

Rank-.....

CGL Exam-2023

Form of Medical Certificate (For Physically Handicapped Candidates)

I hereby certify that I have examined Shri/ Smt./ Kum.
.....a candidate for employment in the Subordinate
Statistical Service (SSS) in the Government of India whose photograph is pasted overleaf.

Her/his age according to her/his own statement is years, and by appearance
is about years.

I cannot discover that she/he has any disease (communicable or otherwise), constitutional
weakness or bodily infirmity, except I am satisfied that she/he
is a case of disability. Her/his extent of percentage physical
impairment/ disability has been evaluated as per guidelines for the disabilities and is shown against
the relevant disability table below:

S. No.	Disability	Affected part of the body	Diagnosis	Permanent physical impairment disabilities (In %)
1	Locomotor Disability			
2	Low Vision			
3	Hearing impairment			

Contd. on page 2

**Note: The Officer making this Certificate should be a Civil Surgeon or a District Medical Officer
of equivalent status of a Government Hospital.**

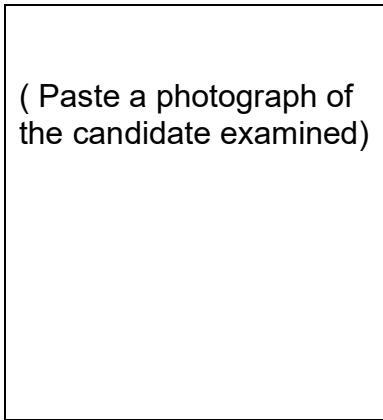
Shri/ Smt./ Kum. satisfies the eligibility as per table given below. I do not consider this a disqualification for employment in the Subordinate Statistical Service (SSS) in the Government of India.

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(Signature/ Thumb Impression of the Candidate)

Date

(To be signed in presence of the examining Medical Officer)



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Signature of Medical Officer

Name

Address

.....

.....

Office Seal

(Seal should be spread over form and the photograph)

Table indicating permissible disability for direct recruitment for the post of Junior Statistical Officers in SSS:

S. No.	Nature of disability	Physical requirements which a candidate with 40% or more disability need to fulfil	Categories of persons with disability
1.	Low Vision (Visually Impaired)	S, ST, W, MF, RW, SE,C	LV Person should be considered with aids and appliances and suitable software support
2.	Hearing Impaired	S, ST, W, MF, RW, SE,C	HH Person should be able to communicate after fitment of aids and appliances
3.	Locomotor	S, ST, W, MF, RW, SE,C	OA (One Arm affected) OL (One Leg affected) OLA (One arm and One Leg affected) BL (Both leg affected) Mobility should not be affected. Persons should be assessed with aids and appliances.

S- Sitting, ST- Standing, W- Walking, MF- Manipulation by fingers, RW- Reading & Writing, SE- Seeing, C- Communication, LV- Low Vision, HH- Hearing Impaired

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