Society for Applied Microwave Electronics Engineering and Research invites applications for the following posts to be filled up on regular basis for its Mumbai Centre:

<table>
<thead>
<tr>
<th>Name of the Post</th>
<th>Lower Division Clerk... 5 Posts (UR-2, SC-1, OBC-1, EWS-1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scale of Pay</td>
<td>Level 2 in the pay matrix. Starting salary will be Rs. 19,900/-, plus usual allowances as per Central Government Rules</td>
</tr>
<tr>
<td>Age</td>
<td>Not exceeding 25 years. (Age relaxation to be given to Govt. servants in accordance with DoPT’s instructions issued from time to time.)</td>
</tr>
</tbody>
</table>
| Qualifications   | **Essential**  
|                  | i. 12th pass from a recognized Board/University  
|                  | ii. Typing speed of 35 wpm in English or 30 wpm in Hindi, on Computer |
|                  | **Desirable**  
|                  | i. Degree from a recognized university  
|                  | ii. 6 months’ Certificate Course on Computer Operation  
|                  | iii. Experience in establishment/ accounts/ purchase/ stores of a reputed commercial organization/ industry |

<table>
<thead>
<tr>
<th>Name of the Post</th>
<th>Driver .... 1 Post (For Ex-servicemen). The post is reserved for ex-servicemen. Others need not apply.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scale of Pay</td>
<td>Level 2 in the pay matrix. Starting salary will be Rs. 19,900/-, plus usual allowances as per Central Government Rules</td>
</tr>
<tr>
<td>Age</td>
<td>Not exceeding 25 years. (Age relaxation to be given to Govt. servants in accordance with DoPT’s instructions issued from time to time. Five years’ age relaxation to the serving employees of Autonomous Societies under MeitY.)</td>
</tr>
</tbody>
</table>
| Qualifications   | i. Matriculation or equivalent from a recognized Board/University  
|                  | ii. Must hold a valid light duty vehicle driving license  
|                  | iii. Having accident free record and ability to carry out minor repairs to the vehicle |
| Experience       | Minimum five years’ experience in driving light duty vehicles |

<table>
<thead>
<tr>
<th>Name of the Post</th>
<th>Multi Tasking Staff 1 Post (For OBC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scale of Pay</td>
<td>Level 1 in the pay matrix. Starting salary will be Rs. 18,000/-, plus usual allowances as per Central Government Rules</td>
</tr>
</tbody>
</table>
Age : Not exceeding 25 years. (Age relaxation to be given to Govt. servants in accordance with DoPT’s instructions issued from time to time.)

Qualifications : Matriculation or equivalent from a recognized Board/ University

Note 1: The number of vacancies may change.
Note 2. The applicants are required to submit their applications online, through the link provided on the website www.sameer.gov.in. The link will be activated by 1st February 2021 and shall remain available till 2nd March, 2021. After submitting the application online, the applicants are required to take a printout of the same, append their signature in the space provided for the purpose and enclose self-attested copies of necessary documents and send the application to Registrar, Society for Applied Microwave Electronics Engineering & Research (SAMEER), IIT Campus, Powai, Mumbai 400076, so as to reach him, latest by 17th March 2021. The envelope should be superscribed with advertisement number and name and code of the post applied for.

Note 3: Age limit will be applicable as on last date for receiving applications.
Note 4: Upper age limit will be relaxed for ex-servicemen and persons with disabilities as per the orders of Government of India issued from time to time.
Note 5: Upper age limit will be relaxed by five years for SCs/ STs in case of posts reserved for them.
Note 6: Upper age limit will be relaxed by three years for OBCs, not belonging to the creamy layer, in case of posts reserved for them.

Application Fee: The candidates will have to pay the application fee as mentioned below:

<table>
<thead>
<tr>
<th>SCs/STs, persons with disabilities and ex-servicemen</th>
<th>Other Candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rs. 25/-</td>
<td>Rs. 100/-</td>
</tr>
</tbody>
</table>

If an applicant applies for more than one post, he/ she will have to pay application fee for all the posts for which he applies. He/ she will also have to submit separate online application. The payment is to be made through NEFT, as per details given below:

Beneficiary’s Name: - Society for Applied Microwave Electronics Engineering and Research
Name and address of the Bank: - Canara Bank, IIT Powai, Mumbai 400076.
Account No. 2724101086829
Account Type: - Savings
IFS Code: - CNRB0002724
Proformas for submitting Caste Certificates etc:

The candidates are advised to produce the caste certificates etc. in the prescribed proformas, as mentioned below:

<table>
<thead>
<tr>
<th>The candidates belonging to</th>
<th>Applicable Proforma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Castes and Scheduled Tribes</td>
<td>Proforma-I</td>
</tr>
<tr>
<td>Other Backward Class</td>
<td>Proforma-II</td>
</tr>
<tr>
<td>Form of declaration to be submitted by the OBC Candidate</td>
<td>Proforma-III</td>
</tr>
<tr>
<td>Serving/Retired Released Armed Forces Personnel</td>
<td>Proforma IV</td>
</tr>
<tr>
<td>Persons with Disability (ies)</td>
<td>Proforma V</td>
</tr>
<tr>
<td>Economically Weaker Sections</td>
<td>Proforma VI</td>
</tr>
</tbody>
</table>

GENERAL INFORMATION:

1. Persons in service with the Government/Semi-Government Organization/Public Sector Undertaking/Autonomous Bodies etc. should send their application through proper channel.
2. These appointments are on regular basis. However, the person selected on direct recruitment basis will initially be placed on contract for a period of three years from the date of joining as per the policy of the Society. After the completion of the contract period, his/her service will be considered for regularization, based on his/her performance. However, during the period of contract also he/she will be eligible for pay and allowances and all other benefits that are drawn by regular employees of SAMEER.
3. Incomplete applications, applications without photocopies of the certificate duly self attested and applications received after last date shall not be considered. The Society will not take responsibility for transit, postal and other delays.
4. Candidates must ensure that they fill in the correct information. Candidates who furnish false information will stand disqualified. The services of such persons shall be liable to be terminated, even if they are selected and join SAMEER.
5. The formats in which caste certificate etc.
6. Degree/ certificate should be from recognized institutions/universities.
7. Candidates should possess the prescribed experience in the relevant fields as mentioned under the column “Experience”. The experience possessed before acquiring the essential qualifications will not be counted. In such cases, the required experience will be counted only from the date the essential qualifications are acquired. The prescribed Essential Qualifications/experience is bare minimum and mere possession of the same does not entitle candidates to be called for the written test.
8. In case a large number of applications are received for any post, SAMEER may, screen the applications, on the basis of parameters to be decided by it.

9. Canvassing in any form will lead to disqualification of the candidate.

10. In case of LDCs, selection will be made on the basis of a two-stage written examination. The first stage examination will be of objective type and include questions related to General Knowledge, General English and General Mathematics. Only those who secure the cut-off marks in the first stage examination will be called for the second stage examination, which will be descriptive type in nature and will test the candidates’ writing ability. The tests will be held in Mumbai. The written examination will be followed by the skill test.

11. In case of Drivers, SAMEER may consider holding an objective type test, to assess the applicants’ knowledge of Hindi, English, traffic rules and working of a motor vehicle.

12. In case of Multi Tasking Staff, SAMEER may consider holding an objective type test, to assess the applicants’ knowledge of Hindi and English.

13. SAMEER strives to have workforce which reflects gender balance. Women candidates are encouraged to apply.
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*…………………….. belongs 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


@ The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956
@ The Constitution (Andaman and Nikobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976
@ The Constitution (Dadar and Nagar Haveli) Scheduled Castes Order, 1962
@ The Constitution (Dadar 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 and 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 Order (Amendment) Act 2002
@ The Constitution (Scheduled Castes) Order (Amendment) Act 2002
@ The Constitution (Scheduled Castes 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 recognised 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 .................................

Signature........................................
** Designation...........................

(With Seal of Office)
State/Union Territory*

Place......................................
Date......................................

*Please delete the words which are not applicable.
@ Please quote specific Presidential Order.
% Delete the paragraph which is not applicable.

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/1st Class Stipendiary Magistrate /+ Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/ Extra Assistant Commissioner. + (not below the rank of 1st Class Stipendiary Magistrate).

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

iii. Revenue 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 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 recognised 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

Signature……………………………..
Designation……………………………..$

Dated……………………
Seal

*- 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.

$- List of authorities empowered to issue Other Backward Classes Certificate will be the same as
those empowered to issue Scheduled Caste/Scheduled Tribe Certificates.

Note: the term ‘ordinarily’ used here will have the same meaning as in Section 20 of the
Representation of the People Act, 1950.
Form of declaration to be submitted by the OBC Candidate

(in addition to the community certificate)

I…………………………………………………….. 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’s 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, 2004 and O.M. No. 36033/3/2004-Estt. (Res.) Dated 14th October, 2008.

Signature …………………………………………………

Full Name ………………………………………………..

Address ………………………………………………….

………………………………………………..
CERTIFICATE TO BE PRODUCED BY SERVING/RETIRED RELEASED ARMED FORCES PERSONNEL FOR AVAILING THE AGE CONCESSION FOR POSTS FILLED BY DIRECT RECRUITMENT

A. Form of Certificate applicable for Released/Retired Personnel

It is certified that No ........................................ Rank ......................................................
Name .......................................................... whose date of birth is ......................... has rendered service
from ................................................ to......................... in Army/Navy/Air Force.

2. He has been released from Military Service

%a. on completion of assignment otherwise than

i) By way of dismissal, or

ii) By way of discharge on account of misconduct or inefficiency, or

iii) On his own request but without earning his pension, or

iv) He has not been transferred to the reserve pending such release

%b. on account of physical disability attributable to Military Service

%c. on invalidment after putting in at least 5 years of Military Service

3. He is covered under the definition of Ex-Serviceman (Re-Employment in Central Civil Services and Posts) Rules, 1979 as amended from time to time

Place .....................

Date .....................

Signature, Name and Designation of the
Competent Authority**

SEAL

% Delete the Paragraph which is not applicable
B. **Form of Certificate for Serving Personnel**

(Applicable for serving personnel who are due to be released within one year)

It is certified that No………………………… Rank………………………………………………
Name………………………………………… is serving in the Army/Navy/Air Force from…………………………

2. He is due for release retirement on completion of his specific period of assignment on
……………………………………….

3. No disciplinary case is pending against him.

Place .......................

Date .........................

Signature, Name and Designation of the
Competent Authority**
SEAL

**Candidate (Serving Personnel) furnishing certificate B as above will have to give the following undertaking:**

**Undertaking to be given by Service/Armed Force Personnel who are due to be released within one year**

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/discharged 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 the Central Civil Service and Posts) Rules, 1979 as amended from time to time.

Place .............................

Date .............................

Signature and Name of Candidate
C. Form of Certificate applicable for serving ECOs/SSCOs who have already completed their initial assignment and are on extended assignment

It is certified that No.......... Rank ................................ Name ......................................................... whose date of birth is ................... is serving in the Army/Navy/Air Force from ......................

2. He has already completed his initial assignment of five years on ................... and is on extended assignment till ......................

3. There is no objection to his applying for Civil Employment and he will be released on three months notice on selection from the date of receipt of offer of appointment.

Place........................................

Date........................................

Signature Name and Designation of the Competent Authority**

SEAL

**Authorities who are competent to issue certificate to Armed Forces Personnel for availing age concessions are as follows: -

(a) In case of commissioned officers including ECOs/SSCOs
   Army -- Military Secretary Branch, Army Hqrs., New Delhi
   Navy -- Directorate of Personnel, Naval Hqrs., New Delhi
   Air Force -- Directorate of Personnel Officers, Air Hqrs., New Delhi

(b) In case of JCOs/ORs and equivalent of the Navy and Air Force
   Army -- By various Regimental Record Offices
   Navy -- BABS, Mumbai
   Air Force -- Air Force Records, New Delhi
Form-V
Certificate of Disability
(In cases of amputation or complete permanent paralysis of limbs
and in cases of blindness)
[See Rule 18(1)]

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

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 document as proof of residence:

<table>
<thead>
<tr>
<th>Nature of Document</th>
<th>Date of Issue</th>
<th>Details of authority issuing certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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)

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:
<table>
<thead>
<tr>
<th>S.No.</th>
<th>Disability</th>
<th>Affected part of body</th>
<th>Diagnosis</th>
<th>Permanent physical impairment/mental disability (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Locomotor disability</td>
<td>@</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Muscular Dystrophy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Leprosy cured</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Dwarfism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Cerebral Palsy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Acid attack Victim</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Low vision</td>
<td>#</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Blindness</td>
<td>#</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Deaf</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Hard of Hearing</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Speech and Language</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Intellectual Disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Specific Learning Disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Mental illness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Chronic Neurological</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conditions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Multiple sclerosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Parkinson’s disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Haemophilia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Thalassemia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Sickle Cell disease</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Please strike out the disabilities which are not applicable.)
@ - e.g. Left/ Right / Both arms / legs
# - e.g. Single eye/Both eyes
$ - e.g. Left/ Right/ Both ears
(B) In the light of the above, his/her overall permanent physical impairment as per guidelines (........................number and date of issue of the guidelines to be specified), is as follows:

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)

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

<table>
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<tr>
<th>Nature of Document</th>
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<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Signature and seal of the Medical Authority.

<table>
<thead>
<tr>
<th>Name and seal of Member</th>
<th>Name and seal of Member</th>
<th>Name and seal of the Chairperson</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Form-VII
Certificate of Disability
(In cases 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
p 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: -
<table>
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<tr>
<th>S. No.</th>
<th>Disability</th>
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<td></td>
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</tr>
<tr>
<td>6.</td>
<td>Low vision</td>
<td>#</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Deaf</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Hard of Hearing</td>
<td>$</td>
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<td>9.</td>
<td>Speech and Language Disability</td>
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<td>10.</td>
<td>Intellectual Disability</td>
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<td>11.</td>
<td>Specific Learning Disability</td>
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<td>12.</td>
<td>Autism Spectrum Disorder</td>
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<td>13.</td>
<td>Mental illness</td>
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<td>14.</td>
<td>Chronic Neurological Conditions</td>
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<td>15.</td>
<td>Multiple sclerosis</td>
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<td>16.</td>
<td>Parkinson’s disease</td>
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<td>17.</td>
<td>Haemophilia</td>
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<td>18.</td>
<td>Thalassemia</td>
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<td>19.</td>
<td>Sickle Cell disease</td>
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</tbody>
</table>

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

@ - e.g. Left/ Right / Both arms / legs  
# - e.g. Single eye/Both eyes  
$ - e.g. Left/ Right/ Both ears
2. The above condition is Progressive / non-progressive / likely to improve / not likely to improve.

3. Reassessment of disability is:
   
   (i) not necessary
   
   Or
   
   (ii) is recommended after ......................... years .........................months and therefore this certificate shall be valid till .................................(DD/MM/YY)

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

<table>
<thead>
<tr>
<th>Nature of Document</th>
<th>Date of Issue</th>
<th>Details of authority issuing certificate</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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

Countersigned

(Countersignature 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 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.

**Note 2:** The principal rules were published in the Gazette of India by Ministry of Social Justice and Empowerment vide notification number 489, dated 15.6.2017.
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 agriculture 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..............................................

Resent 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 includes 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,