

ANNEXURE-I**UNDERTAKING FOR ACHIEVEMENTS IN SPORTS**

I, _____ (name), son/daughter of Shri _____
(father's name), born on _____ of _____
(address) hereby solemnly declare and affirm as under:-

1. That as Sportsman/Sportswoman in _____ (name of discipline), I have represented the team(s) in the competition(s) on date(s) and also of named position(s) as indicated in the table below :-

Sr. No.	Sports Disciplines	Team represented	Name of the competition & year	Venue/Date	Position secured
1.					
2.					
3.					

2. That the certificate(s) mentioned below are produced by me in support of the above are authentic :

- (i)
(ii)
(iii)

3. I understand that in case the information/documents supplied by me are found to be false, incorrect or forged, my admission will stand cancelled and I shall be liable for criminal action.

(Signature of the candidate)

NOTE: IN CASE OF MINOR, THE UNDERTAKING SHALL BE FILLED IN BY HIS/HER PARENTS/ GUARDIANS WITH SUITABLE AMENDMENTS.

ANNEXURE-II**LIST OF GAMES**

Following are the Games/Disciplines on the basis of which claim for admission under the reserved category of sports can be considered. Following list is tentative subject to the changes if any in the AIU calendar 2018-2019.

Sr.No. Games & Section

- | | |
|--|---|
| 1. American Football (Men & Women) | 30. Kabaddi (NS) (Men & Women) |
| 2. Archery (Men & Women) | 31. Kho-Kho (Men & Women) |
| 3. Athletics (Men & Women) | 32. Netball (Men & Women) |
| 4. Aquatics (Swimming & Diving (M&W),
Water Polo (Men)) | 33. Power Lifting (Men & Women) |
| 5. Badminton (Men & Women) | 34. Roller Hockey (Men & Women) |
| 6. Ball Badminton (Men & Women) | 35. Roller Sports (Men & Women) |
| 7. Basketball (Men & Women) | 36. Roll Ball (Men & Women) |
| 8. Baseball (Men & Women) | 37. Rowing (Men & Women) |
| 9. Boxing (Men & Women) | 38. Rugby (Men & Women) |
| 10. Canoeing & Kayaking (Men & Women) | 39. Sepak Takraw (Men & Women) |
| 11. Circle Style Kabaddi (Men & Women) | 40. Shooting (Pistol & .177, Air Rifle Peep Sight,
Clay Pigeon, Shooting Trap, Double Trap and Skeet
(Men & Women)) |
| 12. Chess (Men & Women) | 41. Soft Tennis (Men & Women) |
| 13. Cricket (Men & Women) | 42. Softball (Men & Women) |
| 14. Cross Country Race (Men & Women) | 43. Squash Rackets (Men & Women) |
| 15. Cycling (Road & Track) (Men & Women) | 44. Tug of War (Men & Women) |
| 16. Drop Ball (Men & Women) | 45. Table-Tennis (Men & Women) |
| 17. E-Sports M. Sports (Men & Women) | 46. Taekwondo (Men & Women) |
| 18. Fencing (Men & Women) | 47. Tennis (Men & Women) |
| 19. Floor Ball (Men & Women) | 48. Throw Ball (Men & Women) |
| 20. Football (Men & Women) | 49. Volleyball (Men & Women) |
| 21. Gatka (Men & Women) | 50. Weight Lifting (Men & Women) |
| 22. Golf (Men & Women) | 51. Best Physique (Men & Women) |
| 23. Gymnastic & Malkhamb (Men & Women) | |

- | | |
|-------------------------------------|--|
| 24. Handball (Men & Women) | 52. Wrestling Free Style & Greco Roman Style (Men) |
| 25. Indore Hockey 5's (Men & Women) | Wrestling Free Style (Women) |
| 26. Hockey (Men & Women) | 53. Wushu (Men & Women) |
| 27. Judo (Men & Women) | 54. Yachting (Men & Women) |
| 28. Kick Boxing (Men & Women) | 55. Yoga (Men & Women) |
| 29. Korfball (Mixed) | |

ANNEXURE-III**GRADING CRITERIA FOR SPORTS MERIT**

Note: – Tournaments/Championships other than Inter University/Inter College/Inter School will be considered for Gradation provided they are recognized by International Olympic Committee/ Indian Olympic Association/respective National Federation / State Association / BCCI / SGFI / **MYAS***

CATEGORY 'A'

- A-1: A person getting any of the first three positions in the Olympic Games, World Cup, World Championship, Davis Cup, Thomas Cup, Uber Cup, Para Olympic Games, and Winter Olympic Games.
- A-2: A person getting any of the first three positions in the Champions Trophy, Commonwealth Games, Commonwealth Championship, World Universities Games, World Universities Championship, Asian Games (Indoor/Outdoor Games), Asian Cups, Asian Championship, Asian Winter Games, Asian Para Olympics, Wimbledon Championship, US, French and Australia Open (Tennis) Championships, All England Badminton Tournament(s) and Youth Olympic Games.
- A-3: A person getting any of the first three positions in the One Day International Cricket matches, Cricket Test Matches, Commonwealth Youth Games, International Athletic Permit Meet, Asian Youth Games, Asian Martial Art Games, Asian Winter Games, SAF Games.
- A-4: A person getting any of the first three positions while representing Indian team in other International Tournaments recognized by IOA/ SGFI/ MYAS/BCCI.

CATEGORY 'B'

- B-1: A person representing India in the Olympic Games, World Cup, World Championship, Davis Cup, Thomas Cup, Uber Cup, Para Olympic Games, and Winter Olympic Games.
- B-2: A person representing India in the Champions Trophy, Commonwealth Games, Commonwealth Championship, World Universities Games, World Universities Championship, Asian Games (Indoor/Outdoor Games), Asian Cups, Asian Championship, Asian Winter Games, Asian Para Olympics, Wimbledon Championship, US, French and Australia Open (Tennis) Championships, All England Badminton Tournament(s) and Youth Olympic Games.
- B-3: A person representing India in the One Day International Cricket Matches, Cricket Test Matches, Commonwealth Youth Games, International Athletic Permit Meet, Asian Youth Games, Asian Martial Art Games, Asian Winter Games, SAF Games
- B-4: A person representing Indian team in other International Tournaments recognized by IOA/ SGFI/MYAS/BCCI
- B-5: A person getting any of the first three positions in the National games and Federation Cup for Seniors.
- B-6: A person getting any of the first three positions in the All India Inter University Tournaments / Senior National Championships / Inter State Tournament for Senior / Vizzy Trophy Tournament.
- B-7: A person getting any of the first three positions in the National Championships for Junior/Youth/Schools conducted by recognized National Federation/ SGFI (School Games Federation of India).
- B-8: A person getting any of the first three positions in the Zonal Inter University Meet or Championship.
- B-9: A person getting any of the first three positions in the National Zonal Meet or Championship for Senior (the Zonal tournament will be considered if at least 5 teams participated in the same)

CATEGORY 'C'

- C-1: A person included in the State/Union Territory teams in the National Games.
- C-2: A person included in the All India Inter University Tournaments/Senior National Championships/Inter State Tournament for Senior / Vizzy Trophy Tournament.
- C-3: A person included in the State/Union Territory Junior/Youth/Cadet teams in the National Championships or State/Union Territory School/CBSE/Kendriya Vidyalaya Sangathan/Navodya Vidyalaya/ICSC/IPSC teams in the National School Games conducted by SGFI (School Games Federation of India).

- C-4:** A person included in the National Zonal Meet or Championship for Senior/Zonal Inter University Championship (the Zonal tournament will be considered if at least 5 teams participated in the same).
- C-5:** A person getting any of the first three positions in All India inter-Professional University Sports Meet of Agriculture, Law, Medicine, Technical and Management Universities.
- C-6:** A person included in the Professional University team in Inter-Professional Tournaments.
- C-7:** A person getting any of the first three positions in the Inter College Tournaments other than Professional Universities.
- C-8:** A person getting any of the first three positions in the Inter College tournaments of Professional Universities/ Inter-Distt. / Union Territory Championships for Seniors / State Junior/Youth/School Games / Union Territory Championships for Juniors.

CATEGORY 'D'

- D-1:** A person getting any of the first three positions in the University 'B' Division and 'C' Division Inter College Tournaments.
- D-2:** A person getting any of the first three positions in the Residential University/P.U. Campus Championships or Tournaments.

Note: The certificates not mentioning the level of tournament i.e. Senior / Junior / Youth / Schools will be considered as per the following age criteria:

1. Under 14..... Sub-Junior
2. Under 17..... Junior
3. Under 19..... Youth
4. Above 19..... Senior

* BCCI: Board of Control for Cricket in India

* SGFI: School Games Federation of India

* MYAS: Ministry of Youth Affairs & Sports

ANNEXURE-IV

**Schedule of the verification of Original Sports Certificates for the Reserved Category of Sports
Venue: Panjab University Gymnasium Hall, Chandigarh**

Reporting Time: 9.30 A.M. To 12.30 P.M.

Sr.No.	Game	Section	Date
1.	American Football	(Men & Women)	16.07.2018
2.	Archery	(Men & Women)	-do-
3.	Athletics	(Men & Women)	-do-
4.	Aquatics(Swimming & Diving	(Men & Women)	-do-
	Water Polo	(Men)	-do-
5.	Badminton	(Men & Women)	-do-
6.	Ball Badminton	(Men & Women)	-do-
7.	Basketball	(Men & Women)	-do-
8.	Baseball	(Men & Women)	-do-
9.	Boxing	(Men & Women)	-do-
10.	Canoeing & Kayaking	(Men & Women)	-do-
11.	Circle Style Kabaddi	(Men & Women)	-do-
12.	Chess	(Men & Women)	-do-
13.	Cricket	(Men & Women)	-do-
14.	Cross Country Race	(Men & Women)	-do-
15.	Cycling(Road & Track)	(Men & Women)	-do-
16.	Drop Ball	(Men & Women)	-do-
17.	E-Sports M. Sports	(Men & Women)	-do-
18.	Fencing	(Men & Women)	-do-
19.	Floor Ball	(Men & Women)	-do-
20.	Football	(Men & Women)	-do-

21.	Gatka	(Men & Women)	-do-
22.	Golf	(Men & Women)	-do-
23.	Gymnastic & Malkhamb	(Men & Women)	-do-
24.	Handball	(Men & Women)	-do-
25.	Indore Hockey 5's	(Men & Women)	-do-
26.	Hockey	(Men & Women)	-do-
27.	Judo	(Men & Women)	-do-
28.	Kick Boxing	(Men & Women)	-do-
30.	Kabaddi (NS)	(Men & Women)	-do-
29.	Korfbal	(Mixed)	-do-
30.	Kabaddi (NS)	(Men & Women)	-do-
31.	Kho-Kho	(Men & Women)	-do-
32.	Netball	(Men & Women)	-do-
33.	Power Lifting	(Men & Women)	-do-
34.	Roller Hockey	(Men & Women)	-do-
35.	Roller Sports	(Men & Women)	-do-
36.	Roll Ball	(Men & Women)	-do-
37.	Rowing	(Men & Women)	-do-
38.	Rugby	(Men & Women)	-do-
39.	Sepak Takraw	(Men & Women)	-do-
40.	Shooting (Pistol & .177, Air Rifle Peep Sight, Clay Pigeon, Shooting Trap, Double Trap and Skeet	(Men & Women)	-do-
41.	Soft Tennis	(Men & Women)	-do-
42.	Softball	(Men & Women)	-do-
43.	Squash Rackets	(Men & Women)	-do-
44.	Tug of War	(Men & Women)	-do-
45.	Table-Tennis	(Men & Women)	-do-
46.	Taekwondo	(Men & Women)	-do-
47.	Tennis	(Men & Women)	-do-
48.	Throw Ball	(Men & Women)	-do-
49.	Volleyball	(Men & Women)	-do-
50.	Weight Lifting	(Men & Women)	-do-
51.	Best Physique	(Men & Women)	-do-
52.	Wrestling Free Style & Greco Roman Style	(Men)	-do-
	Wrestling Free Style	(Women)	-do-
53.	Wushu	(Men & Women)	-do-
54.	Yachting	(Men & Women)	-do-
55.	Yoga	(Men & Women)	-do-

ANNEXURE-V**UNDERTAKING FOR ATTENDANCE IN SPORTS GROUND**

I, _____ son/daughter of _____ resident of _____ do hereby declare as under :-

- (i) That I am seeking admission to the Department of _____ under the Sports Category.
- (ii) That in case I am admitted to the above said department I shall regularly attend the grounds for practice and I shall also participate in P.U. Campus Sports Activities including P.U. Campus Annual Athletic Meet/Inter-College/Inter-University/ National/International Sports Tournament on behalf of the P.U. Campus and the Panjab University if selected.
- (iii) That in case I fail to regularly attend the Grounds for practice or fail to participate in the tournaments as and when required, my admission to the Department of _____ shall be liable to be cancelled.

- (iv) That in case my admission to the Department of _____ is cancelled due to my failure to regularly attend the grounds for practice or to participate in the P.U. Campus Sports Activities (including Annual Athletic Meet) / Inter-University / National / International Sports Tournaments as may be required by the Campus Sports Department, Panjab University, Chandigarh. I shall have no claim on any account whatsoever against the Department or against the University.

(Signature of the candidate)

SPECIMEN OF CERTIFICATES

A. SCHEDULED CASTE/ SCHEDULED TRIBE CERTIFICATE

The Caste/Tribe Certificate should necessarily contain the following information about:

- (a) Name of the person;
- (b) Father's name;
- (c) Permanent place of residence
- (d) Name of the Caste/ Tribe
- (e) Constitutional order under which the caste/ tribe has been notified
- (f) Signature of issuing authority along with the designation, seals and date

Authorities Empowered to issue SC/ST certificate

- 1) District Magistrate/ Additional District Magistrate/ Collector/Deputy Commissioner/ Additional Deputy Commissioner/ Deputy Collector/ 1st Class Stipendiary Magistrate/ Sub-Divisional Magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner.
- 2) Chief Presidency Magistrate/ Additional Chief Presidency Magistrate/ Presidency Magistrate.
- 3) Revenue Officer not below the rank of Tehsildar.
- 4) Sub-Divisional Officer of the area where the candidate and/or his/her family normally resides.
- 5) Administrator/ Secretary to Administrator/ Development Officer (Lakshdweep Islands)

B. CERTIFICATE FOR BACKWARD CLASS

(Persons belonging to OBC/SBC will not be considered under this category)

This is to certify that Shri / Smt / Kumari _____ son / daughter of _____ village _____ District / Division _____ in the State of Punjab belongs to _____ community which is recognised as a backward class under the Government of Punjab, Department of Welfare of SCs and BCs vide notification No. _____ dated _____ Shri / Smt / Kumari _____ and / or his / her family ordinarily resides in the _____ District / Division of the State of Punjab.

This is also to certify that he / she does not belong to the persons / sections (creamy Layer) mentioned in the Column 3 of the Schedule to the Government of Punjab, Department of Welfare and SCs and BCs notification No. 1/41/93-RCI / dated 17.01.1994, as amended vide Notification No. 1/41/93 - RCI/1597 dated 17.08.2005, Notification No. 1/41/93-RCI/209 dated 24.02.2009 and notification No. 1/41/93-RCI/609 dated 24.10.2013.

Date of Issuance

Signature of Issuing Authority
 Designation :
 Date :
 Place :

Space for
 Photograph

The term "Ordinarily" used here will have same meaning as in Section 20 of Representative of People Act, 1950

Authorities Empowered to issue Backward Class Certificate	Criteria for Admission under this category
<ol style="list-style-type: none"> 1. Deputy Commissioner 2. Additional Deputy Commissioner 3. Sub-Divisional Magistrate 4. Executive Magistrate 5. Tehsildar 6. Naib Tehsildar 7. Block Officer 8. District Revenue Officer 	<ol style="list-style-type: none"> 1. 5% seats reserved for persons belongs to this category. 2. Candidate must belong to non-creamy layer as defined by the latest rules of Govt. of India. 3. *A BC certificate issued by a competent authority in any format and on any date shall be accepted by PU. 4. Candidate whose certificate is older than one year from the date of issue must submit the self declaration.

Self declaration Proforma to be submitted by the person belonging to backward class category at the time of recruitment/admission

I _____ S/O,D/O _____ Resident of _____ Village/Tehsil/City _____ District _____ hereby declare that I _____ belong to _____ caste and this caste has been declared as backward class by State Government as per letter No. _____ dated _____.

I hereby declare that, I do not come under Colum-3 of the Schedule to the Government of Punjab, Department of Welfare of SCs and BCs notification No. 1/41/93-RC-1/459 dated 17.01.94 as amended vide notification No. 1/41/93-RCI/1597 dated 17.08.2005, notification No. 1/41/93-RCI/209 dated 4.02.2009 and notification No. 1/41/93-RCI /609 dated 24.10.2013.

Place: _____
Date: _____

Declarant

Verification:

I hereby declare that the above submitted information is correct as per my understanding and nothing has been concealed herein. I am well versed with the facts that I would be liable to face any punishment prescribed by law in case my above information is found to be false and the benefits granted to me (the applicant) will be withdrawn.

Place: _____
Date: _____

Declarant

C. CERTIFICATE FOR ADMISSION UNDER DEFENCE CATEGORY

Despatch No. _____ Dated _____

Certified that _____ son /daughter/ spouse of _____ Rank _____ (if applicable) an applicant for admission to _____ course(s) in the department of _____ Panjab University, is :-

1. Son/Daughter/Spouse of such Defence and Central Armed Police Force (CAPF)* personnel who died in action on _____ during _____. (Only those who are wholly dependent on such personnel shall be considered).
2. Son/Daughter/Spouse who is wholly dependent on such Defence and CAPF personnel who were incapacitated/died on _____ while in service.
3. Defence and CAPF personnel who were incapacitated while in service.
4. Son/daughter/spouse of ex-servicemen who are wholly dependent on them.
5. Son/daughter/spouse of serving Defence personnel and CAPF who are wholly dependent on them.
6. Ex-servicemen.
7. Serving Defence personnel and CAPF personnel.

Name of the Certifying Officer
Designation _____

Signature of authorized Military / Central Armed Police Forces Officer
(with official seal)

* CAPF earlier known as Para-military forces, includes Assam Rifles (AR), Border Security Force (BSF), Central Industrial Security Force (CISF), Central Reserve Police Force (CRPF), Indo Tibetan Border Police (ITBP), National Security Guard (NSG), Sashastra Seema Bal (SSB) etc.

D. CERTIFICATE OF CHILDREN/GRANDCHILDREN OF FREEDOM FIGHTER

Despatch No.:_____

Dated:_____

Certified that Mr./Ms./Mx._____ (freedom fighter) son/daughter of Shri_____ of Village_____ Post office_____ Tehsil _____ District_____ and Parent / Grand Parent of Mr./Ms./Mx._____ (Name of the Candidate), a bonafide political sufferer and has been drawing freedom fighter's pension from_____ Treasury or has been awarded Tamar Patra for his / her political sufferings.

Place:

Date:

*Deputy Commissioner
(With Seal of the Court)

- * Certificate from no other than Deputy Commissioner will be accepted.
- ** In case the certificate is found to be false or incorrect, the candidate will be render himself / herself liable for criminal prosecution.

E. CERTIFICATE IN RESPECT OF 1984 RIOT AFFECTED PERSON / DEPENDENT OF TERRORIST AFFECTED FAMILY OF PUNJAB

Despatch No.:_____

Dated: _____

This is to certify that Mr./Ms./Mx. _____ is a Son / Grandson / Daughter / Granddaughter / Husband / Wife / Brothers / Sisters of Shri_____ (Terrorist / Riot affected person) of Village_____ Post office_____ Tehsil_____ District_____ who was (killed/incapacitated in November, 1984 riots) / (killed / incapacitated in terrorist violence in Punjab and Chandigarh)

Place:

Date:

*Deputy Commissioner / District Magistrate
(With Seal of the Court)

- * Certificate from no other than Deputy Commissioner / District Magistrate will be accepted.
- ** In case the certificate is found to be false or incorrect, the candidate will be render himself / herself liable for criminal prosecution.

F. CERTIFICATE FOR ONLY GIRL CHILD/ONE OUT OF TWO GIRL CHILDREN

I / We, _____ (father) and _____ (mother) of Miss _____ (full address to be given) resident of House No. _____ Street/ Sector _____ Town/City/ Village _____ District/State _____ do hereby solemnly declare and affirm as under :-

1. That I am/we are citizens of India.
2. That Miss _____ born on _____ is our girl child.
3. That we have no male child.
4. That we have the following only two girls and none else :
 - (i) Name _____ (i) Name _____
 - (ii) Date of Birth _____ (ii) Date of Birth _____
5. That none of the above mentioned two girl children has obtained/availed the benefit granted under this category, in this University/Institute including its affiliated colleges.

Signature
(Father)

Signature
(Mother)

Place:

Dated:

NOTE: Who can apply under this category?

Single Girl Child

OR

One Girl Child out of only Two Girl Children*.

*Clarification: This Seat shall not be available for:-

- i) Those having three or more girl children.
- ii) Those having any male child.

G. CERTIFICATE BY THE CANDIDATE FROM BORDER AREA SCHOOL*

No.

Dated:

Certified that Mr./Ms./Mx. _____ son / daughter of Sh. _____ and Smt. _____ resident of _____ has passed the Matriculation and +2 from school(s) that is situated within 20 kms from the International Border.

It is further certified that Mr. / Ms. _____ has studied for _____ year(s) in the institution(s) that is situated within 20 kms from the International Border, as per date of joining and leaving school as given below :-

	Name of School	Date of joining	Date of leaving
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Place:

Seal and Signature

Date:

(Tehsildar / Principal / Headmaster)

* This certificate is only for those students, who have passed their Matric and +2 Examinations from Border Area School (s)

H. CERTIFICATE BY THE CANDIDATE FROM RURAL AREA SCHOOL*

No._____

Dated:_____

Certified that Mr./Ms./Mx. _____ son/ daughter of Sh. _____ and Smt. _____ resident of _____ has passed the matriculation and +2 examination from Rural School(s) that does not fall in the area of the Municipal Corporation/Municipal Committee/Small Town/Notified Area/Cantonment Area and has studied in a rural area school for at least five years before passing +2 examination.

	Name of School	Date of joining	Date of leaving
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Place:

Seal and Signature

Date:

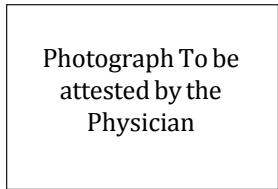
(D.E.O / Principal)

* This certificate is only for those students, who have passed their Matric and +2 Examinations from Rural Area School (s) and studied for atleast five years in Rural Area School(s) before passing +2 examinations.

H. MEDICAL EXAMINATION FORM

(The medical examination will be conducted by any Govt. Gazetted Officer/Medical Officer at P.U. Health Centre)
 (Items Nos. from 1 to 8 below to be filled in by the candidate)

1. Name of the candidate _____
2. Father's Name _____
3. Mother's Name _____
4. Date of Birth _____
5. Department (in which admission is being sought) _____
6. University Receipt for Medical Examination Fee
 No. _____ Date _____
7. Roll No. (allotted by the Department):
8. History of any previous illness:
 - I. History of illness like epilepsy, Hypertension, Asthma, Tuberculosis, Rheumatic Arthritis, Diabetes, Heart Problem etc.
 - II. History of any Surgery / Accident
 - III. History of any medication _____



 (Signature of the candidate to be attested by the Chairman)

 (Signature of the candidate in the presence of examining Doctor)

 (Signature of the Chairman with seal of the Department)

Medical Examination

- A. General Physical Examination
 - (a) Blood Pressure:
 - (b) Pulse
 - (c) Vision (without glasses) Right____ Left ____
 - (d) Vision (with glasses) Right____ Left ____
- B. Laboratory Test :
 Urine : Alb _____
- C. Systemic Examination
- D. Any person specific recommendation requiring further tests / examination

It is certified that the above named candidate has been medically examined and found fit to pursue the course of studies to which he or she has already been admitted provisionally.

(Signature of the Medical Officer with seal and date)

FORM OF CERTIFICATE RECOMMENDED FOR LEAVE OR EXTENSION OR COMMUNICATION OF LEAVE AND FOR FITNESS

Signature of patient

Or thumb impression _____

To be filled in by the applicant in the presence of the Government Medical Attendant or Medical Practitioner (with qualifications-MBBS or above)

Identification marks:-

a. _____

b. _____

I, Dr. _____ after careful examination of the case certify hereby that _____ whose signature is given above is suffering from _____ and I consider that a period of absence from duty of _____ with effect from _____ is absolutely necessary for the restoration of his health.

I, Dr. _____ after careful examination of the case certify hereby that _____ on restoration of health is now fit of join service.

Signature of Medical attendant

Registration No. _____

(MBBS or above with Mobile #)

Note:- The nature and probable duration of the illness should also be specified. This certificate must be accompanied by a brief resume of the case giving the nature of the illness, its symptoms, causes and duration.

FORMAT FOR MEDICAL RECORD

Name of the patient:

Age:

Sex:

Address:

Occupation:

Date of 1st visit:

Clinical note (summary) of the case:

Prov. : Diagnosis :

Investigations advised with reports:

Diagnosis after Investigation:

Advice:

Follow up

Date:

Observations:

Signature in full _____

Name of Treating Physician
(MBBS or above with Mobile #)

Important Note:- Under this category of Physically Challenged, persons only with Permanent Physical Disability (PPD) will be considered. Candidates with temporary physical disability will not be eligible for applying under this category.

**COPY OF CERTIFICATE OF PHYSICALLY CHALLENGED CATEGORY FOR
APPLYING FOR ADMISSION**

Form-I

APPLICATION FOR OBTAINING DISABILITY CERTIFICATE BY PERSONS WITH DISABILITIES

1. Name: (Surname)_____ (First name)_____
(Middle name) _____
2. Father's name:_____ Mother's name:_____
3. Date of Birth: (date) _____/ (month) _____ / (year) _____
4. Age at the time of application: _____ years
5. Sex: _____ Male/Female/Transgender
6. Address:
 - (a) Permanent address

 - (b) Current Address (i.e. for communication)

 - (c) Period since when residing at current address

7. Educational Status (Pl. tick as applicable)
 - I. Post Graduate
 - II. Graduate
 - III. Diploma
 - IV. Higher Secondary
 - V. High School
 - VI. Middle
 - VII. Primary
 - VIII. Non-literate
8. Occupation _____
9. Identification marks (i) _____ (ii) _____
10. Nature of disability:
11. Period since when disabled: From Birth/Since year _____
12. (i) Did you ever apply for issue of a disability certificate in the past ____ YES/NO
(ii) If yes, details:
 - a. Authority to whom and district in which applied

 - b. Result of application

13. Have you ever been issued a disability certificate in the past? If yes, please enclose a true copy.

Declaration: I hereby declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further, state that if any inaccuracy is detected in the application, I shall be liable to forfeiture of any benefits derived and other action as per law.

(Signature or left thumb impression of person with disability, or of his/her legal guardian in case of persons with mental retardation, autism, cerebral palsy and multiple disabilities)

Date:

Place:

Encl:

1. Proof of residence (Please tick as applicable)
 - a. ration card,
 - b. voter identity card,
 - c. driving license,
 - d. bank passbook,
 - e. PAN card,
 - f. passport,
 - g. telephone, electricity, water and any other utility bill indicating the address of the applicant,
 - h. a certificate of residence issued by a Panchayat, municipality, cantonment board, any gazette officer, or the concerned Patwari or Head Master of a Govt. school,
 - i. in case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill, etc., a certificate of residence from the head of such institution.
2. Two recent passport size photographs

(For office use only)

Date:

Place:

Signature of issuing authority
Stamp

**Form-II
Disability Certificate**

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent pp 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./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 _____, 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:-

Nature of Document	Date of Issue	Details of authority issuing certificate

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

Signature and Seal of Authorised Signatory of
Notified Medical Authority)

Form-III
Disability Certificate
(In case of multiple disabilities)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent pp 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./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 _____, whose photograph is affixed above, and are 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 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 and 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			
20.	Thalassemia			
21.	Sickle Cell disease			

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (..... number and date of issue of the guidelines to be specified), is as follows:-

In figures:- _____ percent

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) _____

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

- e.g. Single eye/both eyes

£ - e.g. Left/Right/both ears

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

Nature of Document	Date of Issue	Details of authority issuing certificate
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5. Signature and seal of the Medical Authority

Nature of Document	Date of Issue	Details of authority issuing certificate
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Signature/ Thumb impression of the person in whose favour disability certificate is issued.

Form-IV
Certificate of Disability
(In cases other than those mentioned in Forms II and III)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent pp 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./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 _____, whose photograph 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:-

Sr. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/ mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	•		
8.	Hard of Hearing	•		
9.	Speech and language disability			
10.	Intellectual disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological conditions			
15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

(Please strike out the disabilities which are not applicable)

- The above condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) not necessary.

Or

(ii) is recommended/after _____ years _____ months, and therefore, this certificate shall be valid till (DD / MM /YY) _____

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

- e.g. Single eye/both eyes

• - e.g. Left/Right/both ears

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

Nature of Document	Date of Issue	Details of authority issuing certificate
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(Authorised Signatory of notified Medical Authority)

(Name and Seal)

Countersigned

{Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)}

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

Note: 1. "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"

Form V

(intimation of rejection of Application for Certificate of Disability)

No. _____

Dated _____

To

(Name and address of applicant
For Certificate of Disability)

Sub: Rejection of Application for Certificate of Disability

Sir/Madam

Please refer to your application dated _____ for issue of a Certificate of Disability for the following disability: _____

2. Pursuant to the above application, you have been examined by the undersigned / Medical Authority on _____, and I regret to inform that, for the reasons mentioned below, it is not possible to issue a Certificate of Disability in your favour:

(i)

(ii)

(iii)

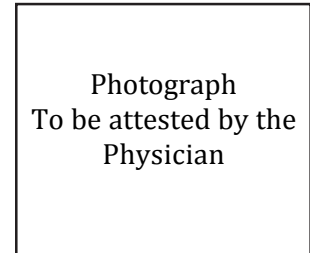
3. in case you are aggrieved by the rejection of your application, you may represent to _____, requesting for review of this decision.

Yours faithfully,

(Authorised Signatory of the notified Medical Authority)
(Name and Seal)

Certificate for candidates applying under the reserved category for Cancer/Thalassemia / AIDS

**DETAILED ADDRESS OF ISSUING PHYSICIAN AND HOSPITAL
(Mention serial number and date with phone number and address)**



This is to certify that Ms./Mr. _____ (Name of the student), Date of Birth: _____ C.R./OPD No. _____ D/o / S/o _____ (Mother's / Father's Name), resident of _____ (complete address), is a diagnosed case of _____ (Cancer / Thalassemia / AIDS)*. She/He is undergoing treatment for the same under my care.

(Signature of the Patient)

Attested

(Signature of the Physician)

Name and address of the Physician _____

Stamp of the Physician

*Strike out whichever is not applicable.