

**DISABILITY CERTIFICATE**

**NAME & ADDRESS OF THE INSTITUTE/HOSPITAL**

Certificate No\_\_\_\_\_

Date: \_\_\_\_\_

Recent Photograph of the candidate showing the disability duly attested by the Chairperson of the Medical Board
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This is certified that Shri/Smt./Kum. ....son/wife/daughter of Shri..... age .....sex ..... identification mark(s) ..... has appeared before us and we observe that he/she is suffering from permanent disability of following category:

**A. Loco motor or Cerebral Palsy:**

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

**B. Blindness or Low Vision:**

- (i) B—Blind
- (ii) PB—Partially blind

**C. Hearing impairment:**

(i) D—Deaf

(ii) PD—Partially deaf

(Delete the category whichever is not applicable)

2. This condition is progressive/non-progressive/likely to improve/not likely to improve. Reassessment of this case is not recommended/is recommended after a period of .....years ..... months.\*

3. Percentage of disability in his/her case is..... Percent.

4. Shri/Smt./Kum. .... Meets the following physical requirements for discharge of his/her duties:—

- (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

(Dr.....)  
Member  
Medical Board

(Dr.....)  
Member  
Medical Board

(Dr. ....)  
Chairman  
Medical Board

Countersigned by the Medical Superintendent/CMO/Head of Hospital (With seal)

## **PROFORMA - II**

### **INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY OF INDIA**

#### **RECRUITMENT OF ASSISTANTS/RAJBHASHA ASSISTANTS**

#### **GUIDELINES REGARDING PERSONS WITH DISABILITIES**

The facility of Scribe / Reader would be allowed to Visually Impaired (VI) and Orthopedically Handicapped (OH) candidates who have disability of 40 % or more if so desired by the person. The facility of scribe is meant for only those candidates with disabilities who have physical limitation to write including that of speed. In all such cases where a scribe is used, the following rules will apply:

The scribe will be allowed to be used as per the guidelines issued vide Office Memorandum F. No. 16-110/2003-DD.III dated February 26, 2013 of Government of India, Ministry of Social Justice and Empowerment, Department of Disability Affairs, New Delhi and clarification issued by Government of India, Ministry of Finance, Department of Financial Services vide letter F. No.3/2/2013 - Welfare dated 26.04.2013.

- The candidate will have to arrange his/ her own scribe at his/ her own cost.
- Both, the candidate as well as the scribe will have to give a suitable undertaking, in the prescribed format with passport size photograph of the scribe. Further, in case it later transpires that the candidate/scribe has suppressed any material facts, the candidature of the applicant will stand cancelled, irrespective of the result of the test/ examination.
- Candidates with disability who have physical limitation to write including that of speed shall be allowed compensatory time of 20 minutes per hour of the examination whether availing the facility of scribe or not.
- Any candidate who is not eligible to use scribe as per the guidelines referred to above, but uses scribe in the written examination shall be disqualified to participate further in the recruitment process. Any candidate who is using scribe should ensure that he is eligible to use scribe in the examination as per the above guidelines. Any candidate using scribe in violation of the above guidelines shall stand disqualified and can be removed from service without notice, if has already joined the Bank.

***In the test of Quantitative Aptitude / Data Interpretation the questions based on graph/ table and in the test of Reasoning Non-Verbal items if any will not be displayed to Visually impaired candidates (under Blind/ low Vision) registered for using the services of a scribe. They however would have to attend to remaining questions in the respective test. The candidates will be awarded marks based on the overall average for the respective test.***

**Please fill up the DECLARATION and submit along with the call-letter.**

## **DECLARATION**

We, the undersigned, Shri/Smt/Kum. \_\_\_\_\_ **eligible candidate** for the examination for recruitment of Assistants / Rajbhasha Assistant in **Insurance Regulatory and Development Authority of India** to be held on \_\_.\_\_.\_\_\_\_\_ and Shri/Smt/Kum \_\_\_\_\_ **eligible writer (scribe)** for the eligible candidate, do hereby declare that: -

1. (i) The scribe is identified by the candidate at own cost and as per own choice.  
  
(ii) The candidate is Visually Impaired or Orthopedically Handicapped candidate who has physical limitation to write including that of speed and he/she needs a writer (scribe) as permissible under the Government of India rules governing the recruitment of Persons with Disability.  
  
(iii) The scribe hereby agrees and declare that he will write only that which is told to him by the candidate and will not use his own knowledge.
2. Visually Impaired or Orthopedically Handicapped candidates who have physical limitation to write including that of speed shall be allowed compensatory time of 20 minutes per hour of the examination whether availing the facility of scribe or not.
3. In view of the importance of the time element, the examination being of a competitive nature, the candidate undertakes to fully satisfy that there was necessity for use of a scribe as he/she has physical limitation to write including that of speed by the disabilities mentioned in Paragraph 1, clause (ii) above.
4. We hereby declare that all the above statements made by us are true and correct to the best of our knowledge and belief. We also understand that in case it is detected at any stage of recruitment that we do not fulfill the eligibility norms and/or that the information furnished by us is incorrect/false or that we have suppressed any material fact(s), the candidature of the applicant will stand cancelled, irrespective of the result of the written test(s). If any of these shortcoming/s is/are detected even after the candidate's appointment, his/her services are liable to be terminated. In such circumstances, both signatories will be liable to criminal prosecution.
5. I, \_\_\_\_\_ (Name of Scribe), am not a candidate for this recruitment.

**Given under our signature and contact details:-**

Photo of the Scribe	<b>SCRIBE</b>	<b>CANDIDATE</b>
	Signature:	Signature:
	Name:	Name:
	Address:	Address:
	Contact No:	Contact No:

**(Signature of Invigilator)**

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**PROFORMA - III**

**FORM OF CERTIFICATE TO BE PRODUCED BY  
OTHER BACKWARD CLASSES**

This is certify that Shri/Smt./Kumari/\_\_\_\_\_son/daughter of\_\_\_\_\_of  
Village/town\_\_\_\_\_ in District/Division\_\_\_\_\_ in the State/Union  
Territory \_\_\_\_\_belongs to the \_\_\_\_\_community which is recognized as a  
backward class under the Government of India, Ministry of Welfare Resolution No.12011/689/93-BCC©  
dated 10<sup>th</sup> September,1993 published in the Gazette of India Extraordinary Part I Section dated  
13.09.1993\*.

Shri/Smt./Kumari\_\_\_\_\_ and/or his/her family ordinary reside(s) in the \_\_\_\_\_  
District/Division of the\_\_\_\_\_ State/Union Territory .This is also to certify that he/she does not  
belong to the persons/sections (Creamy Layer)mentioned in column 3 of the Schedule to the Government  
of India, Department of Personnel &Training OM No.36012/22/93-Estt(SCT) dated 8.09.1993\*.

Signature of the Competent Authority<sup>@</sup>

Dated

Seal

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\*As amended from time to time.

**Note:** The term “Ordinarily “used here will have the same meaning as in Section 20 of the Representation  
of the Peoples Act, 1950.

@Authorities who are competent to issue the above certificate are as follows:

District Magistrate / Additional District Magistrate / Collector/Deputy Commissioner/ Deputy Collector/  
First Class Stipendiary Magistrate/ Sub-Divisional Magistrate/ Taluka Magistrate/Executive  
Magistrate/Extra Assistant Commissioner (Not below the rank of First Class Stipendiary Magistrate).

Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate/ Revenue  
Officer not below the rank of Tehsildar.

Sub-Divisional Officer of the area where the candidate and/or his family normally resides.

**Note:** Caste validity certificate in original, from the appropriate authorities of the state/union territory  
from which the caste certificate was issued along with self-attested Photostat copy is to be submitted at  
the time of interview.

**Form of declaration to be submitted by the OBC candidate**

**(in addition to the Community Certificate)**

I, ..... Son/daughter of Shri ..... Resident of  
.....village/town/city.....district.....  
State..... hereby declare that I belong to the.....community which is  
recognized as a backward class by the Government of India for the purpose of reservation in  
services as per orders contained in Department of Personnel and Training Office  
MemorandumNo 36102/22/93Estt.(SCT) dated 08.09.1993. It is also declared that I do not  
belong toPersons/sections/sections (Creamy Layer) mentioned in column 3 of the Schedule to the  
aboveReferred Office Memorandum dated 08.9.1993, O.M. No. 36033/3/2004Estt.(Res.) dated  
9<sup>th</sup> March, 2004 and O.M. No. 36033/3/2004Estt.(Res.) dated 14<sup>th</sup> October, 2008.

Signature of Candidate

Place:

Dated:

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**FORM OF SCHEDULED CASTE/ TRIBE CERTIFICATE**

This is to certify that Shri/Shrimati/Kumari\* ..... Son/daughter\* of ..... Of village/town\* ..... in District/Division\* ..... of the State/Union Territory\* ..... belongs to the..... Caste/Tribe\* which is recognized as a Scheduled Caste/Scheduled Tribe\* under:—

- \* The Constitution (Scheduled Castes) Order, 1950
- \* The Constitution scheduled Tribes) Order, 1950
- \* The Constitution (Scheduled Castes) Union Territories Order, 1951
- \* The Constitution (Scheduled Tribes) Union Territories Order, 1951  
[as amended by the Scheduled Castes and Scheduled Tribes List (Modification) Order, 1956; the Bombay Reorganization Act, 1960, the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (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 (Reorganization) Act, 1987.]
- \* The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956
- \* The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976 @ The Constitution (Dadar and Nagar Haveli) Scheduled Castes Order, 1962
- \* The Constitution (Dadar and Nagar Haveli) Scheduled Tribes Order, 1962
- \* The Constitution (Pondicherry) Scheduled Castes Order, 1964
- \* The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967
- \* The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968
- \* The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968
- \* The Constitution (Nagaland) Scheduled Tribes Order, 1970
- \* The Constitution (Sikkim) Scheduled Castes Order, 1978

2. Shri/Shrimati\*/Kumari\* \_\_\_\_\_ and/or\* his/her\* family ordinarily reside(s) in Village/town\* \_\_\_\_\_ of \_\_\_\_\_ District/Division\* of the State/Union Territory of \_\_\_\_\_

Signature\_\_\_\_\_

Designation\_\_\_\_\_

Signature of the Competent Authority@

Place\_\_\_\_\_

Date\_\_\_\_\_



\*Please delete the words which are not applicable.

**Note:** The term “Ordinarily resides” used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.

@ Authorities who are competent to issue the Scheduled Caste/Tribe certificate are as follows:

District Magistrate / Additional District Magistrate / Collector/Deputy Commissioner/ Deputy Collector/ First Class Stipendiary Magistrate/ Sub-Divisional Magistrate/ Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (Not below the rank of First Class Stipendiary Magistrate).

Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate/ Revenue Officer not below the rank of Tehsildar.

Sub-Divisional Officer of the area where the candidate and/or his family normally resides.

In so far as the Scheduled Tribes community of Tamil Nadu is concerned, the Certificate given by the Revenue Divisional Officer instead of Tehsildar will only be accepted.

**Note:** Caste validity certificate in original, from the appropriate authorities of the state/union territory from which the caste certificate was issued along with self-attested Photostat copy is to be submitted at the time of interview.

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**CERTIFICATE TO BE PRODUCED BY SERVING/RETIRED/RELEASED ARMED FORCES  
PERSONNEL FOR AVAILING THE AGE CONCESSION**

**A. Form of Certificate applicable for Released/Retired Personnel**

It is certified that No..... Rank.....Name.....whose date of birth is..... has rendered service from..... to..... in Army/Navy/Air Force.

2. He has been released from military services:

#a) on completion of assignment otherwise than

- (i) by way of dismissal, or
- (ii) by way of discharge on account of misconduct or inefficiency, or
- (iii) on his own request, but without earning his pension, or
- (iv) he has not been transferred to the reserve pending such release

#b) on account of physical disability attributable to Military Service.

#c) on invalidment after putting in at least five years of Military service

3. He is covered under the definition of Ex-Serviceman (Re-employment in Central Civil Services and Posts) Rules, 1979 as amended from time to time

Signature, Name and Designation  
of the Competent Authority\*\*  
SEAL

Place: .....

Date: .....

# Delete the paragraph which is not applicable.

**B. Form of Certificate for Serving Personnel**

*(Applicable for serving personnel who are due to be released within one year)*

It is certified that No. ....Rank.....Name..... is serving in the Army/Navy/Air Force from.....

2. He is due for release retirement on completion of his specific period of assignment on.....

3. No disciplinary case is pending against him.

Signature, Name and Designation  
of the Competent Authority\*  
SEAL

Place: .....

Date: .....

**Candidate (Serving Personnel) furnishing Certificate B as above will have to give the following undertaking:**

**Undertaking to be given by serving Armed Force personnel who are due to be released within one year**

I understand that if selected on the basis of the recruitment/Examination to which this application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the appointing authority that I have been duly released/retired/discharged from the Armed Forces and that I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen (Re-employment in Central Civil Service and Posts) Rules, 1979, as amended from time to time.

Place:

**Signature and Name of Candidate**

Date :

**C. Form of Certificate applicable for Serving ECOs/SSCOs who have already completed their initial assignment and are on extended assignment**

It is certified that No..... Rank..... Name..... whose date of birth is.....is serving in the Army/Navy/Air Force from.....

2. He has already completed his initial assignment of five years on.....and is on extended assignment till.....
3. There is no objection to his applying for civil employment and he will be released on three months' notice on selection from the date of receipt of offer of appointment.

Place:

Signature, Name and Designation  
of the Competent Authority\*\*

Date:

SEAL

\*\* Authorities who are competent to issue certificate to Armed Forces Personnel for availing Age concessions are as follows:

- (a) In case of Commissioned Officers including ECOs/SSCOs.  
Army - Military Secretary Branch, Army Hqrs., New Delhi  
Navy - Directorate of Personnel, Naval Hqrs., New Delhi  
Air Force - Directorate of Personnel Officers, Air Hqrs., New Delhi
- (b) In case of JCOs/ORs and equivalent of the Navy and Air Force.  
Army - By various Regimental Record Offices  
Navy - BABS, Mumbai  
Air Force - Air Force Records, New Delhi

\* Strike out whichever is not applicable.

**FORM OF UNDERTAKING TO BE GIVEN BY CANDIDATES APPLYING  
FOR CIVIL POSTS UNDER EX-SERVICEMEN CATEGORY**

I understand that if selected on the basis of the recruitment/Examination to which this application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the appointing authority that I have been duly released/retired/discharged from the Armed Forces and that I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen (Re-employment in Central Civil Services and Posts) Rules, 1979, as amended from time to time.

2. I also understand that I shall not be eligible to be appointed to a vacancy reserved for Ex-servicemen in regard to the recruitment covered by this examination, if I have at any time prior to such appointment, secured any employment on the civil side (including Public Sector Undertaking, Autonomous Bodies/Statutory Bodies, Nationalized Banks, etc.) by availing of the concession of reservation of vacancies admissible to Ex-servicemen.

Signature of Candidate

Place:

Dated: