

परिशिष्ट F
वैद्यकीय स्वास्थ प्रमाणपत्र नमुना
MEDICAL FITNESS FORMAT

A candidate must be medically fit for selection for the post. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a Letter head:

CERTIFICATE OF MEDICAL FITNESS

This is to certify that, I have conducted clinical examination of Shri/Smt./Kumari _____, who is desirous of selection to The post of in Shri Bausaheb Hire Government Medical College, Dhule / Sarvopchar Rugnalaya, Dhule on the Establishment of Directorate of Medical Education & Research, Mumbai. He/she has not given any personal history of any disease incapacitating him/her to join on said post. Also, on clinical examination, it has been found that he/she is medically fit/unfit to do the work required for the post.....

Certified that he/she fulfills the following criteria.

1. Absence of any incapacitating and /or progressive systemic disease/disorder/condition	Yes/No
2. Absence of any disability of upper limb/s.	Yes/No
3. Absence of any major visual/auditory disability.	Yes/No
4. Absence of psychosis/neurosis/mental retardation,	Yes/No
5. Ability to maintain erect posture,	Yes/No
6. Reasonable manual dexterity.	Yes/No

Though, following deviations have been revealed, in my opinion, the same are not impediments to do work as.....

1.....
2.....
3.....

Address of the Registered Medical Practitioner	Signature:
	Name:
	Registration No.:
	Seal of Registered Medical Practitioner
Date :	

परिशिष्ट H
Sports Certificate
FORM ४

(For representing a School Team in the School State Competition organized by the Commissioner, Tribal Development, Govt. of Maharashtra OR Directorate of Sports and Youth Services of the State of Maharashtra.)

Certificate to a meritorious sportsman for employment to Group C/D service under the State Government.

Certified that Shri/Smt..... Son/Daughter of
Shri.....
.....Resident of Dist..... represented the School
team in the competition..... In the game held at.....

The position obtained by the individual/team in the above said Competition was.....(First/Second/Third)

This Certificate is being given on the basis of record available in the office of the authentic/recognized State Association of Maharashtra.

Palace Signature

Date _____ Name _____

Designation

D.S.O./Addl. Commissioner
Sports and youth Services/Tribal Development,

.....Division.....

Note:-This certificate will be valid only when signed personally by the Additional Commissioner, Tribal Development of Concerned Division.

Place _____ Signature _____

Date _____ Name _____
Designation _____
D.S.O./Addl. Commissioner _____
Sports and youth Services/Tribal Development,
Maharashtra State _____

परिशिष्ट ।

महाराष्ट्र नागरी सेवा (लहान कुटूंबाचे प्रतिज्ञापत्र) नियम २००५ नुसार अर्जासोबत
जोडावयाच्या लहान कुटूंबाच्या प्रतिज्ञापनाचा नमुना
प्रतिज्ञापन
नमुना - अ
(नियम ४ पहा)

मीश्री/श्रीमती/कुमारी -----

श्री ----- यांचा/यांची मुलगा/मुलगी /

पत्नी, वय ----- वर्ष राहणार -----

याद्वारे पुढीलप्रमाणे असे जाहीर करतो / करते की,

१. मी ----- या पदासाठी माझा अर्ज
दाखल केलेला आहे.

२. आज रोजी मला ----- (संख्या) इतकी हयात मुले आहेत. त्यापैकी दिनांक
२८ मार्च, २००५ नंतर जन्माला आलेल्या मुलांची संख्या -----
आहे. (असल्यास जन्मदिनांक नमूद करावा.)

३. हयात असलेली मुलांची संख्या दोनपेक्षा अधिक असेल तर दिनांक २८ मार्च, २००५
व तदनंतर जन्माला आलेल्या मुलामुळे या पदासाठी मी अनर्ह ठरविण्यास पात्र
होईल याची मला जाणीव आहे.

ठिकाण:-

उमेदवाराची स्वाक्षरी

दिनांक:-

परिशिष्ट K १ (१)

दिव्यांग व्यक्तीस लेखनिक पुरविणे आवश्यक असल्याचे किंवा प्रति तास वीस मिनिटे भरपाई वेळ
मागणी साठी शासकीय रुग्णालयातील मुख्य वैद्यकीय अधिकारी/जिल्हा
शल्यचिकित्सक/वैद्यकीय अधिकारी यांनी प्रमाणित केलेले विहित नमुन्यातील प्रमाणपत्र

Certificate regarding physical limitation in case of examinee to write

This is to certify that, I have examine Mr/Ms/Mrs -----

(Name of the candidate with disability), a person with -----

(Nature and percentage of disability as mentioned in the certificate of disability),

S/o/D/o ----- a resident of -----

----- (Village/District/State) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Signature

Name and designation,

Chief Medical Officer/Civil Surgeon/Medical Superintendent of

A Government health care institute

Name of Government Hospital/Health care Centre with seal

Place:

Date:

Note: Certificate should be given by a specialist of the relevant stream/disability (eg. Visual impairment - Ophthalmologist, Locomotor disability - Orthopaedic specialist/Physical Medicine and Rehabilitation)

परिशिष्ट K १ (२)

लक्षणीय (Benchmark) दिव्यांगत्व असलेल्या परीक्षार्थी उमेदवाराने विहित नमुन्यात लेखनिक पुरवण्याबातच्या माहितीचा विनंती अर्ज

Letter of Undertaking for Using Own Scribe

I ----- a candidate with -----

(Nature of the disability) appearing for the ----- (Name of the examination) bearing Roll No. ----- at ----- (Name of the Sub-Centre) in the District -----, Maharashtra My qualification is -----

I do hereby state that ----- (Name of the Scribe) will provide the Service of Scribe for the undersigned for taking the aforesaid examination.

I do hereby undertake that his qualification is ----- in case, if it is found that scribe's qualification is not as declared by the undersigned or is equal to or higher than my qualification or if found to be more than or equal to the minimum qualification criteria of the examination, I shall forfeit my right to the post and claims relating thereto.

Signature of the candidate with disability

Place:-

Date:-