



TELANGANA PUBLIC SERVICE COMMISSION: HYDERABAD
ASSISTANT MOTOR VEHICLES INSPECTOR IN TRANSPORT DEPARTMENT
(GENERAL RECRUITMENT),
NOTIFICATION NO: 31/2022. Dt. 31/12/2022

AMVI APPLICANT WHOSE SPORTS FORM - I HAS BEEN PROVISIONALLY CLEARED BY THE COMMITTEE OF SECRETARIES IN THE GOVERNMENT AS PER G.O.Ms.No.74 YOUTH ADVANCEMENT, TOURISM & CULTURE (SPORTS) DEPARTMENT.

WEB NOTE

It is to inform that in the **AMVI** online application, Sports details have been captured. 27 candidates have claimed sports reservation.

The 27 candidates who have claimed sports reservation have been directed to produce their FORM-1 and all relevant sports certificates as per GO.Ms.No.74 Youth Advancement, Tourism & Culture (Sports) Dept. and the certificates of all the candidates who have appeared before the officials of the Sports Authority of Telangana on the designated dates have been verified by the officials of Sports Authority of Telangana.

Subsequently as per G.O Ms No. 74 Youth Advancement, Tourism & Culture (Sports) Dept. all the details of the candidates who have claimed sports reservation and appeared & submitted relevant sports certificates to the officials of the Sports Authority of Telangana have been referred to the Committee of Secretaries in the Government.

The above committee has given report stating that the following applicant have submitted FORM-1 and he is provisionally eligible to claim sports reservation for the post of AMVI.

Sl.No.	Hall Ticket Number
1	2311802433

The candidate with the hall ticket number mentioned above is informed to attend **verification of all other certificates in the O/o TGPSC on 28/08/2024 at 10:00 AM** and also appear before the **Medical Board** at Room No. 507 in Osmania General Hospital, Hyderabad for verification of physical standards prescribed for the post on **29/08/2024 at 09:00 AM** and it is informed to pay the Medical Examination Fee of Rs.600 in cash and also bring 3 latest passport size photograph to affix on the Medical Board Proforma which is available in the Commission's Website (<https://www.tspsc.gov.in>), please visit.

Place: Hyderabad
Date: 23/08/2024

Sd/- Dr. E. Naveen Nicolas, IAS.,
SECRETARY

TELANGANA PUBLIC SERVICE COMMISSION: HYDERABAD

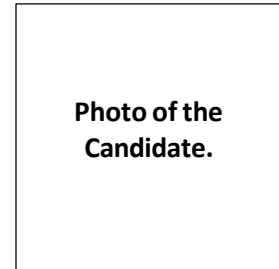
**ASSISTANT MOTOR VEHICLES INSPECTOR IN TRANSPORT DEPARTMENT
(GENERAL RECRUITMENT),
NOTIFICATION NO: 31/2022, DATED: 31/12/2022**

Regd. No:

Date of Verification:

Name of the Candidate:

Signature of the Candidate:



CERTIFICATE OF EYE VISION

(To be certified by an Ophthalmologist not below the rank of Civil Assistant Surgeon)

I do hereby certify that I have examined (full name) Sri _____
_____ S/o, D/o, W/o _____

A candidate for the post of Assistant Motor Vehicle Inspector in Telangana Transport Department and certify that he possesses the following visual standards specified below without glasses.

I) Right Eye: Distant Vision _____
(Without Glasses) Near Vision _____
II) Left Eye: Distant Vision _____
(Without Glasses) Near Vision _____

III) Whether each eye has full field of vision without glasses YES/NO

IV) Colour Blindness YES/NO

V) Squint or any morbid conditions of the eyes or lids of either eye YES/NO

VI) AS PER VISUAL STANDARDS WHETHER THE CANDIDATE IS ELIGIBLE YES/NO

VII) Remarks If Any :-

Station:

Signature of the Medical Officer.

Date:

Name:

Designation:

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Date of Verification:

Name of the Candidate:

Signature of the Candidate:

Photo of the
Candidate.

CERTIFICATION OF PHYSICAL FITNESS

I have examined (full name) Sri / Smt. / Kum. _____
S/o, D/o, W/o _____ a candidate to the post of
Assistant Motor Vehicle Inspector in Telangana Transport Department and I am not able
to discover that he/she has any disease, constitutional affection or bodily infirmity
except that _____ (disease). I do not consider this
as disqualification for the employment he/she seeks.

I further certify that in my opinion his/her general physical condition is such as to
enable him to perform efficiently the active duties of Executives Service.

1. HEIGHT- _____ Cms.

2. CHEST MEASUREMENT

(A) On full inspiration _____ Cms.

(B) On full Expiration _____ Cms.

(C) Difference (Expansion) _____ Cms.

3. Indicate YES or NO against each of the following items:

I) Knock Knees	YES/NO
II) Pigeon Chest	YES/NO
III) Flat Foot	YES/NO
IV) Varicose Veins	YES/NO
V) Hammer toes	YES/NO
VI) Fractured limbs	YES/NO
VII) Decayed teeth	YES/NO

Signature of the Medical Officer -1

Name:

Designation:

Signature of the Medical Officer- 2.

Name:

Designation:

Signature of the Medical Officer- 3

Name:

Designation: