



ಅಖಿಲ ಭಾರತ ವಾಕ್ ಶ್ರವಣ ಸಂಸ್ಥೆ-೫೭೦೦೦೬

अखिलभारतीय वाक् श्रवणसंस्थान:मैसूरु - 570 006

**ALL INDIA INSTITUTE OF SPEECH & HEARING: MYSORE – 570 006**

An Autonomous body under the Ministry of Health and Family Welfare,

Govt. of India, Manasagangothri, Mysore – 570 006

Phone: 0821-2502000/ 2502100, [www.aiishmysore.in](http://www.aiishmysore.in)

ವಿಜ್ಞಾಪನಸಂಖ್ಯೆ/ **ADVERTISEMENT No. 08/2025**

ದಿನಾಂಕ/**Dated: 17.06.2025**

The All India Institute of Speech and Hearing (AIISH), Mysore is a pioneer national organization advancing the causes of human resource development, research, clinical care and public education on communication disorders. *The Institute was established in the year 1966 as an autonomous Institute and is fully funded by the Ministry of Health and Family Welfare, Government of India.*

AIISH, Mysore is a unique Institute in the Asian sub-continent with eleven departments, centres of excellence having state-of-the-art facilities to offer inter-disciplinary research and training to the students, besides Administrative, Academic, Clinical buildings and a Knowledge park along with a well equipped Library and Information Centre.

The Institute invites application(s) from dedicated and committed Indian Nationals to fill the following posts at this Institute on **Direct Recruitment basis** as detailed below:

Post Code	Name of the Post	No. of vacancies							Prescribed Application Form
		PwBD	ST	SC	OBC	EWS	UR	Total	
1	Scientist B (Speech Language Pathology)	-	-	-	-	-	01	01	A1
2	Clinical Psychologist / Clinical Psychologist Grade II	-	01	-	01	-	-	02	B1
3	Audiologist / Speech Lang. Pathologist Grade II	-	-	-	-	-	01	01	B2
4	Special Educator	-	-	-	01	-	-	01	B3
5	Multi Rehabilitation Worker	-	-	-	-	-	01	01	C1
6	Receptionist	01	-	-	-	-	-	01	C2

**Education Qualification and Experience:****For Post Code 1: Scientist B (Speech Language Pathology) (Group A)**

Method of Recruitment: Direct Recruitment	
Number of posts	01 post
Category	UR – 01
Age limit for Direct Recruitment	Up to 35 years
Scale of Pay	Level 10 of pay matrix under VII CPC
Essential Qualification	a) M.Sc. (Speech Language Pathology) with 55% marks from a recognized University. b) Two years research/ teaching/ clinical experience after obtaining post-graduate degree.
Desirable Qualification	a) Ph.D. (Speech Language Pathology)/ Ph.D. (Speech & Hearing) from a recognized University. b) Publication in National and International Journals of repute.

**For Post Code 2: Clinical Psychologist / Clinical Psychologist Grade II (Group B)**

Method of Recruitment: Direct Recruitment	
Number of posts	01 post + 01 post = 02 posts.
Category	ST – 01., OBC - 01
Age limit for Direct Recruitment	Up to 30 years
Scale of Pay	Level 06 of pay matrix under VII CPC
Essential Qualification	M.A. or M.Sc. in Psychology from a recognized university with Clinical Psychology as a special subject.
Desirable Qualification	02 years experience in the field, having worked with children with disability.

**For Post Code 3: Audiologist / Speech Language Pathologist Grade II (Group B)**

Method of Recruitment: Direct Recruitment	
Number of posts	01 post
Category	UR - 01
Age limit for Direct Recruitment	Up to 30 years
Scale of Pay	Level 06 of pay matrix under VII CPC
Essential Qualification	B.Sc. degree in Speech and Hearing or equivalent

**For Post Code 4: Special Educator (Group B)**

Method of Recruitment: Direct Recruitment	
Number of posts	01 post
Category	OBC - 01
Age limit for Direct Recruitment	Up to 30 years
Scale of Pay	Level 06 of pay matrix under VII CPC
Essential Qualification	B.S.Ed. (Hearing Impairment) / MR/LD/Autism etc., OR other equivalent qualification recognized by RCI.
Desirable Qualification	2 years experience in working in a pre-school setup for children with disability.

**For Post Code 5: Multi Rehabilitation Worker (Group C)**

Method of Recruitment: Direct Recruitment	
Number of post	01 post
Category	UR - 01
Age limit for Direct Recruitment	Up to 25 years
Scale of pay	Level 04 of pay matrix under VII CPC
Essential Qualification	10+2 or equivalent qualification from a recognized Board or University and a) Diploma in Community Based Rehabilitation or Diploma in Rehabilitation Therapy from a recognized institution with valid RCI affiliation. b) Registered as Rehabilitation Personnel under Rehabilitation Council of India Act 1992.
Desirable Qualification	One year experience in the related field.

## For Post Code 6: Receptionist (Group C)

Method of Recruitment: Direct Recruitment	
Number of posts	01 post
Category	PwBD – 01 (Identified for PwBD under Locomotor Disability)
Age limit for Direct Recruitment	Between 18 to 25 years. Relaxable up to 40 years in case of candidates working at AIISH / Central Government servants for Direct Recruitment to this post.
Scale of Pay	Level 02 of pay matrix under VII CPC.
Essential Qualification	PUC / 12 <sup>th</sup> Class.
Desirable Qualification	Certificate / Knowledge of Telephone operation.

### **Following are the important dates in this notification:**

Last date of submission of hard copy of application along with all self-attested copies of all compulsory enclosures at this Institute. : **45 days from the date of publication in the Employment News up to 17.30 hrs. on that day.**

### **GENERAL CONDITIONS / INFORMATION FOR DIRECT RECRUITMENT:**

- 1 All the posts are intended to be filled on regular basis at this Institute.
- 2 All the details furnished in the application will be treated as final and no changes shall be entertained after due date for submission of applications. All applicants must possess the essential qualification prescribed for the post applied for and fulfill other conditions stipulated in the advertisement.  
  
Candidates are **advised to satisfy themselves before applying** that they possess at least minimum essential qualification even if the candidate has some other higher qualifications.
- 3 The prescribed Essential Qualifications/Educational qualifications are a bare minimum and mere possession of it, will not entitle the candidates to be considered for the post. **Rehabilitation / allied health care professionals shall hold a valid registration with RCI / CAHP.**
- 4 The qualifications prescribed should have been awarded by recognized Universities/ Institutions.
- 5 If a candidate is claiming a particular qualification **as equivalent qualification** as per the advertisement, then the **candidate is required to produce order/ letter / equivalency certificate in this regard** issued under signature of the competent

authority / University / Institutions etc. The decision of the Director, AIISH in this regard shall be final.

- 6 In case of Boards/ Universities / Institutes awarding CGPA / SGPA / Overall Grade Point Average (OGPA) / Diploma / Degree Grade Point Average (DGPA) / Cumulative Performance Index (CPI) etc., candidates are required to furnish the percentage conversion certificate obtained from their Boards/ Universities / Institutes. **A copy of CGPA to percentage conversion certificate issued by the authority should be enclosed, failing which the application will be deemed as incomplete and would stand rejected.**
- 7 The application has to be invariably accompanied with a '**No Objection Certificate**' from the employer concerned, by those who are already in employment under Central/State Government, Public Sector Undertakings or Autonomous Bodies, duly indicating the name and post applied for. *This shall also be applicable to the candidates working in All India Institute of Speech and Hearing, Mysore.*
- 8 Employees Under Disciplinary Proceedings:  
Employees against whom disciplinary Proceedings are pending or contemplated shall not be considered for appointment on Direct recruitment.
- 9 The scale of pay notified is as per the VII CPC recommendations.
- 10 The posts carry usual allowances i.e., DA, HRA, and TA etc., as admissible to employees of AIISH, Mysuru.
- 11 Candidates are encouraged to apply for posts reserved for the respective category by enclosing appropriate certificates issued by competent authorities.  
**Age Relaxation:** The upper age limit will be reckoned as on the last date indicated for receipt of applications and the instructions of Government of India on the subject shall be followed.  
Age should not exceed the limit prescribed for each category of post **as on the last date for receipt of applications.**  
The Upper age limit mentioned against each post is for general category posts. Wherever posts are reserved for SC/ST/OBC/PwBD which are indicated against the posts, **relaxation in age shall be provided as per Government of India orders** on the subject. SC/ST/OBC candidates who apply against the Unreserved posts are not eligible for age relaxation in respect of such posts and they shall be treated on par with general candidates in the selection process. Concession in the application fee, if any, is however, applicable for those candidates.  
This relaxation and concession is subject to production of certificates issued by competent authority as per the Govt. of India Rules.  
**The OBC Certificate in the Central Govt. format (For appointment to posts under the Government of India) only is acceptable and it should have been issued on or after 01.04.2025 with clear mention on Non-creamy layer status. No further correspondences will be entertained in this regard. Request for age relaxation in such cases shall be summarily rejected.**

Candidates claiming reservation under **OBC category** are required to produce the certificate to that effect **issued on or after 01.04.2025** and **OBC candidates who belong to "Creamy Layer" are not entitled** to concession admissible to OBC category



and Candidates claiming reservation under **Economically Weaker Sections (EWS)** [Where applicable] are required to produce the certificate to that effect **issued on or after 01.04.2025, failing which the application will be deemed as incomplete and would stand rejected.**

The Divyangjan (PwBD) candidates shall be required to submit the Disability/ Medical Certificate in the proforma prescribed and issued by the competent medical authorities for the purpose of employment as per Government of India norms with a duly completed application form. Persons suffering from not less than 40% of the disability shall only be eligible for the benefit of reservation under this category. The certificate shall be rejected if the disability is less than 40%. The Divyangjan (PwBD) certificate must be produced in the prescribed proforma.

For Post Code: 6 – Only candidates with locomotor disability are eligible. Locomotor disability including cerebral palsy, leprosy cured, dwarfism, acid attack victims and muscular dystrophy; (a person's inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both), including—

(a)"Leprosy cured person" means a person who has been cured of leprosy but is suffering from—

(i) Loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity;

(ii) Manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;

(iii) Extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful occupation, and the expression "leprosy cured" shall construed accordingly;

(b)"Cerebral Palsy" means a Group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth;

(c)"Dwarfism" means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimeters) or less;

(d)"Muscular Dystrophy" means a group of hereditary genetic muscle disease that weakens the muscles that move the human body and persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for healthy muscles. It is characterized by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue;

(e)"Acid attack victims" means a person disfigured due to violent assaults by throwing of acid or similar corrosive substance.

- 12 **Candidates shall be permitted tentatively to appear for skill test(s).** Permission to appear in the skill test(s) does not signify fulfilment of eligibility criteria to the said post and detailed scrutiny of applications would be taken up after the skill test(s). ***Only candidates who have qualified in the skill test(s) and who fulfil the eligibility criteria for the post applied as per the RRs as indicated in this Advertisement and whose***

***applications & documents are complete in all respects and received within the last date of submission of applications would be considered for further selection.***

The scheme of examination, date, and syllabus for each post will be communicated to eligible candidates via call letter to their registered communication address and email.

**13 Mode of selection:**

For Group A posts, Skill Test and Personal Interview shall be conducted.

For Group B & C posts Skill Test(s) shall be conducted.

As per Government of India orders, interviews for posts in Group B & C are dispensed with. The results of the Skill Test(s) when conducted, will only be qualifying in nature.

**The final selection for these posts will be based on merit/percentage obtained in the essential qualification as mentioned under each post, from out of the candidates who have qualified in the skill test(s) and all the updates will be notified in the AIISH website.**

- 14 A candidate may apply for multiple posts, provided they meet the eligibility criteria specified for each individual post. Candidates applying for more than one post must submit separate applications for each post and pay the prescribed application fee individually for each submission.

- 15 The period of experience in a discipline/area of work, wherever prescribed, shall be reckoned from the date of acquiring the minimum prescribed educational qualification prescribed for the post and will be reckoned as on the last date prescribed for receipt of applications. *This shall also be applicable to the candidates working in All India Institute of Speech and Hearing, Mysore.*

The period of experience will only be considered if the candidate provides official documentation beyond basic documents like pay slips, offer letters, joining reports, or relieving letters. The required proof must be a separate experience certificate issued by the organization. Without submission of proper experience certificate, candidates experience will not be considered as valid.

- 16 Mere fulfillment of the eligibility criteria mentioned in the advertisement does not confer any right for appointment to a regular position at the Institute.

- 17 **The competent authority has the right to accept or reject any application without assigning any reasons.**

- 18 **The competent authority has the right not to fill all or any of the posts mentioned in the advertisement. The number of posts to be filled may also vary as per the decision of the Competent Authority.**

- 19 **Canvassing in any form and/or bringing influence of any kind will be treated as a disqualification for the post.**

- 20 **Wrong declarations / submissions of false information or any other action contrary to law shall lead to cancellation of the candidature at any stage.**

- 21 **The last date of receipt of hard copy of application for all the post code is 45 days from the date of publication in the Employment newspaper up to 17.30 hrs. on that day.**

- 22 The appointment of the selected candidates is subject to being found medically fit as per the requirements of the Institute.
- 23 The Institute also reserves the right to empanel / waitlist candidate(s) for future vacancies.
- 24 AIISH, Mysore will retain the non-shortlisted candidate's applications only for a period of six months after completion of recruitment process i.e., the issuance of appointment letter to the selected candidate. Thereafter, No RTI on the subject shall be entertained.
- 25 **No Interim enquiries about the recruitment status will be entertained.**
- 26 **Applications in respect of candidates involved in criminal court cases will not be entertained.**
- 27 **AIISH, Mysore will not be responsible for any candidate for not being able to submit his / her application within the last date on account of postal / courier delay or any other reasons.**
- 28 Hard copy applications will be summarily rejected during the screening process under the following conditions:
- a) Incomplete applications, including those missing a recent photograph, signature, or proof of fee payment, not mentioning the category to which they belong to, etc.,
  - b) Applications lacking necessary mark sheets (all years/semesters must be enclosed) etc.,
  - c) Inappropriate proof of date of birth (only the Class X certificate or a birth certificate issued by the appropriate Government authority will be accepted).
  - d) Applications from in-service candidates without a No Objection Certificate (wherever applicable). This also applies to candidates working at the All India Institute of Speech and Hearing, Mysore, on a regular basis.
  - e) Documents that are **not self-attested** will be summarily rejected.
  - f) Applications submitted without the prescribed application fee (wherever applicable) and proof of payment.
  - g) Candidate those who have produced OBC/EWS certificates **issued before 01.04.2025** shall be summarily rejected. No other correspondence will be entertained in this regard.
  - h) Applications submitted without a copy of the Degree Certificate (Provisional or Convocation) will not be considered.
  - i) Applicants for the positions of Scientist B (SLP)., Audiologist / SLP Grade II., Special Educator and Multi-Rehabilitation Worker must submit a valid RCI certificate; failure to do so will be summarily rejected.
  - j) Applicants for the positions of Clinical Psychologist / Clinical Psychologist Grade II must attach either a valid CAHP Registration certificate or an RCI certificate; otherwise, the application will be summarily rejected.
  - k) Applicants for the post of Receptionist must attach a Disability Certificate in accordance with the Rights of Persons with Disabilities (RPwD) Act, 2016, duly



signed by the Authorized Medical Authority. Applications without the required certificate will be summarily rejected.

- l) Applications that do not include a proper conversion of percentage certificate for the candidates those who have grade-based marksheets, failure to do so will be summarily rejected.
- m) Applications not filled in the prescribed application form for that particular post shall be summarily rejected.
- n) Applications received beyond the last date, will be summarily rejected.

## HOW TO APPLY:

- a) Application may be downloaded from our website [www.aiishmysore.in](http://www.aiishmysore.in).

**Separate application forms are available for each post – Candidates are advised to download the proper application form to apply for. Otherwise, the application shall be summarily rejected.**

- b) Interested candidates are advised to send the proper application form with the all-necessary supporting documents to the following address with self-attested copies of all testimonials/certificates etc., i.e., the proof of DOB, Certificates for Educational Qualification: all *semester mark cards, Master's degree certificate, Bachelor's degree certificate or Provisional certificate*, Grade conversion certificate issued by the University / college in to percentage in case of award of Grades, *HSC, PUC, SSLC, Caste certificate (category claimed without proof shall not be considered), Experience (experience claimed without proof shall not be considered), NOC from the present employer – if applicable, Valid RCI certificate, Valid CAHP Certificate, Disability certificate, SC/ST/OBC/EWS/PwBD certificate (wherever applicable) within validity, Signature & recent photograph.*

Address for sending the hard copy of applications:

**The Chief Administrative Officer,  
O/o. the Chief Administrative Officer,  
All India Institute of Speech and Hearing,  
Manasagangothri,  
Mysore – 570 006.**

Envelope should be super-scribed “**Application for the post of.....**”,  
“**Post Code.....**”

- c) In service candidates must forward the hard copy of the application form along with all self-attested enclosures through proper channel so as to be received by the Office of the Chief Administrative Officer within the last date of receipt of hard copy of application as notified by the Institute.

d) **Application fee & Mode of payment:**

- i. For General Category, EWS and OBC candidates: ₹708/- (i.e., ₹600/- + 18% GST)
- ii. For candidates belonging to SC/ST categories: ₹295/- (i.e., ₹250/- + 18% GST)
- iii. **Women and PwBD candidates are exempted** from payment of application fee.
- iv. Fees once paid will not be refunded under any circumstances, even if the recruitment is deferred for any reason.
- v. The application fee must be paid only through one of the following modes and application fee should be made for each application separately:

1. **QR Code Payment:**

Use the QR code provided below to make the payment. After payment, mention the Transaction ID / UTR Reference Number and the Date of Payment in the application.



QR Code for payment

2. **Cash Payment at Institute Counter:**

Payment can also be made in cash at the Institute counter. Attach the original receipt of payment with your application.

Note: No other mode of payment will be accepted. Payments made through any other methods will not be considered.

- e) The Candidates should mention details of the payment of application fee in the prescribed application.

*M. P. Singh*  
निदेशक/Director

Advt. No. 08/2025

Date: 17.06.2025

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

**INCOME & ASSETS 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 \_\_\_\_\_ permanent resident of \_\_\_\_\_, Village/Street \_\_\_\_\_ Post Office \_\_\_\_\_ District \_\_\_\_\_ in the State/Union Territory \_\_\_\_\_ Pin Code \_\_\_\_\_ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income\* of his/her 'family'\*\* is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year \_\_\_\_\_. His/her family does not own or possess any of the following assets\*\*\* :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari \_\_\_\_\_ belongs to the \_\_\_\_\_ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Recent Passport size  
attested photograph of  
the applicant

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\*Note1: 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.

## OBC Certificate Format

### FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS / ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT OF INDIA

This is to certify that Shri / Smt. / Kum\* \_\_\_\_\_ Son / Daughter\* of Shri /  
Smt.\* \_\_\_\_\_ of Village/Town\* \_\_\_\_\_ District/Division\* \_\_\_\_\_  
\_\_\_\_\_ in the \_\_\_\_\_ State belongs to the \_\_\_\_\_

community which is recognized as a backward class under:

- (i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary Part I Section I No. 186 dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary Part I Section I No. 163 dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary Part I Section I No. 88 dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC dated 9/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 6/12/96 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC dated 6/12/99 published in the Gazette of India Extraordinary Part I Section I No. 270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary Part I Section I No. 71 dated 04/04/2000.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 21/09/2000.
- (xii) Resolution No. 12015/9/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/1/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/4/2002-BCC dated 13/01/2004.
- (xv) Resolution No. 12011/9/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 16/01/2006.
- (xvi) Resolution No. 12011/14/2004-BCC dated 12/03/2007 published in the Gazette of India Extraordinary Part I Section I No. 67 dated 12/03/2007.
- (xvii) Resolution No. 12015/2/2007-BCC dated 18/08/2010.
- (xviii) Resolution No. 12015/13/2010-BCC dated 08/12/2011.

Shri / Smt. / Kum. \_\_\_\_\_ and / or his family ordinarily reside(s) in  
the \_\_\_\_\_ District / Division of \_\_\_\_\_ State. This is also to certify that he/she  
does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India,  
Department of Personnel & Training O.M. No. 36012/22/93-Estt.(SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004  
Estt.(Res.) dated 09/03/2004, further modified vide OM No. 36033/3/2004-Estt. (Res.) dated 14/10/2008 or the latest notification of  
the Government of India.

Dated: \_\_\_\_\_

District Magistrate /  
Deputy Commissioner /  
Competent Authority

Seal

\* Please delete the word(s) which are not applicable.

#### NOTE:

- (a) The term 'Ordinarily resides' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- (b) The authorities competent to issue Caste Certificates are indicated below:
  - (i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate).
  - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
  - (iii) Revenue Officer not below the rank of Tehsildar and
  - (iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.

**FORM-V**

**(As per RPD Act, 2016)**

**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)**

Recent Passport  
size Attested  
Photograph  
(Showing face  
only)  
Of the Person with  
Disability

**Certificate No.:**

**Date :**

This is to certify that I have carefully examined Shri/Smt/Ms.  
\_\_\_\_\_, son/wife/daughter of Shri  
\_\_\_\_\_, Date of Birth (DD/MM/YY) \_\_\_\_\_ Age  
\_\_\_\_\_ years, male/female \_\_\_\_\_, Registration No.  
\_\_\_\_\_, permanent resident of House  
No. \_\_\_\_\_, Ward/Village/Street  
\_\_\_\_\_ Post Office \_\_\_\_\_ District  
\_\_\_\_\_ State \_\_\_\_\_, whose  
photograph is affixed above and am satisfied that:

(A) he/she is a case of :

- locomotor disability
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is \_\_\_\_\_.

(C) he/she has \_\_\_\_\_ % (in figure) \_\_\_\_\_ percent (in  
words) permanent locomotor disability/dwarfism/blindness in relation to his/her  
\_\_\_\_\_ (part of body) as per guidelines (\_\_\_\_\_  
number and date of issue of the guidelines to be specified).

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

Name of Document	Date of Issue	Details of Authority issuing Certificate

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

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



**FORM-VI****(As per RPD Act, 2016)****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 that we have carefully examined Shri/Smt/Ms.  
\_\_\_\_\_, son/wife/daughter of Shri  
\_\_\_\_\_, Date of Birth (DD/MM/YY) \_\_\_\_\_ Age  
\_\_\_\_\_ years, male/female \_\_\_\_\_, Registration No.  
\_\_\_\_\_, permanent resident of House  
No. \_\_\_\_\_, Ward/Village/Street  
\_\_\_\_\_ Post Office \_\_\_\_\_ District  
\_\_\_\_\_ State \_\_\_\_\_, whose  
photograph is affixed above and am satisfied that:

- (A) he/she is a case of Multiple Disability. His/Her extent of permanent physical impairment / disability has been evaluated as per guidelines (\_\_\_\_\_ number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:

Sr. No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical Impairment / Mental Disability (in %)
1	Locomotor disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Dwarfism			
5	Cerebral Palsy			
6	Acid Attack Victim			
7	Low Vision	#		
8	Blindness	#		
9	Deaf	*		
10	Hard of Hearing	*		
11	Speech & Language disability			
12	Intellectual disability			
13	Specific learning disability			
14	Autism Spectrum Disorder			
15	Mental Illness			
16	Chronic Neurological Conditions			

<b>Sr. No.</b>	<b>Disability</b>	<b>Affected Part of Body</b>	<b>Diagnosis</b>	<b>Permanent Physical Impairment / Mental Disability (in %)</b>
17	Multiple Sclerosis			
18	Parkinson's disease			
19	Haemophilia			
20	Thalassemia			
21	Sickle Cell disease			

@ e.g. Left / Right / Both Arms / Legs

# e.g. Single Eye

\* e.g. Left / Right / Both Ears

- (B) In the light of the above, his/her overall permanent physical impairment as per guidelines (\_\_\_\_\_ number and date of issue of the guidelines to be specified), is as follows:
- (C) In figures : \_\_\_\_\_ percent
- (D) In words : \_\_\_\_\_ percent
2. This condition is progressive / non-progressive / likely to improve / not likely to improve.
3. Reassessment of disability is:
- i) not necessary,  
or
- ii) is recommended / after \_\_\_\_\_ years \_\_\_\_\_ months, and therefore, this certificate shall be valid till \_\_\_\_ (DD) \_\_\_\_ (MM) \_\_\_\_ (YY).
4. The applicant has submitted the following document as proof of residence:

<b>Name of Document</b>	<b>Date of Issue</b>	<b>Details of Authority issuing Certificate</b>

5. Signature and Seal of the Medical Authority

<b>Name &amp; Seal of Member</b>	<b>Name &amp; Seal of Member</b>	<b>Name &amp; Seal of the Chairperson</b>

Signature / thumb impression of the person in whose favour certificate of disability is issued
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**FORM-VII****(As per RPD Act, 2016)****Certificate of Disability****(In cases other than those mentioned in Forms-V & VI)****{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 that I have carefully examined Shri/Smt/Ms.  
\_\_\_\_\_, son/wife/daughter of Shri  
\_\_\_\_\_, Date of Birth (DD/MM/YY) \_\_\_\_\_ Age  
\_\_\_\_\_ years, male/female \_\_\_\_\_, Registration No.  
\_\_\_\_\_, permanent resident of House  
No. \_\_\_\_\_, Ward/Village/Street  
\_\_\_\_\_ Post Office \_\_\_\_\_ District  
\_\_\_\_\_ State \_\_\_\_\_, whose  
photograph is affixed above and am satisfied that he/she is a case of  
\_\_\_\_\_ Disability. His/Her extent of permanent 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:

Sr. No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical Impairment / Mental Disability (in %)
1	Locomotor disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Dwarfism			
5	Cerebral Palsy			
6	Acid Attack Victim			
7	Low Vision	#		
8	Blindness	#		
9	Deaf	*		
10	Hard of Hearing	*		
11	Speech & Language disability			
12	Intellectual disability			
13	Specific learning disability			
14	Autism Spectrum Disorder			
15	Mental Illness			
16	Chronic Neurological Conditions			
17	Multiple Sclerosis			
18	Parkinson's disease			
19	Haemophilia			

<b>Sr. No.</b>	<b>Disability</b>	<b>Affected Part of Body</b>	<b>Diagnosis</b>	<b>Permanent Physical Impairment / Mental Disability (in %)</b>
20	Thalassemia			
21	Sickle Cell disease			

*(Please strike out the disabilities which are not applicable)*

@ e.g. Left / Right / Both Arms / Legs

# e.g. Single Eye

\* e.g. Left / Right / Both Ears

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).

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

<b>Name of Document</b>	<b>Date of Issue</b>	<b>Details of Authority issuing Certificate</b>

(Authorised Signatory of Notified Medical Authority  
(Name & Seal)

Countersigned  
{Countersignature & 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
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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.