

Cir. No. APGVB/Per&HRD/26/2024-25

Date: 13.06.2024

All the Branches & Offices

**SCHEME FOR REGULARISATION OF CASUAL/DAILY WAGE WORKERS AS OFFICE ATTENDANTS (MULTI-PURPOSE) IN GROUP – C IN COMPLIANCE TO THE DIRECTIONS OF THE HONOURABLE HIGH COURT OF TELANGANA IN WP NOS. 15294, 15295, 15314, 15315 OF 2014, AND WP NOS. 6541, 6930, 6985, 11988 OF 2023**

In partial modification of Andhra Pradesh Grameena Vikas Bank regularisation of casual/daily wage workers scheme, 2023 notified vide Circular dated APGVB/Per&HRD/75/2022-23 dated 13.02.2023 in terms of the directions of the Hon'ble High Court of Telangana in above mentioned writ petitions, and in accordance with the modifications of the conditions 2, 3 and 7 of the said scheme in common order dated 21.07.2023 in WP Nos. 6541, 6980, 6985 & 11988 of 2023, the revised scheme with modifications is enclosed to this circular as **Annexure – I**.

2. In terms of the revised scheme, the eligible candidates can submit the applications in the prescribed format in **Annexure – II** to Head Office on or before **28.06.2024** along with the documents mentioned below. The applications received after **28.06.2024** will not be accepted under any circumstances.

- i) Self-attested photo copy of proof of Date of Birth. (Birth certificate/SSC/TC/School Leaving certificate).
- ii) Self –attested photocopy of certificate of educational qualification (8<sup>th</sup> standard or above)
- iii) Self-attested photocopy of latest caste certificate in case of SC/ST/OBC/EWS (**Annexure –III**).
- iv) Self-attested photocopy of disability certificate (**Annexure –IV**), if applicable.
- v) Documents in support of date of initial engagement in the bank and having worked ten years or more as on 13.02.2023.
- vi) Self-attested photo ID (Aadhar/Voter Card/Driving license/PAN etc.)

3. Applicants will be shortlisted based on eligibility, assessment of suitability and depending upon sanctioned vacancies.

4. No substitute in place of casual /daily wage worker shall be eligible to make application under the scheme.

5. Canvassing in any form at any stage of shortlisting will be a disqualification. Regularisation shall be subject to receiving clean antecedents/police verification report from concerned police authorities. Persons with criminal records or having convicted in offences involving moral turpitude shall be treated as a disqualification.



6. Any information submitted shall be binding on the candidates and liable for consequences including prosecution in case the information furnished is found to be false at any stage.

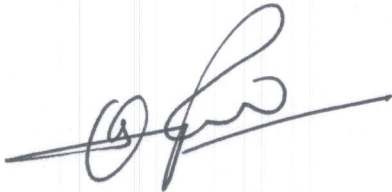
7. Candidates shortlisted for regularisation shall produce original certificates for verification at the time of appointment.

8. The candidates selected under the scheme will be appointed as Office Attendants (Multipurpose) and will be governed by Andhra Pradesh Grameena Vikas Bank (Officers & Employees) Service Regulations-2010. The candidates appointed as Office Attendants (Multipurpose) shall be liable to work anywhere in the operational areas of the bank in the States of Andhra Pradesh and Telangana as per requirements.

9. Candidates who have applied for regularisation under the scheme notified vide circular dated 13.02.2023 need to apply afresh. All candidates shall forward duly filled in applications to Head Office through RPAD to below mentioned address. The applications received with partially filled/unfilled formats shall be treated as incomplete and summarily rejected.

To  
The General Manager (HR & IT),  
Andhra Pradesh Grameena Vikas Bank,  
Head Office, 2-5-8/1, Ramnagar,  
Hanamkonda, Telangana – 506001

10. A copy of this circular may be placed in the Branch Notice Board for information of all concerned. Any changes in schedule or instructions will be informed by a separate corrigendum.



(Sankara Rao Sarilla)  
**General Manager(HR & IT)**



- Encls:**
1. Annexure – I (Scheme)
  2. Annexure – II (Application Form)
  3. Annexure – III (Caste/Income Certificate Formats)
  4. Annexure – IV (Disability Certificate Formats)

**Andhra Pradesh Grameena Vikas Bank (APGVB) Regularisation of Casual/Daily Wage Workers Scheme, 2023**

In exercise of the powers conferred by sub-section (1) of Section 8 of the Regional Rural Banks Act, 1976 and in partial modification of conditions 2, 3 and 7 of the scheme dated 13.02.2023 in due compliance of the orders dated 12<sup>th</sup> August 2022 of the Hon'ble Supreme Court in Special Leave to Appeal No. 12973 of 2022 read with common order dated 21.07.2023 in Writ Petition Nos. 6541, 6930, 6985, 11988 of 2023 and common order dated 09 January 2020 of the Hon'ble High Court of Telangana in Writ Petitions No 15294 of 2014, 15295 of 2014, 15314 of 2014 and 15315 of 2014, the Board of Directors of APGVB, hereby, as a one-time measure, makes the following Scheme.

**1. Short title and commencement:** (1) This Scheme shall be called, "Andhra Pradesh Grameena Vikas Bank Regularisation of Casual/Daily wage workers Scheme, 2023".  
(2) It shall come into force with immediate effect.

**2. Application:** (1) This scheme shall apply as a one-time measure to all Casual/Daily wage workers who have worked for ten years or more as on 13.02.2023 in duly sanctioned posts and the regularisation is subject to the eligibility and assessment of suitability. In calculation of the period of 10 years or more, the period during which the Casual/Daily wage worker was working under specific orders of the Courts or of Tribunals will not be counted.

(2) The scheme is not applicable to the persons who have been disengaged, or died or attained the age of superannuation.

**3. Age as on date of initial engagement:** Should not be below 18 years.

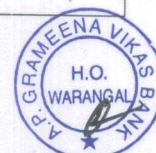
**4. Qualifications:** A minimum of Eighth (8<sup>th</sup>) Standard Pass from a School recognised by Government.

**5. Reservation:** The provisions of reservation policy for the Scheduled Castes, the Scheduled Tribes and other Special category of persons as per the guidelines of the Department of Personnel and Training, Government of India issued from time to time, to the extent relevant in the context of the Regional Rural Banks, shall apply.

**6. Sponsoring by Employment Exchange or any other Agency:** Not required

**7. Assessment of Suitability:** Through a Selection process as indicated below: -

Selection Process	Selection shall be made based on i) Personal Hearing ii) Weightage to length of Service. iii) List of successful candidates for regularisation shall be on the basis of eligibility, assessment of suitability as on 13.02.2023.
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<p>Composition of the Committee for conducting the assessment of suitability.</p>	<p>The Committee shall consist of the following Officials, namely: -</p> <p>(1) The General Manager nominated by the Board of the Bank – Chairman</p> <p>(2) An officer of the Bank concerned, not below the rank of Scale II as nominated by the Board – Member</p> <p>(3) An officer nominated by the Sponsor Bank – Member</p> <p>Note: If none of the members of the Committee belong to the Scheduled Castes or the Scheduled Tribes, the Board may nominate an officer of suitable position belonging to the Scheduled Castes or the Scheduled Tribes as an additional member of the committee.</p>
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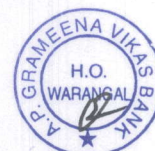
**8. Medical fitness:** Casual/Daily wage worker shall, at the time of regularisation, submit a medical certificate of fitness from a Medical Officer not below the rank of Civil Assistant Surgeon from Government Hospital having a qualification recognised by Medical Council of India/National Medical Commission.

**9. Powers to Interpret:** The power to interpret the provisions of the Scheme vests in the Chairman who is also hereby empowered to issue such administrative instructions, as may be necessary to give effect to and carry out the purposes of the provisions of the Scheme.

**10. Regularisation not a matter of right:** Since this Scheme is a “one-time measure”, no Casual/Daily Wages worker shall be entitled to claim it as a matter of right, if found ineligible or unsuitable due to non-fulfilment of the conditions mentioned in the Scheme.

**11. Seniority:** The regularisation shall be with prospective effect i.e. from the date of issue of orders of regularisation and appointment to the regular post. The Casual /Daily Wages worker so regularised shall be placed below in the seniority to the employees last appointed on the regular basis before the date of regularisation of these Casual/Daily Wages workers. However, the inter-se seniority of such Casual/Daily Wages workers shall be determined in accordance with the seniority/ranking accorded to them in final selection.

**12. Counting of past service:** The Casual/Daily wage worker, whose services is regularised as per the Scheme, shall be entitled for all the benefits from the date of regularisation only and shall have no claim for continuity of Service. On regularisation, past services rendered of such Casual/Daily wages worker shall not be counted as qualifying service for salary fitment, leave, retiral and other attendant benefits/facilities.



**ANDHRA PRADESH GRAMEENA VIKAS BANK**  
**HEAD OFFICE :: WARANGAL**

**APPLICATION FOR REGULARISATION OF CASUAL/ DAILY WAGE WORKERS SCHEME-2023 AS A OFFICE ATTENDANT (MULTI PURPOSE) IN GROUP - C IN ANDHRA PRADESH GRAMEENA VIKAS BANK**

Latest Passport Size Photograph of the Applicant

**1. Personal Details:**

<b>Full Name of the Candidate</b>			
<b>Father's Name &amp; Occupation</b>			
<b>Mother's Name</b>			
<b>Religion</b>			
<b>Caste &amp; Sub Caste</b>			
<b>Physically Challenged? If yes, type &amp; % of disability</b>	(Ex: Yes, Visually Impaired, 70%)		
<b>Category (Gen/EWS/OBC/SC/ST)</b>			
<b>Educational Qualification</b>			
<b>Date of Initial Engagement</b>			
<b>Details of Proof of Initial Engagement (Documents in support of date of initial engagement)</b>			
<b>Details of documents enclosed in support of having worked in bank for a period of 10 years or above as on 13.02.2023</b>			
<b>Date of Birth</b>			
<b>Age as on Date of Initial Engagement</b>	<b>Years</b>	<b>Months</b>	<b>Days</b>
<b>Aadhaar Number</b>			
<b>PAN</b>			
<b>Mobile1</b>			
<b>Mobile2</b>			
<b>E-mail ID</b>			
<b>Account Number with our Bank</b>			



**Signature of the Candidate**

<b>Address for Correspondence</b>	H.No:
	PIN:
<b>Permanent Address</b>	H.No:
	PIN:
<b>Place of Birth, District &amp; State</b>	
<b>Place of Domicile</b>	

2. Particulars of places where the candidate resided during ***the preceding five years*** from the date of notification.

S.No	From (Month/Year)	To (Month/Year)	Residential Address in full (i.e., House/ Apartment/Flat No., Apartment/ Street/ Colony and Road, Village, Mandal and District/ City)	Police Station and District
1				
2				
3				
4				
5				

3. Particulars of Branches / Offices of APGVB where the candidate has worked as casual worker.

S. No	Name of the Branch / Office	Br. Code	From Date	To Date
1				
2				
3				
4				
5				



Signature of the Candidate

4. Have you ever been member/ worker of any Political Party or Communal organization/ Youth/ Student/ Service/ Labour ?, YES / NO ; If Yes, furnish details:

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5. Have you ever been arrested by the police, convicted by a Court of law or detained under any state/ central preventive detention laws for any offence? Whether such conviction sustained in the court of Appeal or set aside by the Appellate Court if appealed against. (Note: if detained, convicted, debarred etc., subsequent to the completion and submission of this form, the details should be communicated immediately to the concerned Department or the authority to whom the Attestation Form has been sent earlier, as the case may be, failing which it will be deemed to be suppression of factual information). YES / NO

If the answer is 'Yes', the full particulars of the conviction, sentences and detention should be given.

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6. Does any of your close relatives working in the Bank? : YES / NO

If yes, furnish the details below:

S. No.	ID. No	Name	Cadre	Relation

7. Does any of your close relatives submitting application seeking regularization under the scheme? : YES / NO

If yes, furnish the details below:

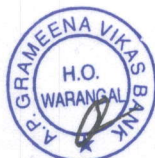
S. No.	Name	S/o/W/o/D/o	Relation	DoB

Note: Close relative shall be considered as Father, Mother, Spouse, Brother, Sister, Daughter, Son, Daughter- in law, Son- in law, Father-in law, Mother-in law.

8. Have you availed any loan facilities from APGVB?: YES / NO

If yes, furnish the details below:

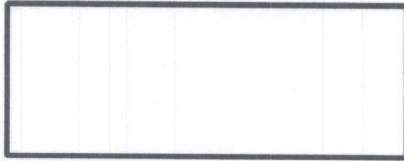
S. No.	A/c. No	Account Type	Dt. of Sanction	Present Outstanding



Signature of the Candidate

**Declaration:**

- (i) I hereby declare that the statements made in this application form are true to the best of my knowledge and belief.
- (ii) I am married / unmarried and have only one spouse living.
- (iii) I am fully aware that furnishing of false information or suppression of any factual information in the Application Form would be a disqualification and is likely to render me unfit for employment.
- (iv) I declare that I have gone through the guidelines of “**APGVB Regularisation of Casual/Daily wage workers Scheme, 2023**” and understood its contents and thereby state that I am eligible under the scheme and agree to abide by the terms & conditions mentioned therein.
- (v) I am also fully aware that if it comes to notice at any time during the selection process or during service after my appointment that false information has been furnished or that there has been suppression of factual information in the Application Form, (or) I am not satisfying any eligible criteria stipulated under the scheme, my candidature / services would be liable to be terminated solely on this ground.



**Right Thumb Impression**

**Signature of the Candidate**

**Date :**  
**Place :**





**FORM OF CERTIFICATE TO BE PRODUCED BY A  
CANDIDATE BELONGING TO SCHEDULED CASTE OR  
SCHEDULED TRIBE IN SUPPORT OF HIS / HER CLAIM.**

1. This is to certify that Sri / Smt / Kum\* \_\_\_\_\_ 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)Orders, 1951 ;
- \* The Constitution (Scheduled Tribes)(Union Territories)Order, 1951 ;

[as amended by the Scheduled Castes and Scheduled Tribes lists Modification) Order,1956; the Bombay Reorganisation Act, 1960;the Punjab Reorganisation Act 1966, the State of Himachal Pradesh Act, 1970, the North-Eastern Areas (Reorganisation)Act, 1971, the Constitution (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 (Scheduled Castes) Orders (Amendment)Act, 1990;
- \* The Constitution (ST) Orders (Amendment) Ordinance, 1991 ;
- \* The Constitution (ST) Orders (Second Amendment) Act,1991 ;
- \* The Constitution (ST) Orders (Amendment) Ordinance, 1996;
- \* The Scheduled Caste and Scheduled Tribes Orders (Amendment)Act 2002;
- \* The Constitution (Scheduled Castes) Order (Amendment) Act, 2002;
- \* The Constitution (Scheduled Caste and Scheduled Tribes) Order (Amendment) Act, 2002;
- \* The Constitution (Scheduled Caste) Order (Second Amendment) Act, 2002.

**# 2. Applicable in the case of Scheduled Castes / Scheduled Tribes persons , who have migrated from one State / Union Territory Administration.**

This certificate is issued on the basis of the Scheduled Castes / Scheduled Tribes\* Certificate issued to Shri. / Smt. / Kumari\*  
\_\_\_\_\_ Father /Mother\* of Sri / Smt. / Kumari\* \_\_\_\_\_  
\_\_\_\_\_ of village / town \_\_\_\_\_ in  
District/Division\* \_\_\_\_\_ of the State/Union Territory\* \_\_\_\_\_ who belong  
to the \_\_\_\_\_ Caste / Tribe\* which is recognized as a Scheduled Caste/Scheduled Tribe\* in the  
State/Union Territory\* issued by the \_\_\_\_\_ [Name of the authority] vide their order  
No. \_\_\_\_\_ dated \_\_\_\_\_.

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

Signature \_\_\_\_\_

Designation \_\_\_\_\_

Place:

Date :

[With seal of Office]

State/Union Territory

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

\* Please delete the words which are not applicable.

# Delete the paragraph which is not applicable.



List of authorities empowered to issue Caste / Tribe Certificates:

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

**Note : The Certificate is subject to amendment/modification of Scheduled Castes and Scheduled Tribes lists from time to time**

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FORM OF CERTIFICATE TO BE PRODUCED BY  
OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT  
TO POSTS UNDER THE GOVERNMENT OF INDIA

This is to certify that Sri / Smt. / Kumari \_\_\_\_\_ son/daughter of  
\_\_\_\_\_ of village/Town \_\_\_\_\_ 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 Social Justice and Empowerment's Resolution No. \_\_\_\_\_ dated \_\_\_\_\_.  
Shri/Smt./Kumari \_\_\_\_\_ and/or his/her family ordinarily 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 8-9-1993

Signature \_\_\_\_\_

Designation \_\_\_\_\_

Place: [With seal of Office]  
Date : State/Union Territory

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\* - the authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

\*\* - 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 People Act, 1950.

The Prescribed proforma shall be subject to amendment from time to time as per Government of India Guidelines.

List of authorities empowered to issue Other Backward Classes Certificates:

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



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

**INCOME & ASSET 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

\*Note 1 : 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.

**NOTE :-**

**The Income and Asset Certificate issued 'by anyone of the following authorities in the prescribed format as given above  
shall only be accepted as proof of candidate's claim as 'belonging to EWS : -**

- (i) District Magistrate/Additional District Magistrate/ Collector/ Deputy Commissioner/Additional Deputy Commissioner/1st  
Class Stipendiary Magistrate/ Sub-Divisional Magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant  
Commissioner,
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/ Presidency Magistrate,
- (iii) Revenue Officer not below the rank of Tehsildar and
- (iv) Sub-Divisional Officer or the area where the candidate and/or his family normally resides.



FORM-I

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in cases of blindness)  
(Prescribed proforma subject to amendment from time to time)

(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./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 \_\_\_\_\_

(A) 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 documents as proof of residence:-

Table with 3 columns: Nature of Document, Date of Issue, Details of authority issuing certificate

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

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



FORM - II

Certificate of Disability

(In case of multiple disabilities)

(Prescribed proforma subject to amendment from time to time)

(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  
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	Intellectual Disability			
12	Specific Learning Disability			
13	Autism Spectrum disorder			
14	Mental-illness			

- (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

£ - e.g. Left / Right / both ears

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

Nature of Document	Date of Issue	Details of authority issuing certificate

5. Signature and Seal of the Medical Authority

Name and seal of Member	Name and seal of Member	Name and seal of Chairperson

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



FORM - III

Certificate of Disability

(In cases other than those mentioned in Form I and II)

(Prescribed proforma subject to amendment from time to time)

(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 :

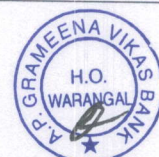
This is to certify that I have carefully examined

Shri/Smt./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	Intellectual Disability			
10	Specific Learning Disability			
11	Autism Spectrum disorder			
12	Mental-illness			

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

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





3. Reassessment of disability is :

(i) not necessary,

Or

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

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

# - e.g. Single eye / both eyes

£ - e.g. Left / Right / both ears

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

Nature of Document	Date of Issue	Details of authority issuing certificate

(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.

