

Recruitment Branch

BSNL Corporate Office,
New Delhi-110001.



भारत संचार निगम लिमिटेड
(भारत सरकार का उपक्रम)
BHARAT SANCHAR NIGAM LIMITED
(A Govt. of India Enterprise)

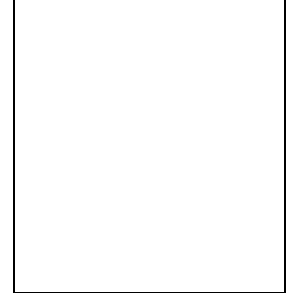
ANNEXURE-I

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

Certificate No. _____

Date: _____

DISABILITY CERTIFICATE



This is certified that Shri / Smt. /Kum _____
son/wife/daughter of Shri _____ age _____
sex _____ identification mark(s) _____ is suffering from permanent
disability of following category :

A. Locomotor or cerebral palsy: -

- (i) BL-Both legs affected but not arms
- (ii) BA-Both arms affected
 - (a) Impaired reach
 - (b) Weakness of grip
- (iii) BLA-Both legs and both arms affected
- (iv) OL-One leg affected (right or left)
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (v) OA-One arm affected
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (vi) BH-Stiff back and hips (Cannot sit or stoop)
- (vii) MW-Muscular weakness and limited physical endurance

B. Blindness or Low Vision:

- (i) B-Blind
- (ii) PB-Partially Blind

C. Hearing impairment:

- (i) D-Deaf
 - (ii) PD-Partially Deaf
- (Delete the category whichever is not applicable)

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2. This condition is progressive / non-progressive / likely to improve / not likely to improve. Re-assessment of this case is not recommended / is recommended after a period of _____ years _____ months.*

3. Percentage of disability in his/her case is percent.

4. Sh./Smt./Kum..... meets the following physical requirements for discharge of his/her duties :-

(i) F-can perform work by manipulating with fingers.	Yes/No
(ii) PP-can perform work by pulling and pushing.	Yes/No
(iii) L-can perform work by lifting.	Yes/No
(iv) KC-can perform work by kneeling and crouching	Yes/No
(v) B-can perform work by bending	Yes/No
(vi) S-can perform work by sitting	Yes/No
(vii) ST-can perform work by standing	Yes/No
(viii) W-can perform work by walking	Yes/No
(ix) SE-can perform work by seeing	Yes/No
(x) H-can perform work by hearing/speaking	Yes/No
(xi) RW-can perform work by reading and writing	Yes/No

(Dr _____)
Member
Medical Board

(Dr _____)
Member
Medical Board

(Dr _____)
Chairperson
Medical Board

Countersigned by the
Medical Superintendent/CMO/Head of
Hospital (with seal)

* Strike out which is not applicable

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-----TELECOM CIRCLE

Form for reimbursement of Travelling Allowance in respect of SC/ST candidates for attending _____ . For the post of _____ held on _____ at _____ centre

1. **Name of Applicant** :
2. **Roll Number** :
3. **Whether SC or ST** :
(Attested photocopy of the certificate enclosed) :
4. **Residential Address** :
(As given in Application Form) :
5. **Address from where journey has been performed** :
6. **Whether employed or not** :
7. **If employed, whether in Central/State Govt. or Central/State Govt. Corporation, Public Sector Undertaking, Private Sector etc.** :

8. Details of Journey and Rail/Bus fare etc. :

Date of Journey	From	To	Mode of Journey	Class of Travel Bus/Rail	Distance travelled (one side)	Ticket Number	Fare (in Rs.)

CERTIFIED THAT

- (i) I am unemployed and a certificate of unemployment issued by MP/MLA or a Gazetted Officer of the place where I normally reside is enclosed.
- (ii) I have not claimed / will not claim T.A. for this journey from any other source.
- (iii) I have actually travelled by the shortest route and by the class/mode for which I have preferred the claim.
- (iv) I do hereby declare that all the statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any particular information given above found false or incorrect, necessary action as deemed fit may be taken by BSNL.

Dated:**Signature of Applicant**

- Note:**
1. **Candidate will have to submit original ticket for inward journey.**
 2. **The payment will be made by BSNL through cheque.**

FOR USE OF BSNL**Verified by****(Signature of Designated Officer of BSNL)****Admissible Amount Rs. _____****Signature of DDO**