



RECRUITMENT OF DOCTORS IN INDUSTRIAL HEALTH CENTER, BANGALORE

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Hindustan Aeronautics Limited (HAL), a Maharatna Central Public Sector Undertaking is a premier Aeronautical Industry of South East Asia, with 20 Production/Overhaul/Service Divisions and 11 co- located R & D Centres spread across the Country. HAL's spectrum of expertise encompasses hi-tech programmes involving a number of manufacture, repair, overhaul and upgrade of Aircraft, Helicopters, Aero Marine Gas Turbines, Accessories, Avionics & Systems and structural components for Satellites & Launch Vehicles.

HAL is currently looking for Medical Professionals in the following Disciplines/Areas for appointment in **Industrial Health Center, Bangalore.**

I. DETAILS OF VACANCIES/QUALIFICATION/ EXPERIENCE REQUIREMENT:

Sl. No	Advertisement No.	Name of the Post	Grade	No. of Posts	Category	Qualification Requirement	Post Qualification Experience
01.	IHC/HR/25/08/2026	Senior Medical Officer (ENT)	III	1	1- UR	MBBS with MS/DNB (ENT)	Nil
						MBBS with DLO	1 Year
02.	IHC/HR/25/09/2026	Senior Medical Officer (Ortho)	III	1	1- ST	MBBS with MS/DNB (Ortho)	Nil
						MBBS with D'Ortho	1 Year

Note: UR- Unreserved, ST-Scheduled Tribe.

Out of the total post qualification experience as indicated above the candidates should possess a minimum of 3 years experience in the next below grade or in equivalent post also (applicable for PSUs/Govt.) with the following exception :

Sl. No.	Grade	Qualification possessed	Experienced required to be possessed in the next below Grade or in equivalent post (completed years)
1.	III	MBBS + PG Diploma	1

- Experience gained after acquiring the requisite Professional Qualification will only be reckoned for the purpose of calculation of Post Professional Qualification Experience (PPQE). Experience prior to acquiring the requisite Professional Qualification Degree will not be reckoned for calculation of PPQE; Candidates need to possess PPQE in the relevant area/field.
- Applicants having work experience in Private Sector Organizations are required to submit an experience certificate in the letter head of the Company. The letter head of the Company should have details of the Company/Hospital.

II. POST QUALIFICATION EXPERIENCE REQUIREMENTS:

Sl. No	Advt. No.	Name of the Post	Job Specifications / Job Descriptions / Experience Requirements
01	IHC/HR/25/ 08 /2026	Senior Medical Officer(ENT)	<ul style="list-style-type: none"> Should be able to manage and run individually a modern ENT Department with various modern equipments, which performs all regular ENT surgeries (Micro-ear, FESS, Micro-laryngeal etc.) and various challenging head and neck cancer surgeries.
02.	IHC/HR/25/ 09 /2026	Senior Medical Officer (Ortho)	<ul style="list-style-type: none"> To carryout clinical Examinations diagnosis of the Orthopedic conditions, to perform POP applications, minor / major surgeries in respect of employees and their dependent family members suffering from fractures and other orthopedic related conditions and diseases. To manage OPD/Wards/interpretation of X-ray and C.T & MRI for the Orthopedic conditions/managing Orthopedic surgical conditions in minor/major OT. Managing Ortho OPD/wards/Emergency cases/Orthopedic OT/on call duty as per rosters.

III.PwD SUITABILITY:

Name of the Post	Categories of disabled suitable for Post
Senior Medical Officer (ENT)	NIL
Senior Medical Officer (Ortho)	

IV. SCALE OF PAY & ALLOWANCES:

Sl. No.	Grade	Scale of Pay	Percentage of Perks & Allowances in running Basic Pay under Cafeteria System
1	III	Rs. 50000 - 160000	35%

On selection, candidates will be appointed in the Scale of Pay as indicated above. Besides Basic Pay, candidates will be eligible for Variable Dearness Allowance, Rent Free Accommodation / House Rent Allowance, Provident Fund, Gratuity & Performance Related Pay (PRP), Non Practicing Allowance (NPA) etc. as per Rules of the Company. Candidates will also be eligible for Perquisites and Allowances under the Cafeteria System as indicated above.

It is mandatory for Doctors to stay in Company Accommodation when provided. House Rent Allowance will be payable only in cases where Company Accommodation is not provided.

V. UPPER AGE LIMIT AND RELAXATION:

Sl. No.	Grade	Upper Age Limit (in years) as on 01.03.2026
1	III	35

- Upper age limit is relaxable by **5 years** in respect of **SC/ST candidates**. **Name of the caste/tribe to which candidate belongs must appear in the Central List of SC/ST of respective State as notified by Ministry of Social Justice and Empowerment, Govt. of India.** The Caste /Tribe Certificate must contain date of issue and the name of the caste/tribe should be spelled exactly in the same manner as appearing in the Central List.

- Upper age limit is relaxable by 5 years in respect of the Candidates who had ordinarily been domiciled in the State of Jammu & Kashmir during the period of 01.01.1980 to 31.12.1989.
- Relaxation in age limit in respect of Ex-Servicemen and Serving Officers of Armed Forces (viz. Indian Air Force, Indian Army and Indian Navy) will be extended as per rules of the Company.
- Age of a candidate, after all application Age Relaxations should not exceed 56 years for PwBDs and 55 years for other candidates.

VI. SELECTION PROCEDURE & PLACEMENT:

- Candidates will be shortlisted and called for Interview in the ratio of 1:10, as per the Rules of the Company;
- Short listing of candidates will be done based on relevant Experience/ aggregate percentage of marks in MBBS as per rules.
- The Selections will be done through Interview. Date, Time and Venue of the Interview will be intimated to the short-listed/eligible candidates by E-mail / HAL Website / Post.
- Candidates shortlisted for Interview are required to bring the Certificates / Documents (Original and Photocopies) for proof of Age, Qualification, Experience, Caste, Training, Disability (as applicable), Ex-Servicemen discharge book (as applicable) etc and passport size photographs at the time of Interview.
- Candidates provisionally selected by HAL will have to undergo a pre-employment Medical Exam before joining HAL. Applicants should have sound health and should meet the medical standards prescribed by the Company. Appointment of selected candidates is subject to receipt of satisfactory medical report from the Company's Doctor as per the Medical Standards of the Company. No relaxation in health standards will be allowed. The Pre-employment Medical Examination Standards prescribed by HAL are uploaded with this advertisement;
- Appointment of selected candidates is subject to verification of Caste (wherever applicable), Character & Antecedents from the concerned Authorities, as per rules of the Company;
- Selected candidates can be posted at HAL-IHC, Bangalore or any Division / R&D Center / Office of the Company and the candidates will not be allowed to seek / apply for transfer to any other Division / R&D Center /Office / Location of the Company for initial three years of service.

VII. APPLICATION FEE & MODE OF PAYMENT:

- The application fee is Rs.500/-, which is non-refundable (exempted in case of SC/ ST/PWD category).
- The above Application fee is to be paid online through NEFT/IMPS. The details for payment are detailed below:

Bank Account Name	-	Hindustan Aeronautics Limited
Bank Name	-	State Bank of India

Branch Name - IND Finance branch, Bangalore
Bank Account No - 39631338115
IFSC Code - SBIN0009077

- Transaction Reference Number given by the Bank on payment of fees needs to be entered in the application form while applying. HAL will not be responsible in case of a candidate depositing the Application Fee in the wrong account. No other form of payment is accepted;
- Candidates are required to provide details of the Application Fee paid in the Application Form failing which the application will be treated as incomplete and will not be accepted. Application fee can be paid till the last date of receipt of application;
- Application fee will not be refunded under any circumstances, even if the candidate is ineligible at the time of applying or rejection of application etc. Therefore before forwarding the application, candidates are required to ensure that they meet with all the eligibility criteria.

VIII. HOW TO APPLY?

- Eligible and interested candidates are required to send their Applications, duly filled, in the prescribed format as enclosed at **Appendix A (in Hard copy)**.
- Candidates meeting with the eligibility criteria may send their applications strictly in the prescribed Application Format printed on **A-4 size** paper (neatly typed/ handwritten), along with the certificates / documents (Photocopies) in proof of Age, Qualification, Experience, Training, Caste (in the prescribed format), Disability (as applicable), Ex-servicemen discharge book (as applicable), a **self-attested recent Passport Size Photograph** etc by post/courier only so as to reach on or before **06.04.2026** to the following address:

Deputy General Manager (HR)
Hindustan Aeronautics Limited
Industrial Health Center,
Suranjandas Road, Vimanapura Post
Bangalore – 560 017

- Candidates are required to compulsorily superscribe the envelope with the Name of the post/discipline they are applying for (i.e. **“Application for the Post of**”).
- The Applications have to be sent through Ordinary Post / Speed Post /Courier only. Applications received through other modes viz. Fax/ E-mail etc. will not be accepted and will be summarily rejected. **No application will be received in person at the address mentioned above.**
- HAL will not take any responsibility for any delay in receiving the Application Forms or Loss in transit.
- The **last date for receipt of applications is 06th Apr 2026**. Applications received after the due date will not be considered.
- Candidates are required to possess a **valid E-mail ID**, which is to be entered in the Application Blank, so that intimation regarding downloading of call letter for Interview can be sent. HAL will not be responsible for bouncing of E-mail sent to the candidate.

IX. GENERAL CONDITIONS:

- Only Indian Nationals are eligible to apply;
- Educational Qualification & Post Qualification Experience should have been acquired/ possessed by the candidate as on **01st Mar 2026**. The date of declaration of results indicated in the mark sheet of the Final Semester/ Year will be considered as the date of acquisition of Educational Qualification;
- Candidates possessing **Regular / Full Time qualifications prescribed for the above posts are only eligible to apply**. In other words, the qualifications acquired through Part Time/ Correspondence/ Distance Education/ E-learning courses are not eligible to apply;
- Mere submission of application will not entail right for claiming Appointment;
- HAL reserves the right to cancel / restrict / enlarge / modify / alter the advertisement / recruitment process and / or the selection process there under, without issuing any further notice or assigning any reason whatsoever. The number of vacancies can be modified as per management's discretion;
- The total maximum marks and total marks obtained for all the Semesters/ Years will be summed up to arrive at the aggregate percentage. No rounding off will be done. No weightage will be given to any particular Semester or Year. Candidate must indicate the aggregate marks (of all semesters / years put together) Diploma / Degree etc in the Bio-data form. Aggregate marks are to be calculated as shown below:

$$\frac{\text{Total marks obtained in all semesters or years}}{\text{Maximum marks (cumulative of all semesters or years)}} \times 100$$

- Wherever CGPA or letter grade in a qualifying degree is awarded, equivalent percentage of marks should be indicated in the application form as per norms adopted by the University/ Institute. Candidates are required to submit a Certificate to this effect from the University/ Institute at the time of Interview;
- Contract Experience:
 - a) Experience possessed by candidates engaged on Contract basis directly by PSUs/Central/State Governments concerned shall be considered as experience for the purpose of selection. In that case, Experience Certificate is to be produced from such PSUs/Central/State Governments, etc, indicating the contract engagement. As regards No Objection Certificate, the same needs to be in line with the Terms & Conditions of contract engagement and Rules applicable for such contract engagement in the concerned Organization. **The candidates with such experience need to produce offer of appointment order at the time of interview.**
 - b) Experience possessed by candidates in Private Organizations on Contract basis shall be considered as experience, subject to scrutiny in terms of nature of experience, responsibilities, assignments, etc.

- c) Experience possessed by candidates engaged on Contract basis through Contractors by PSUs/Central/State Governments will not be considered as experience since the engagement is not direct.
- d) The contract experience possessed by candidates as at (a) & (b) above will be considered as experience for the purpose of selection only if the experience is in Executive cadre of the concerned PSUs/Central/State/Private Organizations.
- Once an employee avails himself of voluntary retirement from a PSU, he shall not be allowed to take up employment in another PSU. If he desires to take up the employment, he shall have to return the VRS compensation received by him to the PSU concerned. Personnel who have opted for VRS from other PSUs should furnish documentary evidence that they have deposited their terminal benefits with the concerned PSU before their appointment in the Company;
 - Candidates, staying beyond 30 miles away and attending Personal Interview will be paid to and fro TA (Rail fare) by the shortest route on production of proof of travel as per rules of the company;
 - If the information furnished by the candidate in any part is found to be false or incomplete or is not found to be in conformity with eligibility criteria mentioned in the advertisement, the candidature / appointment will be considered as revoked / terminated at any stage of recruitment process or after recruitment or joining, without any reference given to the candidate and the Application Fee paid will not be refunded;
 - Candidates belonging to SC/ST/OBC (NCL)/PWD/XSM/EWS categories are required to submit copies of caste/Income & Asset /Disability/Discharge certificates as applicable, issued by the competent Authority in the prescribed format along with the application, in support of their claim.
 - Candidates employed in Central / State Government Departments / Public Sector Enterprises, etc. should produce **No Objection Certificate (NOC)** at the time of Interview from their employer failing which they will not be permitted to appear for the interview, and will not be eligible for payment of Travelling Allowance;
 - Before applying the candidates should satisfy themselves regarding eligibility criteria desired for the post;
 - Incomplete Applications will be rejected and no further correspondence in this regard will be entertained;
 - Appearance of the shortlisted candidates in the Interview is provisional and it does not entitle them for any claim for the post. They will be treated as debarred ab-initio at any stage of the recruitment process in case they do not fulfill essential eligibility criteria;
 - Candidates from SC/ST/EWS/OBC (NCL) categories applying for UR post will be treated on par with UR criteria & no relaxation shall be extended to this effect.

- Qualification should be recognized by **Medical Council of India (MCI)**. **Candidates should register their education with any state Medical Council under Medical Council of India Act.**
- In the absence of proper experience certificate, candidates should be required to attach joining letter & relieving order. In case of serving employees, latest salary certificate/pay slip may be sent in place of relieving order.
- Any corrigendum/Addendum, if any will be hosted/published on HAL website only. Candidates are requested to visit the website for updates if any.
- HAL reserves the right to modify/postpone /cancel the Recruitment process partially or entirely at any stage.
- Candidates applying for more than one post should apply separately for each post and submit fees for each post.
- Candidates belonging to SC/ST category are required to submit Caste Certificate in the prescribed format enclosed at **Annexure B**.
- Candidates belonging to PWD category are required to submit PWD certificate in the prescribed format enclosed at **Annexure D, E & F**.
- These vacancies are identified to be filled up by external candidates only, through Direct Recruitment. Therefore, applications of internal candidates, if any, will not be considered;
- Appointment of selected candidates is subject to receipt of satisfactory Medical Reports from the HAL Hospital as per the standards prescribed by HAL (**Concerned Authority in case of PWD candidates**), as well as verification of Caste and Character & Antecedents from the concerned Authorities, as per the rules of the Company;
- Any sort of canvassing or influencing the Officials related to the recruitment / selection process would result in immediate disqualification of the candidate;
- Decision of HAL Management regarding selection will be final. Further, HAL Management reserves the right to fill up or otherwise any or all the notified posts and also to fill up the future vacancies if any from the valid panel of selected candidates as per the rules of the company;
- Court of jurisdiction for any dispute / cause will be at Bangalore;
- Necessary information regarding the selection, interview etc. will be hosted on HAL Website **www.hal-india.co.in** from time to time. Candidates are requested to visit the website from time to time;
- In case of any particular query is not covered above, the candidates can contact us at **080-22323005/22328082** or write to HAL at: **hr.medical@hal-india.co.in**. No other method of communication will be entertained.

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**Hindustan Aeronautics Limited
Industrial Health Center, Bangalore**

Appendix A

Paste Self
attested recent
passport size
photograph

APPLICATION FOR THE POST OF

Advt No. _____ dated _____

1	Name (IN BLOCK LETTERS)	
2	Gender	
3	Father's Name	
4	Mother's Name	
5	a) Date of Birth b) Age as on 01.03.2026	a) _____ b) _____
6	State of Domicile and Nationality	
7	Contact/ Mailing Address	Permanent Address
 Phone No(with STD Code): Mobile No: Email ID: Phone No(with STD Code): Mobile No: Email ID:
8	Nearest Railway Station	
9	Religion	
10	Were you domicile of J&K during the period from 01.01.1980 to 31.12.1989? <i>(copy of Certificate to be produced at the time of Interview)</i>	Yes/ No
11	Circle the Category [<i>copy of Certificate to be produced at the time of Interview in case of SC/ST/OBC (Non-Creamy Layer/EWS)</i>] a) Caste b) Sub-Caste c) Non-Creamy Layer (for OBC only)	SC / ST / OBC(NCL) / EWS / GEN a) _____ b) _____ c) Yes / No
12	Are you a Person with Disability (PWD)? If Yes, circle the category of Disability (VD/OD/HD) (<i>copy of Certificate to be produced at the time of Interview</i>)	Yes/ No VD / OD / HD / Benchmark Disabilities to be mentioned

13	<p>a) Are you an Ex- Serviceman? <i>If yes , mention the last Rank held and the no. of Years served in the Rank.</i></p> <p>b) Are you Serving Officer in the Armed forces? <i>If yes, mention the present Rank and the no. of years Completed in the Rank.</i></p>	<p style="text-align: center;">Yes/No</p> <p style="text-align: center;">.....</p> <p style="text-align: center;">Yes/No</p> <p style="text-align: center;">.....</p>
14	<p>Have you been interviewed by HAL any time earlier? <i>(If yes, please give the details of the post for which you have been interviewed as also date/year/venue)</i></p> <p>If Yes: Post Interviewed: Date of Interview: Venue of Interview:</p>	<p style="text-align: center;">Yes/No</p> <p style="text-align: center;">.....</p> <p style="text-align: center;">.....</p>
15	<p>Are any of your close relatives working in HAL? If yes, provide details of Name, Designation, Division, etc.</p>	
16	<p>Have you ever been a Member/Worker of any Political Party/Organization or participated in any Political activities? If 'Yes' please give the following details:</p> <p>a) Name of Political Party /Organization : b) Particulars of Political Activity(if any) : c) Period of Membership (from year)/year of participation in Political Activity d) Nature of Participation in Political Activity e) Office, if any, held in Political Party:</p>	

17. EDUCATIONAL QUALIFICATION: (Academic and Professional)

Name of Qualification with specialization wherever applicable.	Institution / University	Nature of the Course (Full Time/ Part Time/ Correspondence)	Duration of the Course	Subjects / Specification	Class / Division	Aggregate % of marks	Month & Year of Passing
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

(Note: Please give full & complete information. Use separate sheets if required)

18. Details of Training undergone in the last 5 years

Name of Program	Institution / Organization	Duration of the Training	
		From (dd/mm/yy)	To (dd/mm/yy)
(1)	(2)	(3)	(4)

(use separate sheets, if required)

19. Professional Experience from the First Job onwards to Current Job (chronological order):

Sl. No	Designation	Organization	Central Govt/ PSU / Private	Date		Pay Scale	Gross Pay	Reasons for Leaving (Including VRS)
				From (dd/mm/yy)	To (dd/mm/yy)			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

(Note: Please give complete details for the experience profile like Date, Month & Year. Use separate sheets if required)

20. Detailed Picture of the Position currently held by you. *(To be typed in about 100 words on a separate sheet and enclosed to the application with your name legibly written on the top of the paper)*

21. No. of years of Post Professional Qualification Experience you possess (in completed years): _____
22. a) Present Scale of Pay _____
 Basic Pay _____ DA _____ Gross Pay _____
23. Date of Seniority (From Date in Present Grade / Post): _____
24. Pay Expected: _____
25. If selected, how soon can you join? _____
26. Pen picture of professional experience, achievements and significant contribution in the field. (To be typed in about 100 words on a separate sheet and enclosed to the application with your name legibly written on the top of the paper)
27. Details of Application fee paid:

Name of the Bank	Branch Code	Transaction Reference/UTR Number	Date	Amount

I hereby declare that the above statements are true and complete to the best of my knowledge and belief. I understand that in the event the information is found to be false or incorrect, my candidature/appointment may be considered as terminated without any notice.

Place:

Date:

Signature of the Candidate

Note: The candidate is required to fill up all the columns. Application will be rejected if any column is left blank, not filled or incomplete. No correspondence will be entertained.

The candidate should not attach any documents with the application blank other than the specified one in the application blank/Advertisement.

FORM OF CERTIFICATE TO BE PRODUCED BY THE CANDIDATES BELONGING TO SCHEDULED CASTE/SCHEDULED TRIBE

This is to certify that Shri/ Shrimathi*/ Kumari* _____ Son/daughter* of _____ of _____ Village/town* _____ in District/Division* _____ of the State/Union Territory* _____ belongs to the _____ Caste/ Tribe which is recognized 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 1950
- *The Constitution (Scheduled Tribes) (Union Territories) order 1951

{As amended by the Scheduled Castes and Scheduled Tribes lists(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 and the Scheduled Castes and Scheduled Tribes orders (Amendment) Act 1976}

- *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 Orders (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 (Scheduled Tribes) (Uttar Pradesh) 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

2. Shri / Shrimathi/ Kumari* _____ and/or * his/her* family ordinarily reside(s) in village/town* _____ of _____ District/Division* of the state/Union Territory* of _____

Signature _____

Designation _____

(With seal of office)

Place _____

State / Union Territory

Date _____

* Please delete the words, which are not applicable

Note : The term " Ordinarily resides" used here will have the same meaning as in section 20 of the Representation of the People Act 1950.

CERTIFICATE OF DISABILITY (Form –V)

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case 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:

- locomotors 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 locomotors 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 is issued
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CERTIFICATE OF DISABILITY (Form VI)

(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 am 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 is shown against the relevant disability in the table below:

Sl. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment / mental disability (in %)
1.	Locomotors 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..... year..... 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 favor certificate of disability is issued

CERTIFICATE OF DISABILITY (Form VII)

(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 (.....number and date of issue of the guidelines to be specified) and is shown against the relevant disability in the table below:-

Sl. No.	Disability	Affected part of body	Diagnosis	Permanent Physical impairment/mental disability (in %)
1.	Locomotors 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.	Hemophilia			
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

{Counter signature and seal of the Chief Medical Officer/ Medical Superintendent/ Head of Government Hospital in case the Certificate is issued by 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 the 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.