ANNEXURE 'II'

FORM OF CERTIFICATE TO BE SUBMITTED BY EPFO EMPLOYEES/GOVERNMENT SERVANTS SEEKING

AGE-RELAXATION

(To be filled by the Head of the Office or Department in which the candidate is working).

(Please see Para 14 of this notice)

It is certified that *Shri/Smt./Km. _____ is holding the post of ----------

---------- in the pay scale of s _____ with 3 years regular service in the

grade as on **closing date.**

Signature _____

Name _____

Office seal

Place:

Date :

*(*Please delete the words which are not applicable.)*

Annexure-III

FORM-VII

Certificate of Disability

(In cases other than those mentioned in Forms V and VI)

[See Para 14 &19 of this notice]

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

Recent PP Size Attested Photograph (Showing face only) of the person with disability

Certificate No.:**……** Date: ……..

1. This is to certify that we have carefully examined Shri/Smt./Kum ……..son/wife/daughter of Shri…… Date of Birth……(DD/MM/YYYY) Age ……years, Male/Female……Registration No. …….. Permanent Resident of House No. …….. Ward/Village/Street ……..whose photograph is affixed above and I am satisfied that He/She is a case of **Disability**. His/Her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked 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			

and shown against the relevant disability in the table below:

(B)In the light of the above, his/her over all permanent physical impairment as per 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/YYYY)

@ e.g. Left/Right/both arms/legs; # e.g. Single eye/both eyes; £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
