



**TELANGANA PUBLIC SERVICE COMMISSION :: HYDERABAD**  
**VETERINARY ASSISTANT SURGEON (CLASS –A & B) IN VETERINARY AND**  
**ANIMAL HUSBANDRY DEPARTMENT**  
**NOTIFICATION NO. 23/2022 DATED. 22/12/2022**  
**(GENERAL RECRUITMENT)**  
**WEB NOTE**

**MEDICAL EXAMINATION FOR ASSESSMENT OF DISABILITY**

It is hereby informed that the Medical Board for the assessment of the disability of Orthopaedic Handicapped (OH) candidates at Osmania General Hospital, Afzalgunj, Hyderabad is scheduled to be held on 18/07/2024.

**HALL TICKET NUMBERS**

2320100016
2320100017
2320100020
2320100021
2321200003

(No. of candidates 05)

The above candidates are advised to appear before the Medical Board at room number 507, old building, Osmania General Hospital, Afzalgunj, Hyderabad at 09:00 AM sharp with requisite Medical Examination fee of Rs.300/- in cash along with Attested copy of original PH SADERM certificate, Hall Ticket, Medical Certificate attached with this web note and three (03) latest passport size photographs along with all the old certificates.

**RESERVE DAY**

**19/07/2024**

19/07/2024 WOULD BE THE RESERVE DAY FOR MEDICAL EXAMINATION FOR OH CANDIDATES WHO COULD NOT ATTEND ON THE ABOVE SPECIFIED DATE. IF ANY CANDIDATE DOES NOT APPEAR EVEN ON THE RESERVE DAY FOR MEDICAL EXAMINATION, HE/SHE SHALL NOT BE CONSIDERED FOR FURTHER PROCESS OF SELECTION.

PLACE: HYDERABAD  
Dt: 16/07/2024

Sd/- Dr. E. NAVEEN NICOLAS, IAS.,  
SECRETARY

**TELANGANA PUBLIC SERVICE COMMISSION, HYDEABAD**  
**VETERINARY ASSISTANT SURGEON IN VETERINARY AND ANIMAL HUSBANDRY DEPARTMENT**  
**NOTIFICATION NO.23/2022, DT: 22/12/2022**

**MEDICAL CERTIFICATE IN RESPECT OF ORTHOPAEDICALLY HANDICAPPED CANDIDATES**

(G.O.Ms.No. 31, Women's Development, Child Welfare & Disabled Welfare (DW) Dept.,  
Dt: 01.12.2009).

For all the purpose of assistance the Orthopedically Handicapped are those who have physical defect or deformity which cause an interference with the normal functioning of bones, muscles and joints.

Certified that the Medical Board have this ..... day of 20.....have examined the applicant whose particulars are given below and that he/she falls within the above definition:

- 1. Name of Candidate
- 2. Father's Name
- 3. Sex
- 4. Approximate Age
- 5. Identification Marks
- 6. (a) Name of Disability:

Tick the relevant from following list)  
Post-Polio Paralysis, Hemiplegia,  
Quadra-Rlegia Malunitied fracture,  
Nerve paralysis, Upper extremity,  
Lower Extremity Limp Painful  
shortening, Deformity Congenital  
Acquired above knee, below knee,  
Hip Hemipeelvectomy, Symes  
cheoparts, Writ Fingers, Below  
elbow, Above elbow, Shoulders,  
Fore quarter,  
Unilateral Bilateral

(b) Extent Disability:  
Estimate in percentage (Me-Bride-  
scale) on Anatomical functional,  
(Patient's Assessment, Examiner's  
Assessment) Economical Basis  
mention as percentage (Specific  
Percentage has to be mentioned)

(c) Use of appliance:  
(Tick relevant from following list)  
Calliper, Crutch, Above knee, Below  
knee, Prosthesis, Cans, Unilateral,  
Bilateral Shoulder Dis-Articulation

(d) Any Operation done or indicated:

(e) Photograph (Attested)  
To show the nature of disability and  
Any appliance if used.

- 7. Any other particulars to clarify the nature and extent of disability that the Surgeon Might like to point out.

Pass Port Size  
Photograph of  
the Candidate  
with the  
Attestation of  
the Issuing  
authority

SIGNATURE OF APPLICANT

Signature of Orthopedic Surgeon  
(with seal) Medical Board.

SIGNATURE OF MEDICAL  
SUPERINTENDENT, (Seal)  
Medical Board.