रक्शन्स / निदेशक, शिक्षा, उत्तर प्रदेश
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Signature/thumb impression of the person in whose favour certificate of disability is issued Form-IV Certificate of Disability (In cases of other than those mentioned in Forms II and III) (Name and Address of the Medical Authority/Board issuing the Certificate) Recent passport size attested photograph (showing face only) of the person with disabiliy Cerficate No. 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 Post Office District State Post Office District State 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: Permanent physical impairment/ Diagno Permanent physical impairment/	प्रमाणित किया जाता है कि श्री/श्रीमती जिता निवासी प्राम जगर जिला जिता उत्तर प्रदेश लोक सेवा (शारीरिक रूप से विकलांग, स्वतंत्रता संग्राम सेनानियों के आश्रितों और भूतपूर्व सैनिकों के लिये आरक्षण) अधिनियम, 1993 के अनुसार स्वतंत्रता संग्राम सेनानी हैं और श्री/श्रीमती/कुमारी (आश्रित)	नोट: यह प्रमाण—पत्र विश्वविद्यालय के डीन ऑफ स्पोर्ट्स या इंचार्ज खेल—कूद द्वारा व्यक्तिगत रूप से किये गये हस्ताक्षर होने पर ही मान्य होगा। प्रारूप — 4
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Signature/thumb impression of the person in whose favour certificate of disability is issued Form-IV Certificate of Disability (In cases of other than those mentioned in Forms II and III) (Name and Address of the Medical Authority/Board issuing the Certificate) Recent passport size attested photograph (showing face only) of the person with disability Cerficate No. Date: This is to certify that we have carefully examined Shri/Smt./Kum. Date of birth (DD/MM/ YY) age years, male/ female Registration No. Ward/Village/ Street Post Office District State Disability Affected part 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: Representation N. Disability Affected part of body Diagno impairment/mental disability (in%) 1. Locomotor disability 2. Muscular Dystrophy	प्रमाणित किया जाता है कि श्री श्रीमती	नोट: यह प्रमाण—पत्र विश्वविद्यालय के डीन ऑफ स्पोर्ट्स या इंचार्ज खेल—कूद द्वारा व्यक्तिगत रूप से किये गये हस्ताक्षर होने पर ही मान्य होगा। प्रारूप — 4
Signature/thumb impression of the person in whose favour certificate of disability is issued Form-IV Certificate of Disability (In cases of other than those mentioned in Forms II and III) (Name and Address of the Medical Authority/Board issuing the Certificate) Recent passport size attested photograph (showing face only) of the person with disability Cerficate No. This is to certify that we have carefully examined Shri/Smt./Kum. Date: This is to certify that we have carefully examined Shri/Smt./Kum. Date of birth (DD/MM/ YY) age years, male/ female Registration No. Ward/Village/ Street Post Office District State No. Ward/Village/ Street Post Office District State 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: Recent passport size attested photograph (showing face only) of the person with disability Affected part of both provided in pairment/mental disability (in%) Affected part of body Permanent physical impairment/ mental disability (in%) 1. Locomotor disability @ 2. Muscular Dystrophy 3. Leprosy cured	प्रमाणित किया जाता है कि श्री/श्रीमती	नोट: यह प्रमाण—पत्र विश्वविद्यालय के डीन ऑफ स्पोर्ट्स या इंचार्ज खेल—कूद द्वारा व्यक्तिगत रूप से किये गये हस्ताक्षर होने पर ही मान्य होगा। प्रारूप — 4
Signature/thumb impression of the person in whose favour certificate of disability is issued Form-IV Certificate of Disability (In cases of other than those mentioned in Forms II and III) (Name and Address of the Medical Authority/Board issuing the Certificate) Recent passport size attested photograph (showing face only) of the person with disability Cerficate No. Date: This is to certify that we have carefully examined Shri/Smt./Kum. Son/wife/daughter of Shri Joate of birth (DD/MM/ YY) age years, male/ female No. Ward/Village/ Street Post Office District State Nonsephotograph 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. Disability Affected part of biagno body Affected part of biagno sis liagnor bysical impairment/mental disability (in%) 1. Locomotor disability 2. Muscular Dystrophy 3. Leprosy cured 4. Cerebral Palsy	प्रमाणित किया जाता है कि श्री / श्रीमती	नोट: यह प्रमाण—पत्र विश्वविद्यालय के डीन ऑफ स्पोर्ट्स या इंचार्ज खेल—कूद द्वारा व्यक्तिगत रूप से किये गये हस्ताक्षर होने पर ही मान्य होगा। प्रारूप — 4
Signature/thumb impression of the person in whose favour certificate of disability is issued Form-IV Certificate of Disability (In cases of other than those mentioned in Forms II and III) (Name and Address of the Medical Authority/Board issuing the Certificate) Recent passport size attested photograph (showing face only) of the person with disability Cerficate No. This is to certify that we have carefully examined Shri/Smt./Kum. Date of birth (DD/MM/ YY) age years, male/ female Registration No. Permanent resident of House No. Ward/Village/ Street Post Office District State Post Office Porcentage 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. Disability Affected part of body Affected part of body I. Locomotor disability Marguery Affected part of body Affected part of body I. Locomotor disability Marguery Affected part of body Diagno impairment/mental disability (in%) Locomotor disability Marguery Affected part of body Diagno impairment/mental disability (in%) Locomotor disability Marguery Affected part of body Diagno impairment/mental disability (in%) Locomotor disability Marguery Affected part of body Diagno impairment/mental disability (in%)	प्रमाणित किया जाता है कि श्री / श्रीमती	नोट: यह प्रमाण—पत्र विश्वविद्यालय के डीन ऑफ स्पोर्ट्स या इंचार्ज खेल—कूद द्वारा व्यक्तिगत रूप से किये गये हस्ताक्षर होने पर ही मान्य होगा। प्रारूप — 4