



RECRUITMENT OF INSURANCE MEDICAL OFFICERS **GRADE-II (IMO GR. II) IN ESI CORPORATION**

(THROUGH PRATIBHA SETU PORTAL - COMBINED MEDICAL **SERVICES EXAMINATION - 2024 CONDUCTED BY** **UNION PUBLIC SERVICE COMMISSION)**

Applications are invited from the candidates whose names are available in the list of Pratibha Setu Portal of Combined Medical Service Examination (CMSE)-2024 conducted by UPSC as on closing date of receipt of applications i.e. 17.02.2026, for filling up the post of **Insurance Medical Officer Grade-II** in ESIC Hospitals/Dispensaries as under:

S. No.	Name of the Post	Vacancies							Eligibility conditions		Pay Scale of the post	Age Limit
1.	Insurance Medical Officer (IMO) Grade-II	SC	ST	OBC	EWS	UR	TOTAL	PWD		Candidates whose name appears in the details of candidates of CMSE-2024 on the Pratibha Setu Portal of UPSC, as on closing date i.e. 17.02.2026 are eligible to apply.	Level-10 in the pay matrix (Rs.56,100 - 1,77,500) plus non practicing allowance as admissible to analogous post in the Central Government.	Not exceeding 35 years.
								Category C	Category D&E			
		9+55*	43*	33*	22	63	225	15	47			
		Total – 62 {(9+24@)+29@@}										

*Backlog Vacancy

24@ denotes backlog from the 2024 roster.

29@@ denotes backlog carried forward from the last two recruitment cycles.

Identification and suitability for the post of Insurance Medical Officer Grade - II for Person with Benchmark Disabilities along with Functional Classification and Physical Requirements as under:

Name of the Post	Categories for which identified alongwith Functional Classification	Functional/Physical Requirements
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Insurance Medical Officer Grade-II (IMO Gr.-II)	Category C	(i) Locomotor Disability - One Arm (OA), One Leg (OL), Both Leg (BL), One Arm and One Leg (OAL), (ii) Cerebral Palsy (CP), (iii) Leprosy Cured (LC), (iv) Dwarfism (Dw), (v) Acid Attack Victims (AAV) (Non- Surgical Jobs)	Sitting (S), Standing (ST), Walking (W), Reading & Writing (RW), Seeing (SE), Hearing (H), Communication (C)
	Category D	(i) Specific Learning Disability (SLD).	
	Category E	(ii) Multiple Disabilities (MD) from amongst persons under categories C and D above.	

Note 1: Above vacancies may undergo changes depending upon the actual requirement.

Note 2: The candidates selected under PwBD category will be adjusted against their main category of UR, SC, ST, OBC and EWS.

Applications submitted by the candidates whose names does not appear in the details of candidates of CMSE-2024 on the Pratibha Setu Portal of UPSC, as on closing date i.e. 17.02.2026 shall be summarily rejected.

IMPORTANT DATES

Particulars	Date
Closing of submission of Applications	The closing date for submission of application for the post of IMO Gr. II in ESIC is 17.02.2026.

A. Scale of Pay: Level-10 in the Pay Matrix (Rs. 56,100 - 1,77,500) plus non-practicing allowance as admissible to analogous post in the Central Government.

In addition to Pay they will also be eligible for DA, NPA, HRA and Transport Allowance as per rules of Govt. of India in force from time to time.

B. Age Limit: Not exceeding **35 years as on 01.08.2024.**

(Relaxable upto five years for employees of the Employees' State Insurance Corporation and Government servants) in accordance with the instructions or orders issued by the Central Government from time to time.

Upper age limit is also relaxable to SC/ST/OBC/PWD/Ex-Servicemen & other categories of persons as per rules/instructions of Govt. of India.

C. ESSENTIAL QUALIFICATIONS

1. A recognised MBBS degree qualification included in the First Schedule or Second Schedule or Part-II of the Third Schedule (other than licentiate qualifications) to the Indian

Medical Council Act, 1956 (102 of 1956). Holders of educational qualifications included in Part-II of the Third Schedule should also fulfill the conditions specified in sub-section (3) of section 13 of the Indian Medical Council Act, 1956 (102 of 1956).

2. Completion of Compulsory rotating internship. Candidates who may not have completed rotating internships shall be eligible to apply provided that, if selected, they shall have satisfactorily completed the compulsory internship before appointment.

D. NATIONALITY/ CITIZENSHIP

A candidate must be either:

- (a) a citizen of India, or
- (b) a subject of Nepal, or
- (c) a subject of Bhutan, or
- (d) a Tibetan refugee who came over to India, before the 1st January, 1962 with the intention of permanently settling in India, or
- (e) a person of Indian origin who has migrated from Pakistan, Burma, Sri Lanka, East African Countries of Kenya, Uganda, the United Republic of Tanzania (Formerly Tanganyika and Zanzibar), Zambia, Malawi, Zaire, Ethiopia and Vietnam with the intention of permanently settling in India. Provided that a candidate belonging to categories (b), (c), (d) and (e) above shall be a person in whose favour a certificate of eligibility has been issued by the Government of India.

A candidate in whose case a certificate of eligibility is necessary may be admitted to the selection process but the offer of appointment will be given only after the necessary eligibility certificate has been issued to him by the Government of India.

E. SELECTION PROCESS

- (a) Based on the details of candidates of CMSE-2024 available on the Pratibha Setu Portal of UPSC, as on closing date i.e. 17.02.2026, a communication will be sent to the candidates, inviting applications, on the given email id and on the communication address given thereon. For convenience of the applicants, the list of candidates as available on the Pratibha Setu Portal is available alongwith this notification.
- (b) Minimum qualifying standard for the respective category of the candidate will be considered for considering the candidates of reserved category as mentioned in the UPSC application form.
- (c) It is mandatory for the candidates to give their consent for sharing their marks of CMSE 2024 by UPSC with ESIC as per the declaration provided in the application form. The applications received without the consent regarding sharing of marks of CMSE 2024 by UPSC with ESIC shall be summarily rejected.
- (d) Based on the applications received, a merit list will be prepared based on the marks of the respective candidates obtained in CMSE-2024, conducted by UPSC.
- (e) Relaxation in age limit for SC/ST/OBC/Ex-Serviceman shall be as per DOPT OM No. 15012/2/2010-Estt(D) dated 27.3.2012.
- (f) Applicants who are claiming benefit under EWS category shall be covered by O.M. no. 36039/1/2019-Estt. (Res.) dated 19.01.2019 and 31.01.2019 of DOPT.
- (g) Applicants who are claiming PwBD shall be covered by Section 33 and 34 of the Rights of Persons with Disabilities Act, 2016

G. HOW TO APPLY:

- i. The duly filled and signed Application Form in the Performa appended below along with self-attested copies of certificates is to be sent in a cover super-scribed **“Application for the post of IMO Gr. II in ESIC”** by Speed Post so as to reach the following addresses - by 17.02.2026.

**The Joint Director (Recruitment),
ESI Corporation, Panchdeep Bhawan,
CIG Marg, New Delhi-110002.**

- ii. The candidates are advised to submit the application well in advance without waiting upto the closing date. Applications received after the last date by any mode will not be accepted. **ESI Corporation will not be responsible for postal delays.**
- iii. Application forwarded through email will not be accepted.

H. DOCUMENTS/ CERTIFICATES TO BE SUBMITTED ALONGWITH APPLICATION FORM.

The self-attested copies of following documents/ certificates are to be submitted alongwith the application form:-

- i. One recent self-attested passport size photograph firmly pasted on the application form.
- ii. Matriculation/10th Standard or equivalent certificate indicating date of birth, or mark sheet of Matriculation/10th Standard or equivalent issued by Central/State Board indicating Date of Birth in support of their claim of age. Where date of birth is not available in certificate/mark sheets, issued by concerned Educational Boards, School leaving certificate indicating Date of Birth will be considered (in case of Tamil Nadu & Kerala). No other documents shall be accepted as proof of date of birth.
- iii. Degree certificate along with marksheets pertaining to all the academic years as proof of educational qualification claimed. In the absence of Degree certificate, provisional certificate along with mark sheets pertaining to all the academic years will be accepted.
- iv. Caste certificate by candidate seeking reservation as SC/ ST (Annexure-V) / OBC (Annexure-I) / EWS (Annexure-III), from the competent authority indicating clearly the candidate's Caste, the Act/ Order under which the Caste is recognized as SC/ ST/ OBC/EWS and the village/ town the candidate is ordinarily a resident of.
- v. A declaration in the prescribed format by candidate seeking reservation as OBC, that he/she does not belong to the creamy layer on the closing date i.e. 17.02.2026.
- vi. Certificate of Disability in prescribed proforma issued by the competent authority to Persons with Benchmark Disabilities (PwBD) persons eligible for appointment to the post on the basis of prescribed standards of Medical Fitness (Annexure-VI to VIII, as applicable).
- vii. Documentary support for any other claim(s) made.
- viii. **A candidate who claims change in name after matriculation on marriage or remarriage or divorce etc. the following documents shall be submitted:-**

- a) **In case of marriage of women** - Photocopy of Husband's passport showing names of spouses or an attested copy of marriage certificate issued by the Registrar of Marriage or an Affidavit from husband and wife along with a joint photograph duly sworn before the Oath Commissioner;
 - b) **In case of re-marriage of women** - Divorce Deed/Death certificate as the case may be in respect of first spouse; and photocopy of present husband's passport showing names of spouse or an attested copy of marriage certificate issued by the Registrar of Marriage or an Affidavit from the husband and wife along with joint photograph duly sworn before the Oath Commissioner.
 - c) **In case of divorce of women** - Certified copy of Divorce Decree and Deed Poll/Affidavit duly sworn before the Oath Commissioner.
 - d) **In other circumstances for change of name for both male and female** - Deed Poll/Affidavit duly sworn before the Oath Commissioner and paper cuttings of two leading daily newspaper in original (One daily newspaper should be of the area of applicants permanent and present address or nearby area) and Gazette Notification.
- ix. Certificate/ Document in respect of Age relaxation for:
- a) Ex-Servicemen and Commissioned Officers including ECOs/SSCOs in prescribed proforma from competent authority.
 - b) Persons seeking age relaxation under special provision/ order.
- x. The candidates who are working in Armed Forces of India and wish to avail relaxations and concessions under the Ex-Servicemen category have to submit certificate of employment and Undertaking as per Annexure-IV.

NOTE I: Date of birth mentioned in Application Form is final. No subsequent request for change of date of birth will be considered or granted.

NOTE II: If any document/ certificate furnished in a language other than Hindi or English, a transcript of the same duly attested by a Gazetted officer or notary is to be submitted with the application form.

I. ACTION AGAINST CANDIDATES FOUND GUILTY OF MISCONDUCT:

Candidates are warned that they should not furnish any particulars that are false or suppress any material information in filling up the application form. Candidates are also warned that they should in no case correct or alter or otherwise tamper with any entry in a document or its attested/certified copy submitted by them nor should they submit a tampered/fabricated document. If there is any inaccuracy or any discrepancy between two or more such documents or their attested/certified copies, an explanation regarding this discrepancy should be submitted.

J. OTHER INFORMATION/INSTRUCTIONS:

- i. **Incomplete or Unsigned applications or applications not in the prescribed proforma or the applications received without the self-attested copies of mark sheets/certificates in support of educational qualification, proof of age (Date of Birth), caste certificate, photographs may be rejected. The applications received after last date of receipt of applications shall be rejected without any communication to the candidate and no representation to this effect will be entertained.**
- ii. Wrong declarations/submission of false information or any other action contrary to law shall lead to cancellation of the candidature at any stage.

- iii. Candidates will be informed of the final result in due course through ESIC website(www.esic.gov.in) and any interim enquiries about the result are therefore, unnecessary and will not be attended to.
- iv. Canvassing in any form will disqualify a candidate.
- v. All candidates whether in Government service or in Government owned industrial or other similar organizations or in private employment should submit their applications directly to the ESI Corporation. Persons already in Regular Government service, whether in permanent or temporary capacity other than casual/adhoc/daily wages/hourly paid/contract basis are however required to submit a declaration that they have informed in writing to their Head of Office/Department that they have applied for the selection. Further, they have to submit the NOC from the present employer at the time of document verification.

K. Last date of receipt of application is 17.02.2026. (Last date for receipt of applications from candidates residing in Assam, Meghalaya, Arunachal Pradesh, Mizoram, Manipur, Nagaland, Tripura, Sikkim, Lahaul and Spiti district and Pangri Sub-Division of Chamba district of Himachal Pradesh, and the Union territories of Ladakh, Andman and Nicobar Islands and Lakshadweep is 24.02.2026.

L. IMPORTANT INSTRUCTIONS TO CANDIDATES

1.	Candidates seeking reservation benefits under SC/ST/OBC/PWD/EWS category must ensure that they are entitled to such reservation as per eligibility prescribed in the Notice and as per the instructions issued by Govt. of India. They should also be in possession of the certificates in the prescribed format of Govt. of India in support of their claim. Candidates claiming reservation/ age relaxation under OBC Category should submit the OBC Certificate given at Annexure-I prescribed vide Govt. of India, Department of Personal and Training OM No. 36012/22/93-Estt.(SCT) dated 15.11.93 along with Self Declaration given at Annexure-II failing which the benefit of reservation or age relaxation will not be given. Candidates claiming reservation under EWS Category should submit the EWS Certificate given at Annexure-III. Candidates claiming relaxation in age under Ex-servicemen Category should submit form of undertaking as given at Annexure-IV.
2.	The cutoff date for eligibility will be 30.04.2024, i.e. the closing date of submission of applications for CMSE 2024. The OBC & EWS certificates will be considered with reference to the closing date of the application i.e. 17.02.2026.
3.	The closing date for submission of application is 17.02.2026.

M. DECISION OF ESIC WILL BE FINAL

The decision of the ESIC in all matters relating to eligibility, acceptance or rejection of the applications, penalty for false information, mode of selection, selection and posting of selected candidates will be final and binding on the candidates and no enquiry/correspondence will be entertained in this regard.

N. Disqualification: - No person,

- i. Who has entered into or contracted a marriage with a person having spouse living or
- ii. Who, having a spouse living, has entered into or contracted a marriage with

any person shall be eligible for appointment to the said post.

Provided that the Director General of the Employees State Insurance Corporation may if satisfied that such marriage is permissible under the personal law applicable to such person and to the other party to the marriage and that there are other grounds for so doing, exempt any person from the operation of these regulations.

Caution: - Canvassing in any form will be a disqualification.

दिनांक : 13.01.2026

संयुक्त निदेशक (भर्ती)

APPLICATION FOR THE POST OF INSURANCE MEDICAL OFFICER- II- IN ESI CORPORATION- 2025 FOR RECRUITMENT THROUGH PRATIBHA SETU PORTAL OF UPSC - CMSE-2024

Affix self-attested
recent passport size
photograph here
(photograph should be
firmly pasted on this
space and not stapled)

1. Name (in full) (in block letters): _____
2. Father's/Husband's Name: _____
3. Mother's Name _____
4. Date of Birth (in figures): _____
(in words _____)
5. Aadhar No. _____
6. Category (UR/SC/ST/OBC/EWS) : _____
7. Whether Person with Benchmark Disability: (Yes/No) : _____
If yes, type of Disability _____ : Percentage of Disability _____
8. Are you an Ex-Servicemen (Yes/No) : _____
If yes, date of discharge from Armed Forces _____
9. Nationality _____
10. Email ID _____
11. Mobile No _____
12. (a) Correspondence address: _____

(b) Permanent Address: _____
(with telephone number) _____

13. Gender: _____
14. (i) Are you an ESIC / Govt. Employee (Yes/No): _____
(ii) If Yes, please mention whether ESIC or Govt. Employee: _____
(iii) Whether working on regular/contractual/adhoc/ Residency Scheme basis : _____

15. ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS:
(MBBS & above, if any)

Name & Address of Institution	University	Degree/Examination passed	Duration		Subjects	Percentage of marks obtained

16. DETAILS OF EMPLOYMENT

Name of the Organization (please specify whether Central Govt./State Govt./Public Sector/Autonomous Body/Private Sector)	Position held (s)	Period of service		Whether working on Regular Basis/Contractual Basis/Adhoc Basis/Residency Scheme etc.
		From	To	

17. Date of completion of Compulsory Rotating Internship: _____

18. Registration No. and Date of Registration of MBBS and Post Graduate Qualification (MD/MS/DNB/Diploma etc.) with the National Medical Council/State Medical Council:

(a) MBBS Qualification:

Registration No.: _____:Date of Registration:_____

Name of the Medical Council (NMC/State Medical Council): _____

(b) Post Graduate Qualification (MD/MS/DNB/Diploma etc.):

Registration No.: _____: Date of Registration: _____

Name of the Medical Council (NMC/State Medical Council): _____

19. UPSC ROLL NO FOR CMSE 2024 _____

20. FINAL MARKS IN CMSE 2024 _____

21. List of enclosures

i.	ii.
iii.	iv.
v.	vi.
vii.	viii.
ix.	x.

i. I hereby give consent to the UPSC to share my final score in CMSE 2024 with the ESIC.

ii. I hereby, solemnly declare that information provided by me in form is true to the best of my knowledge and belief. I understand that my candidature is subject to the conditions laid down in the advertisement. I further declare that I am not involved in any criminal case and /or no such case is pending against me in any court of law and I am not debarred from appearing in any examination for Government employment. I am willing to serve ESIC posted anywhere in India as per requirement of ESIC.

Place _____

Date _____

Signature of the Candidate: _____

Annexure 'T'**(FORMAT OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA)**

This is to certify that Shri/Smt./Kumari _____ son/daughter
of _____ of village/town _____ in

District/Division _____ in the _____ State/Union Territory
_____ belongs to the _____ Community which is recognized as a

backward class under the Government of India, Ministry of 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 **OMNo.**

36012/22/93-Estt. (SCT,) dated 08.09.1993**. OM No. 36033/3/2004Estt. (Res) dated 9th March, 2004, O.M. No.
36033/3/2004-Estt. (Res) dated 14th October, 2008 and O.M. No. 36033/1/2013-Estt. (Res) dated 27th May, 2013**.

Date _____

District Magistrate/ Deputy
Commissioner etc.

Seal of Office

* ~~The Authority issuing the Certificate may have to mention the details of Resolution of Government of India, in
which the Caste of candidate is mentioned as OBC.~~

** As amended from time to time.

- ~~The term ordinarily reside(s) used here will have the same meaning as in section 20 of the Representation of the
Note: People Act, 1950.~~

List of authorities empowered to issue Caste/Tribe Certificate Certificates:

i. District Magistrate/ Additional District Magistrate/ Collector/ Deputy Commissioner/ Additional Deputy Commission/ Dy. Collector/
~~1st Class Stipendiary Magistrate/ Sub-Divisional Magistrate/ Extra-Assistant Commissioner/ Taluka Magistrate/ Executive
Magistrate.~~

ii. Chief Presidency Magistrate/ Additional Chief Presidency Magistrate/ Presidency Magistrate.

iii. Revenue Officers not below the rank of Tehsildar.

iv. Sub-Divisional Officers of the area where the applicant and or his family normally resides.

- Note-I**
- The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
 - The authorities competent to issue Caste Certificate are indicated below:-
 - District Magistrate/ Additional Magistrate/ Collector/ Dy. 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).
 - Chief Presidency Magistrate/Additional Chief Presidency Magistrate/ Presidency Magistrate.
 - Revenue Officer not below the rank of Tehsildar
 - Sub-Divisional Officer of the area where the candidate and/or his family resides.

Note-II The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also, for assuming that the candidate does not fall in the creamy layer.

Note-III The candidate should furnish the relevant OBC Certificate in the format prescribed for Central Government jobs as per **Annexure 'A'** above issued by the competent authority on or before the Closing Date as stipulated in this Notice.

Form of declaration to be submitted by the OBC candidate (in addition to the community certificate)

Son/daughter of Shri.....resident of village/town/city.....
district. state.....hereby declare that I belong to the.....community which is recognized as a
backward class by the Government of India for the purpose of reservation in services as per orders contained in Department of
Personnel and Training Office Memorandum No 36102/22/93-Estt. (SCT) dated 8-9- 1993. It is also declared that I do not
belong to persons/ sections/sections (Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office
Memorandum dated 8-9-1993, O.M. No. 36033/3/2004-Estt. (Res.) dated 9th March, 200, O.M. No. 36033/3/2004-Estt. (Res.)
dated 14th October, 2008 and OM No. 36033/1/2013-Estt. (Res.), dated: 27th May, 2013.

Signature:.....

Full Name:.....

Address

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

INCOME & ASSEST 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*** :

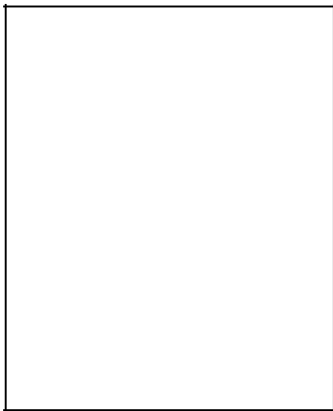
- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in. areas other than the notified municipalities.

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 _____



*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.

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

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

I further submit the following information:

- a) Date of appointment in Armed Forces _____
- b) Date of discharge _____
- c) Length of service in Armed Forces _____
- d) My last Unit/ Corps _____

Place:

Date:

(Signature of Candidate)

The form of certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under the Government of India

This _____ is to certify that Shri/Shrimati/Kumari*
son/daughter*
..... of of village/town* in District/Division*
..... of
..... the State/Union Territory* belong to the caste/tribe* which is
recognised as a Scheduled Caste/Scheduled Tribe *under:—
@The Constitution (Scheduled Castes) Order, 1950
@The Constitution (Scheduled Tribes) Order, 1950
@The Constitution (Scheduled Castes) Union Territories Order, 1951
@The Constitution (Scheduled Tribes) Union Territories Order, 1951

[as amended by the Scheduled Castes and Scheduled Tribes List (Modification) Order, 1956; the Bombay Reorganization Act, 1960, the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganization) Act, 1971, the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976, the State of Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Reorganization) Act, 1987.]

@The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956
@The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976
@The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962
@The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order, 1962
@The Constitution (Pondicherry) Scheduled Castes Order, 1964
@The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967
@The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968
@The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968
@The Constitution (Nagaland) Scheduled Tribes Order, 1970
@The Constitution (Sikkim) Scheduled Castes Order, 1978
@The Constitution (Sikkim) Scheduled Tribes Order, 1978
@The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989
@The Constitution (SC) Order (Amendment) Act, 1990
@The Constitution (ST) Order (Amendment) Act, 1991
@The Constitution (ST) Order (Second Amendment) Act, 1991
@The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002
@The Constitution (Scheduled Castes) Order (Amendment) Act, 2002
@The Constitution (Scheduled Castes and Scheduled Tribes) Orders (Amendment) Act, 2002
@The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002

% 2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration to another.

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes certificate issued to
Shri/Shrimati* Father/Mother of
Shri/Shrimati/Kumari of village/town*
..... in District/Division* of the State/Union
Territory* who belongs to the caste/tribe* which is recognized as a Scheduled Caste/Scheduled
Tribe in the State/Union Territory* of
Issued by the dated

%3. Shri/Shrimati/Kumari* and/or* his/her* family
Ordinarily resides in village/town* of District/Division*
Of the State/Union Territory* of

Place:

Signature

Date:

**Designation

(With Seal of Office) State/Union Territory*

*Please delete the words which are not [applicable.](#)@Please
quotespecificPresidentialOrder.%Deletetheparagraphwhichisnotapplicable.

NOTE: The term “ordinarily reside(s)” used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

**List of authorities empowered to issue Scheduled Caste/Scheduled Tribe Certificate.

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

Form-V
Certificate of Disability

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

[Seerule18(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/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/StreetPost

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 document as proof of residence: -

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 certificate of
disability certificate
is issued.

Form-VI

Certificate of Disability

(In case 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/Kum.....son/wife/daughter of
Shri.....

Date of Birth.....(DD)/(MM)/(YY).....Age..... years,
male/female.....RegistrationNo.....
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:

S.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
£ 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

5. Signature and seal of the Medical Authority.

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

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

Form-VII

Certificate of Disability

(Incases other than those mentioned in Forms V and VI)

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

[See rule 18(1)]

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 (to be specified) and is
shown against the relevant disability in the table below:-

S. 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)

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 his certificate shall be valid till.....
.....(DD)/(MM)/(YY)

@-eg. Left/Right/both arms/legs

#-eg. Single eye/both eyes

€-eg. 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

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

Counter signed (Counter signature and 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.

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if counter signed by the Chief Medical Officer of the District.

Note: The principal rules were published in the Gazette of India by Ministry of Social Justice and Empowerment vide notification number 489, dated 15.06.2017.