



**INDIAN HIGHWAYS MANAGEMENT COMPANY LIMITED**  
(An initiative of NHAI)

Regd. Office: 1<sup>st</sup> Floor, NHAI Old Building, G-5 & 6, Sector-10, Dwarka- 110 075 (India)

No. IHMCL/HR/Recruit./01/2024/01

Dated: 02.07.2024

**RECRUITMENT FOR Various Posts in IHMCL**

1. Indian Highways Management Company Limited (IHMCL) is a company jointly promoted by National Highways Authority of India (NHAI) along with its Concessionaires and Financial Institutions, incorporated under the Companies Act, 1956. The company was established to Implement and manage an efficient Electronic Toll Collection (ETC) system across the national highways and to deploy Intelligent Transport Systems (ITS) to enhance the management of highways and improve traffic conditions. Indian Highways Management Company Limited (IHMCL) is a non-government company which has adopted the IDA pay pattern. IHMCL invites applications to the following posts on **Direct Recruitment** basis: -

S.No.	Post	Category					Total Posts*	Remarks
		UR	SC	ST	OBC (NCL) Central List only	EWS		
(1)	Engineer (ITS#) E-1 Grade (Rs. 40,000-1,40,000/-) with IDA Pattern	14	04	02	08	02	30	Out of total 31 posts, 02 posts reserved for Person with Benchmark Disabilities (PwBD) as specified in Clause 2.1. II. (j) & (k) of Important conditions of this Advertisement
(2)	Officer (Finance) E-1 Grade (Rs. 40,000-1,40,000/-) with IDA Pattern	01	-	-	-	-	01	

\*Number of posts may increase or decrease as per requirement of IHMCL.

# ITS- Intelligent Transport Systems

**A. DETAILS OF ELIGIBILITY CONDITIONS**

Sl. No.	Name of the post	No. of post to be filled up	Pay Scales	Method of Recruitment	Age Limit
	(1)	(2)	(3)	(4)	(5)
1.	Engineer (ITS)	30 (Thirty)	E-1 Grade (Rs. 40,000-1,40,000/-) with IDA Pattern	Direct Recruitment	Not less than 21 and not exceeding 30 years as on last date of receipt of Online applications
<b>Educational qualification</b>			<b>Recruitment Criteria</b>		
(6)			(7)		
<b>Essential Educational Qualification:-</b> Bachelor's Degree of Engineering in Information Technology / Computer			By direct recruitment through the valid Graduate Aptitude Test in Engineering (GATE) Score for any of the last three years 2024, 2023 and 2022 in Computer Science and Information Technology (CS)/Electronics		

Science / Electronics and Communications / Electrical / Instrumentation / Data Science and Artificial Intelligence or combination any of the above engineering branches from a recognized University / Institute.			and Communications Engineering (EC)/ Electrical Engineering (EE)/ Instrumentation Engineering (IN)/ Data Science and Artificial Intelligence (DA) discipline.		
Sl. No.	Name of the post (1)	No. of post to be filled up (2)	Pay Scales (3)	Method of Recruitment (4)	Age Limit (5)
2.	Officer (Finance)	01 (One)	E-1 Grade (Rs. 40,000-1,40,000/-) with IDA Pattern	Direct Recruitment	Not exceeding 30 years as on last date of receipt of Online applications
Educational qualification (6)			Recruitment Criteria (7)		
<b>Essential Educational Qualification:-</b> Chartered Accountants (CA) from the Institute of Chartered Accountants of India (ICAI) or Cost and Management Accountants (CMA) from the Institute of Cost Accountants of India (ICMAI).			By direct recruitment of Chartered Accountants (CA) from the Institute of Chartered Accountants of India (ICAI) or Cost and Management Accountants (CMA) from the Institute of Cost Accountants of India (ICMAI) on the basis of Marks of Final Exam of ICAI or ICMAI for any of the last three years 2024,2023 and 2022.		

IMPORTANT DATES	
TIME LINES	
Opening Date for Online Registration of Application	02.07.2024 (10:00 AM)
Last Date for submission of Online Application	16.08.2024 (03:00 PM)

### B. AGE RELAXATION

Age Relaxation for concerned Applicants would be as follows: -

Sl.No.	Category of Persons	Extent of age relaxation/ concession
(a)	Scheduled Caste/ Scheduled Tribe	5 years
(b)	Other Backward Classes	3 years
(c)	Candidates with 3 years continuous service in Central Govt. provided the posts are in same of allied cadres.	5 years
(d)	Persons ordinarily domiciled in the U.T. of Jammu & Kashmir during 01.01.1980 to 31.12.1989	5 years
(e)	Persons with disabilities (including women) (i) SC/ST (ii) OBC (iii) General	a) 15 years b) 13 years c) 10 years
(f)	<b>Ex-serviceman:</b> <b>Ex-servicemen ECO/SSCO:</b> Group A & B Posts Services/ posts filled by direct recruitment otherwise than on a result of any open All India competitive examination held by UPSC subject to the condition that:	Period of Military Service plus 3 years

	(i) The continuous service rendered in the Armed Forces by an ex-servicemen is not less than six months after attestation (ii) Resultant age after deducting his does not exceed the prescribed age limit by more than three years and (iii) Condition prescribed in O.M. No. 39016/10/79-Esst.(C) dated 15.12.1979	
(As per DoPT OM No 15012/2/2010-Estt.(D) dated 27 <sup>th</sup> March 2012)		

\*Note:

i. **Crucial date for determination of eligibility shall be the last date prescribed for the receipt of ONLINE applications.**

ii. The age relaxation for Ex-servicemen will be as per Govt. of India Rules.

iii. Ex-servicemen who have put in not less than six months continuous service in Armed Forces (Army, Navy and Air Force) shall be allowed to deduct the period of such service from his/her actual age and if the resultant age does not exceed maximum age limit prescribed for the post by more than three years, he/she shall be deemed to satisfy the condition regarding age limit.

iv. All the concessions mentioned above will be concurrent i.e. If a person is eligible for more than one concession, only one of the concessions of the highest permissible limit, will be granted.

## 2. IMPORTANT CONDITIONS:

2.1. The candidates applying the posts should ensure the following:-

- I. **MINIMUM ESSENTIAL QUALIFICATION:** The Applicant must fulfill the essential qualification for the Post as mentioned above as well as other conditions stipulated in this Advertisement. The Applicant is advised to satisfy themselves before applying that they possess at least the essential qualification / experience as laid down for the post. No inquiry asking for advice as to eligibility will be entertained.

(NOTE: The prescribed essential qualification(s)/experience are the minimum and the mere possession of the same does not entitle candidates to be considered for appointment).

## II. ELIGIBILITY FOR AVAILING RESERVATION:

- (a) A candidate will be eligible to get the benefit of community reservation only in case the particular caste to which the candidate belongs is included in the list of reserved communities issued by the Central Government.
- (b) The OBC candidates applying for this post must submit OBC (Non-Creamy Layer) certificate issued during the year 2024- 2025.
- (c) Further the OBC (NCL) certificate should also clearly indicate that the candidate does not belong to creamy layer as defined by the Government of India for applying to posts and services under the Central Government.
- (d) A candidate will be eligible to get the benefit of the Economically Weaker Section (EWS) reservation only in case the candidate meets the criteria issued by the Central Government and is in possession of requisite Income & Asset Certificate based on income for Financial Year (FY) 2023-2024 issued after 01.04.2024.
- (e) Candidate's seeking reservation as SC/ST/OBC-NCL/EWS, shall have to produce/submit a certificate in the prescribed proforma ONLY, meant for appointment to posts under the Government of India from the designated authority indicating clearly the candidate's caste, the Act/Order under which the caste is recognized as SC/ST/OBC. They must also ensure that

the name of their caste/community and its spelling in their caste/community certificate should be exactly as mentioned in the lists notified by the central government from time to time (for OBC category list of castes recognized by the Govt. of India as OBC castes in the central list is available on the site [www.ncbc.nic.in](http://www.ncbc.nic.in), for ST category the list caste for each state is available on the site [www.ncst.nic.in](http://www.ncst.nic.in) and for SC category the list of castes for each state is available on the site [www.socialjustice.nic.in](http://www.socialjustice.nic.in)). A certificate containing any variation in the caste name will not be accepted.

- (f) Candidates seeking reservation/relaxation benefits available for SC/ST/OBC/EWS/PwBD must ensure that they are entitled to such reservation/relaxation as per eligibility prescribed in the relevant Rules/instructions. They should also be in possession of all the requisite certificates in the prescribed format in support of their claim as stipulated in the relevant rules/instructions for such benefits and these certificates should be dated earlier than the due date i.e., closing date of the online application.
- (g) No change in the community status already indicated in the on-line application by a candidate for this post will be allowed.
- (h) The formats of certificates for availing reservation under SC/ST/OBC-NCL/EWS/PwBD categories, to be submitted by the candidates are enclosed. Application not supported by valid certificates as above will be summarily rejected.
- (i) Candidates who fail to submit valid Caste/Category certificates as per requirement of this advertisement will not be considered for reservation and the candidature of such candidates, if fulfilling all the eligibility conditions of Un-reserved (UR), will be considered against the UR Vacancy only.
- (j) Only following categories of PwBD candidates are eligible to apply for the post of Engineer (ITS) :

<b>Category of Benchmark Disabilities</b>	<b>Physical Requirements</b>
(a) Blind (B), Low Vision (LV) (b) Deaf (D), Hard of Hearing (HH) (c) One Arm (OA), Both Arm (BA), One Leg (OL), Both leg (BL), One Arm & One Leg (OAL), Cerebral Palsy (CP), Leprosy Cured (LC), Dwarfism (Dw), Acid Attack Victims (AAV) (d) Autism Spectrum Disorder (ASD), Specific Learning Disability (SLD), Mental Illness (MI) (e) Multiple disability (MD) involving more than one Benchmark Disability of (a) to (d) above	Sitting, Standing, Walking, Bending, Reading & Writing, Seeing, Hearing, Communication and Manipulation by fingers.

- (k) Only following categories of PwBD candidates are eligible to apply for the post of Officer (Fin.) :

<b>Category of Benchmark Disabilities</b>	<b>Physical Requirements</b>
(a) Blind (B), Low Vision (LV) (b) Deaf (D), Hard of Hearing (HH) (c) One Arm (OA), Both Arm (BA), One Leg (OL), Both leg (BL), Cerebral Palsy (CP), Leprosy Cured (LC), Dwarfism (Dw), Acid Attack Victims (AAV), Muscular Dystrophy (MDy)	Sitting, Standing, Bending, Manipulation by fingers, Reading & Writing, Seeing, Hearing and Communication.

<p>(d) Autism Spectrum Disorder (Mild) (ASD(M))  (e) Multiple disability (MD) involving more than one Benchmark Disability of (a) to (d) above</p>	
--	--

- (l) The Persons with Benchmark Disability (PwBD) candidates should possess a latest Disability Certificate issued by a Competent Authority certifying that the degree of disability is not less than 40% of the specified disability. Such certificate shall be subject to verification/re-verification, as may be decided by the Authority.

### III. SELECTION PROCESS:

A. Selection criteria shall be:

- (i) For Engineer (ITS): On the basis of merit of the Valid GATE Score of any of the last three years 2024 ,2023 or 2022.
- (ii) For Officer (Fin.): On the basis of Total Marks of Final Exam of CA or CMA for any of the last three years 2024,2023 and 2022.

However, IHMCL reserves the right to invite candidate for interview, as per cut off for respective category subsequently to be decided by IHMCL.

In the event of number of applications being large, IHMCL will adopt short listing criteria to restrict the number of candidates for interaction/ interview, if called, to a reasonable number by any method to be decided by the Selection Committee.

- B. For Final Merit List, if there are two or more candidates in same category having equal scores/marks, the person older in age shall be placed higher in the merit list.

### IV. PROCEDURE TO APPLY:

1. Applicants can apply **ONLINE only**. The procedure to be followed for filling up the application is given below:-

- i) The applicant may visit the IHMCL website [["http://www.ihmcl.co.in"](http://www.ihmcl.co.in)] for accessing the link for applying online. The link may be opened on Google Chrome or Mozilla Firefox.
- ii) Click on the tab Careers → New Openings. Click on the relevant Recruitment advertisement and then click 'Online application'. Follow the On-screen instructions to complete the application.
- iii) The ONLINE application may be submitted by **16.08.2024 (03:00 PM)**.

2. The applicants are advised to fill the **ONLINE** application form carefully in accordance with the eligibility criteria and experience mentioned for the post(s). Applications received through any other mode/procedure would not be accepted and summarily rejected. Applications incomplete in any respect, shall be summarily rejected without any notice. It may be noted that any subsequent clarification regarding job profile / experience etc. at a later date will not be entertained under any circumstances.

**V. GENERAL CONDITIONS FOR THE APPLICANTS:**

1. The posts carry all India service liability. Therefore, those who are willing to serve anywhere in India may only apply.
2. The applicants are advised to fill the ONLINE application form carefully in accordance with the eligibility criteria and experience mentioned above. It may be noted that the entire selection process shall be carried out on the basis of the entries made by the applicant in his / her application form and no request shall be entertained under any circumstances for any alteration / modification / change in the entries made by the applicant in the application form.

Note: The candidates are advised to submit the Online Recruitment Application well in advance without waiting for the closing date.

3. It may be noted that in case of multiple application filled by the applicant, IHMCL shall consider only the last application filled by the applicant and the entries made therein shall be taken into consideration for processing the recruitment for the said post. Accordingly, the earlier application(s) submitted by the applicant shall be rejected. In case of any dispute/ambiguity that may occur in the process of selection, the decision of the IHMCL shall be final. Applicants are advised to satisfy themselves before applying that they possess the essential qualifications laid down in the advertisement.
4. Any dispute in regard to any matter referred to herein shall be subject to the jurisdiction of Delhi Courts only.
5. The number/category/recruitment mode of posts advertised may increase/decrease/change, and the IHMCL reserves the right not to fill up some or all posts advertised, if the circumstances so warrant.
6. In case of any inadvertent mistake in the process of selection, which may be detected at any stage even after issuing an appointment letter, the IHMCL reserves the right to modify/withdraw/cancel any communication made to the applicant.
7. Applicants must NOT furnish any particulars that are false, tampered or fabricated, or suppress any material / information while submitting the application and self-certified copies/testimonials.
8. SC/ST/Minority Community / Women/ Persons with Benchmark Disabilities, are encouraged to apply.
9. Persons with Benchmark Disabilities (PwBD) can apply to the respective posts even if the post is not reserved for them but has been identified as Suitable. However, such Applicants will be considered for selection to such post by general standard of merit. Persons suffering from not less than 40% of relevant disability shall alone be eligible for the benefit of reservation and other relaxations as permissible under the rules. Thus, Physically Handicapped (PH) persons can avail benefit of reservation and other concessions and relaxations as permissible under the rules only when degree of physical disability is 40% or more and the posts are suitable for PwBD candidates.
10. Crucial date for determination of eligibility shall be the last date prescribed for the receipt of ONLINE applications.
11. Canvassing or bringing influence in any form will disqualify the candidature.

12. The advertisement can be withdrawn at any time at the discretion of the Competent Authority without assigning any reasons therefore.
13. All selected candidates, at the time of their joining the post in IHMCL, will have to execute a fresh Service Bond for an amount of Rs.3.00 lakhs for serving Indian Highways Management Company Limited (IHMCL) for a minimum period of 3 years from the date of their joining in IHMCL. In the event of their resigning from the service of the Authority before the expiry of the bond period OR in case of termination of their service on account of their misconduct within three years of their joining IHMCL, such candidates will have to deposit an amount of Rs.3.0 lakhs to IHMCL. It is clarified that IHMCL does not entertain transfer of service bonds in case of Selected Candidates who are working in any other organization.
14. 'Corrigendum' or 'Addendum' or 'Cancellation' to this advertisement, if any, shall be published only on the website of IHMCL and will not be published in the newspapers. Therefore, the Applicants are advised to check the website of IHMCL regularly.

\*\*\*\*

## **Proforma-I**

### **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

[as amended by the Scheduled Castes and Scheduled Tribes List (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 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 (Reorganisation) 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 (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 & 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 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 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)

### **Proforma-II**

### **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 O.M. No. 36012/22/93-Estt. (SCT) dated 8.9.1993, OM No. 36033/3/2004-Estt. (Res) dated 9<sup>th</sup> March, 2004, O.M. No. 36033/3/2004-Estt. (Res) dated 14<sup>th</sup> October, 2008 and O.M. No. 36033/1/2013-Estt. (Res) dated 27<sup>th</sup> May, 2013\*\*.

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.

### **Proforma-III**

**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 Office Memorandum No 36102/22/93-Estt. (SCT) dated 8-9-1993. It is also declared that as on closing date, 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:.....

#### **Proforma-IV**

### **CERTIFICATE TO BE PRODUCED BY SERVING/RETIRED/RELEASED ARMED FORCES PERSONNEL FOR AVAILING THE AGE CONCESSION FOR POSTS FILLED BY DIRECT RECRUITMENT BY UNION PUBLIC SERVICE COMMISSION OTHERWISE THAN ON RESULTS OF AN OPEN COMPETITIVE EXAMINATION**

#### **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 services:

% 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

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

**Performa-V**

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)

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 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..... 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:

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  
(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 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 Disability	Learning			
12.	Autism Disorder	Spectrum			
13.	Mental illness				
14.	Chronic Conditions	Neurological			
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 this 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)

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:** 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:** 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.

**Proforma-VI**

**The form of certificate to be produced by Government servants for claiming Age concession**

**(Letter Head of the Institution/Issuing Authority)**

This is to certify that Shri/Ms.....S/o,D/o,W/o Shri.....is a regularly appointed n employee of this Organization/Department/Ministry and duties performed by him/her during the period(s) are as under

Certified that:

\*(a) Shri/Shrimati/Kum. .... holds substantively a permanent post of .....in the Office/Department of .....with effect from .....

\*(b) Shri/Smt./Kum. .... has been continuously in temporary service on a regular basis under the Central Government in the post of .....in the

Office/Department.....with

effect from .....

Name of competent authority

Stamp of competent authority

**Performa-IX**

**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.....

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.

\*\*\*\*\*

**Performa-V**

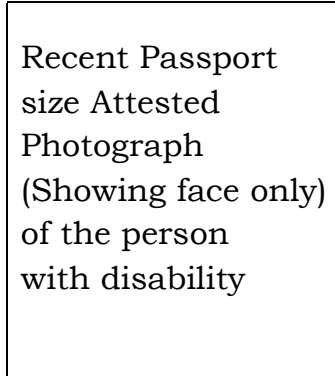
Form-V

**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:-

Nature of Document	Date of Issue	Details of authority issuing certificate

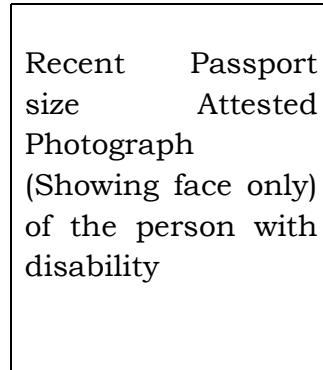
(Signature and Seal of Authorised Signatory of notified Medical Authority)

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)



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:

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  
(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 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 this 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)

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:** 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:** 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.