

**SCHEDULE FOR APPLICATION VERIFICATION AND ASSOCIATED TESTS FOR THE POST OF
JUNIOR EXECUTIVE (AIR TRAFFIC CONTROL)
UNDER ADVERTISEMENT NO. 05/2023
VENUE: BOARD ROOM 'A' BLOCK, 3rd FLOOR, AIRPORTS AUTHORITY OF INDIA
CORPORATE HEAD QUARTERS, RAJIV GANDHI BHAWAN,
SAFDARJUNG AIRPORT, NEW DELHI-110003**

S. No.	Roll No.	Candidate's Name	Date	Time
1	114014014165	ROSHAN PRAJAPAT	04.12.2024	09:30 AM
2	114014014620	NAMAN	04.12.2024	09:30 AM
3	115150010518	RITESH SINGH	04.12.2024	09:30 AM
4	116122010792	RAJAT RAJ	04.12.2024	09:30 AM
5	120099011437	SUMIT	04.12.2024	09:30 AM
6	122161011115	ABHISHEK KATIYAR	04.12.2024	09:30 AM
7	138044011247	ANJALI T C	04.12.2024	09:30 AM
8	146119010536	SHIVAM VERMA	04.12.2024	09:30 AM
9	148054011220	MANISH JAISWAL	04.12.2024	09:30 AM
10	148205010573	ARCHIT JAISWAL	04.12.2024	09:30 AM
11	151058011940	GUNTI VENKATA BHARGAV	04.12.2024	09:30 AM
12	164074011076	RAVINDRA KHOJA	04.12.2024	11:30 AM
13	167077011035	APURVA KUMAR	04.12.2024	11:30 AM
14	170174011627	RAM KISHAN MARU	04.12.2024	11:30 AM
15	179096011261	VIKAS KUMAR	04.12.2024	11:30 AM
16	227195010415	NIRAJ KUMAR	04.12.2024	11:30 AM
17	232206011100	HARSH SHRIVAS	04.12.2024	11:30 AM
18	247235010331	NAROTTAM NAGAR	04.12.2024	11:30 AM
19	112012011649	ARITRA HALDAR	04.12.2024	11:30 AM
20	116085010157	AMAN KUMAR	04.12.2024	11:30 AM
21	120079010413	ARCHANA	04.12.2024	11:30 AM
22	120131010770	ROHITH THANIKONDA	04.12.2024	11:30 AM

Note: Presence of candidates may be required for additional day(s) if all the processes are not completed on the same day and hence, candidates are advised to make the necessary arrangements accordingly.

1. With reference to application for the post of Junior Executive (Air Traffic Control) in Airports Authority of India and on the basis of performance in Computer Based Test held on 27.12.2023, abovementioned candidates have been shortlisted for Application Verification, Physical Medical Examination, Psychological Assessment, Psychoactive Substances Testing and Voice Test. Call letter/ link for downloading Call Letter for Application Verification, Psychological Assessment, Psychoactive Substances Testing and Voice Test will be sent shortly on the registered e-mail IDs of the shortlisted candidates.

2. **Physical Medical Examination:** Shortlisted candidates are required to undergo the Physical Medical Examination which has to be carried out as per 'Pre-Employment Medical Examination Form for JE (ATC) candidates' enclosed as **Annexure-1** by a Medical Officer of Government Hospital of the rank of Civil Surgeon/Medical Superintendent (minimum MBBS) with MCI Registration number mentioned along with his stamp, which the candidate will have to bring at the time of Application Verification. Candidates are required to submit all medical documents with reports (as received from Medical Examiner in sealed envelope) on the day of Application Verification.

Cost towards Physical Medical Examination will be reimbursed on production of original bills and hence, candidates are required to bring the original bill from the Government Hospital to claim reimbursement.

3. **Psychoactive Substances Testing:** On the day of Application Verification, candidates will be tested for following Psychoactive Substances:

- (a) Amphetamine and Amphetamine type stimulants
- (b) Opiates and metabolites
- (c) Cannabis (Marijuana) as THC
- (d) Cocaine
- (e) Barbiturates
- (f) Benzodiazepine

Non-Negative Screening Test Result for consumption of psychoactive substances will be sent for Confirmatory Test. Candidate getting Non-Negative Screening Test Report followed by a Positive Confirmatory Test Report for consumption of psychoactive substances shall be disqualified and will not be considered eligible for selection. Such candidate will lose his/her right to claim employment for the post of Junior Executive (Air Traffic Control) in AAI.

4. **Functional Requirements for PwBD Candidates:** PwBD candidates are required to meet a specified set of Functional Requirements as per Advt No: 05/2023 to be suitable for the post of JE (ATC). Hence, PwBD candidates are required to get themselves examined by Medical Officer of Government Hospital of the rank of Civil Surgeon/Medical Superintendent for the Functional Requirements as per "Form for Assessing Functional Requirements (for Persons with Disabilities)" enclosed as **Annexure-2** and submit the duly filled Form on the day of Application Verification.

5. **Application Verification:** Candidates are advised to bring following certificates in **ORIGINAL** along with the Call Letter and Admit Card of Computer Based Test for verification of Age, Educational / Professional Qualifications, Experience, Social Category, Disability, Medical Fitness etc. In case of candidate's absence or non-production of certificates, the candidature will not be considered for final selection: -

- Secondary School Marksheet and Certificate indicating Date of Birth as proof of Age
- Higher Secondary School Marksheet and Certificate
- Bachelors' / PG Degree Certificates (as applicable)
- Certificate from University/ Institution confirming that qualifying degree is FULL-TIME and REGULAR degree course, if the same is not mentioned in the related documents
- Year-wise / Consolidated marksheets of Bachelors' / PG Degree Examination (as applicable)
*(In case **Physics and Mathematics** as subjects are not specifically mentioned in marksheet, the candidate is required to submit a certificate from the University / Institution confirming that the candidate has studied the required subject(s) in the qualifying degree.)*
- Caste Certificate of SC, ST and OBC (Non-Creamy Layer), EWS, Ex-Servicemen Certificate, Disability Certificate & Apprenticeship Certificate (who have successfully completed one-year Training in AAI), if applicable
- Valid Caste Certificate for OBC (Non-Creamy Layer) [**issued during F.Y. 2023-2024**], in the format prescribed for Recruitment to Central Govt. Services
- Valid EWS Certificate in the prescribed format [**F.Y. 2023-2024**]

Note: For acceptable reservation certificates, please refer Detailed Advt. No. 05/2023 available on AAI website.

https://www.aai.aero/sites/default/files/examdashboard_advertisement/Detailed%20ATC%20Advertisement%2005-2023.pdf

- **NO OBJECTION CERTIFICATE** from the present Employer if working in Central Govt., State Govt., Autonomous body or Public Sector Undertaking (Other documents such as undertaking to resign in the event of selection, acknowledged copy of applied NOC/Resignation, Experience Certificate etc. shall not be considered in place of NOC)
- Confirmation of completion of probation on initial appointment in AAI (in case of departmental employees claiming age relaxation)
- Proof of experience, if any
- One ID proof in ORIGINAL i.e. Voter ID/Aadhar/Driving License/Passport etc.

Note: Candidates are required to bring One Set (self-attested) photocopy of all the above mentioned documents along with originals

In addition to above, following documents are required to be submitted IN ORIGINAL:

- Medical Documents related to Physical Medical Examination with Reports as received from Medical Examiner in sealed envelope (as per **Annexure-1**)
- Duly filled Form for Assessing Functional Requirements (for Persons with Disabilities) (as per **Annexure-2**)
- Duly filled 03 separate Attestation Forms (as per **Annexure-3**)

(Candidates are advised to ensure that the information provided in Attestation Form is correct and complete)

- 04 Passport size photographs

6. Candidates are advised to come for the Application Verification only if they carry the above-mentioned documents in Original and also if they are meeting the eligibility criteria as per the Advertisement.

7. Candidature will NOT be considered for selection, in case any of the conditions in the Advertisement are not fulfilled or the candidate fails to produce any one of the above listed documents in original for verification.

8. Eligibility for selection will be subject to qualifying the Voice Test, Negative Test Report for Consumption of all 06 Psychoactive Substances, Pre-Employment Medical Fitness Report by Authorized Medical Officer, Completion of Psychological Assessment and meeting all other eligibility criteria, as applicable for the post.

9. No request for change of Date, Time and Venue will be entertained.

10. Candidates will be reimbursed AC II Tier fare (including Rajdhani Express) or actual Bus fare by shortest route through internet banking transfer/payment on production of proof of travel, provided the distance travelled by Rail/Bus each way exceeds 80 Kms. Following documents shall have to be submitted for claiming the Travelling Allowance:

- Original Tickets/ Print-out of e-tickets
- Cancelled cheque of the bank account to which the amount is to be transferred

ANNEXURE-1

AIRPORTS AUTHORITY OF INDIA
PRE-EMPLOYMENT MEDICAL EXAMINATION FORM
FOR JE (ATC) CANDIDATES

Self-attested
latest
passport size
photograph

PART A: SELF DECLARATION FORM (to be filled by the candidate)

1. Name in full: (In CAPITAL letters)			
2. Age		3. Sex (M/F/O)	
4. Blood Group	(ABO/Rh)	5. Nationality	
6. Date of Birth	dd/mmm/yyyy (eg. 01/AUG/2040)	7. Place of Birth	
8. Email:		9. Contact/Mobile No.	
10. Address:			
11. Have you ever been previously examined for any other occasion	Yes/No If yes, give details of acceptance/rejection/suspension:-		

Female candidate only	Yes	No	If 'Yes', give details
12. Are you pregnant? If Yes, which trimester/ weeks			
13. Have you had a history of gynaecological problems?			
14. Any Menstrual abnormality?			
15. Are you taking any treatment? If yes, state for what condition			

MEDICAL HISTORY —Have you EVER had any of the following? Please tick Yes or No.					
	Yes	No		Yes	No
16. Eye disorders, eye surgery including refractive surgery			27. Any drugs/narcotic habit/Tobacco/Alcohol/substance abuse		
17. Difficulty in seeing in Dark/ Night Blindness			28. Heart trouble or high/low blood pressure, Palpitation or Breathlessness		
18. Motion sickness requiring medication			29. Anemia or other blood disorder		
19. Any allergy			30. Kidney stone or blood in the urine		
20. Severe headaches or Migraine			31. Musculoskeletal disorder, Rheumatism or Joint pains		
21. Dizziness, fainting or unconsciousness			32. Malaria or other tropical disease		
22. Head injury or concussion, Epilepsy/fits			33. Ear disease/ Deafness		

	Yes	No		Yes	No
23. Stomach/ Bowel disease, Liver or Intestinal disorder			34. Diabetes, thyroid or other hormone disease		
24. Insomnia, Sleep walking or Sleep Apnea			35. Lung trouble (Asthma or other lung disorder) or Chronic lungs disease (COPD) / TB etc.		
25. Psychiatric or nervous or mental trouble, Any Suicide attempts			36. Family history of Diabetes, Haemophilia, Heart disease, High/Low blood pressure, fits, nervous trouble, or attempted suicide		
26. Chronic illness- Leprosy, VD (Syphilis, Gonorrhoea, HIV) or Malignancy			37. Any other illness or injury		

Declaration by Candidate

<p>I hereby declare that I have carefully considered the statements made above and that to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statement. I understand that if I have, with intent to deceive, made any false representation for the purpose of procuring for myself a medical certificate, I may be guilty of disciplinary action.</p>	
<p>Signature of Candidate</p>	<p>Signature with Stamp of Medical Examiner</p>

PART B - MEDICAL EXAMINATION (to be filled by Medical Examiner)

1. Height (cm)	4. Pulse (rpm)	6. Identification Marks	7. Waist Measurement (cms)
2. Weight (kg)	5. Blood pressure (mm/hg)	(a)	
3. BMI		(b)	
8. Chest Measurement Inspiration _____cm Expiration _____cm	9. ECG resting/Exercise ECG: Normal/ Abnormal	10. Chest X Ray PA view: Normal/ Abnormal	11. USG Abdomen & Pelvis: Normal/Abnormal/ Gestational
12. <u>Urine analysis</u> : Normal/ Abnormal (Please attach Lab report)			
13. Blood Investigation : (please read Part D: Guidelines for medical examiner, paras 2, 3, 4 & 5) CBC: Normal/ Abnormal (Please attach Lab report) Serum Biochemistry: Normal/ Abnormal (Please attach Lab report)			
14. Systemic examination			
	Normal	Abnormal	
a. Skin			h. Genito-urinary System
b. Oral cavity and Dental			j. Endocrine System
c. Speech			k. Upper, Lower Limbs Joints
d. Lymph nodes			l. Spine, Spinal Movement

	Normal	Abnormal		Normal	Abnormal
e. Heart Auscultation			m. Neurological (Reflexes, Equilibrium, etc.)		
f. Vascular System & Varicose Veins			n. Psychiatric & Mental Status (appearance, behaviour, speech, mood, attention, delusion, hallucination etc.)		
g. Abdomen/ Hernia/ Liver/ Spleen			o. Anus Rectum (Only if indicated)		

(If any of the above found abnormal, please attach detailed Report by Physician/Surgeon)

15. In case of women only	
a. Pelvic Examination	Not applicable/ Normal/ Abnormal
b. Breast Examination	Normal/ Abnormal
c. Last Menstruation Date (dd/mm/yyyy)	dd/mmm/yyyy (eg. 02/SEP/2040)

(If any of the above found abnormal, please attach detailed Report by Gynecologist)

16. EYE EXAMINATION

	Normal		Abnormal			
a. Lids, Lachrymal apparatus, conjunctiva, cornea, pupils, lens, media, fundi, tension						
b. Visual fields by confrontation						
c. Ocular Movements, Nystagmus						
d. Visual Acuity			RT	LT	BOTH	
i. Distant Vision (Standard Test Types)	Without glasses With glasses	6/ 6/	6/ 6/	6/ 6/	6/ 6/	
ii. Near Vision (N type at 30 to 50 cm)	Without glasses With glasses	N/ N/				
e. Accommodation in cm (Near point 30 cm with or without lenses)	Without glasses With glasses					
f. Refractive error	Yes/ No					
	Right			Left		
	Spherical	Cylinder	Axis	Spherical	Cylinder	Axis
Distant						
Near						
g. Ocular Muscle Balance	Normal/Abnormal					
h. Convergence	Normal/Abnormal					
j. Colour perception: CP2/CP3/CP4	Tested by approved Colour Perception Books (Ishihara or Tokyo Medical College charts) Please tick.					

(If any of the above found abnormal, please attach detailed Ophthalmologic Report by Eye Specialist)

17. EAR, NOSE AND THROAT EXAMINATION

	Normal	Abnormal		Normal	Abnormal
a. External ears, Tympanic membrane			e. Mastoid		
b. Mouth & Throat			f. Speech Clarity		
c. Sinuses			g. Hearing		
d. Nose (airway/septum/polyp)			h. Cochlear and vestibular function		

(If any of the above found abnormal, please attach detailed ENT Report by ENT Specialist)

PART C - Remarks by Medical Examiner

The applicant is found **Medically Fit / Unfit**.

Date:

Signature of Medical Examiner with Stamp and Medical Registration Number

Medical Examiners declaration:

I hereby certify that I have personally examined the applicant named on this medical examination report and that this report with any attachments embodies my findings completely and correctly.

Date:

Signature of Medical Examiner with Stamp and Medical Registration Number

PART D - Guidelines for Medical Examiner

1. Medical Examination is to be carried out by a **Medical Officer of Govt Hospital of the rank of Civil Surgeon/Medical Superintendent (minimum MBBS) with MCI Registration Number mentioned along with his stamp**. Special emphasis to be given on *Physical & Mental condition, Hearing, Vision and Clarity of speech (articulation, motor dysfunction, hoarseness) of the candidate*.

2. List of Investigations:
 - a) CBC (Hemoglobin (Hb%), TLC, DLC, ESR)
 - b) Urine Analysis (RE / ME and Specific gravity)
 - c) Blood Sugar (F/PP)
 - d) ECG resting
 - e) X Ray Chest PA view
 - f) Pure Tone Audiogram with report
 - g) USG Whole Abdomen (**and Pelvis in women candidates**)
 - h) Any other investigation deemed necessary by the medical examiner

3. For candidates, who are Overweight (BMI>25 in male, BMI>22 in female candidate), All of the above-mentioned tests and in addition the following tests are to be carried out:
 - a) Blood Urea, Uric Acid, Serum Creatinine
 - b) Oral GTT & HbA1c
 - c) Lipid profile

4. For candidates, who are Obese (BMI >30 in male, BMI >27 in female candidate) All of the above mentioned tests listed in Para 2 & 3 and in addition the following tests are to be carried out:
 - a) Thyroid function test
 - b) Liver function test
 - c) Exercise ECG

5. For Female candidates, result of Gynaecological Examination by Gynaecologist.

6. In abnormal vision, detailed Ophthalmologic Opinion of Eye specialist to rule out any Gross Visual defect viz., defective Color Perception, defective Visual Acuity with prescription for Refractive error correction, if any will be obtained.

7. In defective hearing, detailed Opinion of ENT Specialist to rule out gross hearing defects will be obtained.

8. Standards of Medical Examination (as per ICAO Annexure 1 Chapter 6) and format for Detailed Ophthalmic/ENT opinion are placed at **Appendix 'A' to this form.**

MEDICAL REPORT TO BE HANDED OVER TO THE CANDIDATE IN A SEALED ENVELOPE

Standards for Medical Examination

1. **General Physical and Mental Requirements.** An applicant shall be required to be free from any abnormality, congenital or acquired; any active, latent, acute or chronic disability; any wound, injury or sequelae from operation; or any effect or side-effect of any prescribed or non-prescribed therapeutic medication taken; such as would entail a degree of functional incapacity which is likely to interfere with the safe performance of duties.
2. **Specific Physical/Mental Examination** shall be based on the following requirements.
 - 2.1 The applicant shall not suffer from any disease or disability which could render that applicant likely to become suddenly unable to perform duties safely.
 - 2.2 The applicant shall have no established medical history or clinical diagnosis of: psychosis, alcoholism, drug dependence, any personality disorder, particularly if severe enough to have repeatedly resulted in overt acts; a mental abnormality, or neurosis of a significant degree. A history of acute toxic psychosis need not be regarded as disqualifying, provided that the applicant has suffered no permanent impairment.
 - 2.3 The applicant shall have no established medical history or clinical diagnosis of any of a progressive or non-progressive disease of the nervous system, epilepsy; any disturbance of consciousness without satisfactory medical explanation of cause; Cases of head injury, the effects of which, are likely to interfere with the routine activity shall be assessed as unfit.
 - 2.3.1 The applicant shall not possess any abnormality of the heart, congenital or acquired. An applicant known to have suffered from myocardial infarction may be assessed as unfit. Systolic and diastolic blood pressures shall be within normal limits (use of drugs for control of high blood pressure is disqualifying).
 - 2.3.2 There shall be no significant functional nor structural abnormality of the circulatory tree. The presence of varicosities does not necessarily entail unfitness.
 - 2.3.3 There shall be no acute disability of the lungs nor any active disease of the structures of the lungs, mediastinum or pleura. Radiography shall form a part of the medical examination in all doubtful clinical cases. Cases of active pulmonary tuberculosis, duly diagnosed, shall be assessed as unfit. Cases of quiescent or healed lesions which are known to be tuberculous, or are presumably tuberculous in origin, may be assessed as fit.
 - 2.3.4 Cases of disabling disease with important impairment of function of the gastrointestinal tract or its adnexae shall be assessed as unfit. The applicant shall be required to be completely free from those hernias that might give rise to incapacitating symptoms. Any sequelae of disease or surgical intervention on any part of the digestive tract or its adnexae, liable to cause incapacity, in particular any obstructions due to stricture or compression shall be assessed as unfit.
 - 2.3.5 Proven cases of diabetes mellitus shown to be satisfactorily controlled without the use of any anti-diabetic drug, may be assessed as fit. The use of anti-diabetic drugs for the control of diabetes mellitus is disqualifying.
 - 2.3.6 Cases of significant localized and generalized enlargement of the lymphatic glands and of diseases of the blood shall be assessed as unfit.
 - 2.3.7 Cases presenting any signs of organic disease of the kidney shall be assessed as unfit. The urine shall contain no abnormal element considered by the medical examiner to be of pathological significance. Cases of affections of the urinary passages and of the genital organs shall be assessed as unfit. Any sequelae of disease or surgical procedures on the kidneys and the urinary tract liable to cause incapacity,

in particular any obstructions due to stricture or compression, shall be assessed as unfit. Compensated nephrectomy without hypertension or uremia may be assessed as fit.

- 2.3.8 An applicant who has a personal history of syphilis shall be required to furnish evidence, satisfactory to the medical examiner, that the applicant has undergone adequate treatment.
- 2.3.9 Applicants who have a history of severe menstrual disturbances that have proved unamenable to treatment shall be assessed as unfit.
- 2.3.10 Any active disease of the bones, joints, muscles or tendons and all serious functional sequelae of congenital or acquired disease shall be assessed as unfit. Functional after-effects of lesion affecting the bones, joints, muscles or tendons and certain anatomical defects compatible with normal activity may be assessed as fit.
- 2.3.11 There shall be no serious malformation nor serious, acute or chronic affection of the buccal cavity or upper respiratory tract.
- 2.3.12 Cases of speech defects and stuttering shall be assessed as unfit.

3. **Visual Requirements.**

- 3.1 Visual acuity tests should be conducted in an environment with a level of illumination that corresponds to ordinary office illumination (30-60 cd/m²). Visual acuity should be measured by means of a series of Landolt rings or similar optotypes, placed at a distance from the applicant appropriate to the method of testing adopted.
 - 3.1.1 Distant visual acuity with or without correction shall be 6/9 or better in each eye separately, and binocular visual acuity shall be 6/6 or better. No limits apply to uncorrected visual acuity. Where this standard of visual acuity can be obtained only with correcting lenses, the applicant may be assessed as fit.
 - 3.1.2 Applicants may use contact lenses to meet this requirement provided that the lenses are monofocal and non-tinted; the lenses are well tolerated.
 - 3.1.3 Applicants whose uncorrected distant visual acuity in either eye is worse than 6/60 shall be required to provide a full ophthalmic report (see para 3.6 below). The purpose of the required ophthalmic examination is to ascertain normal vision performance, and to identify any significant pathology.
 - 3.1.4 Applicants who have undergone surgery affecting the refractive status of the eye shall be assessed as unfit unless they are free from those sequelae which are likely to interfere with normal vision.
 - 3.1.5 The applicant shall have the ability to read, while wearing the correcting lenses, if any, required by the N5 chart or its equivalent at a distance selected by that applicant in the range of 30 to 50 cm and the ability to read the N14 chart or its equivalent at a distance of 100 cm.
- 3.2 Colour perception requirements. The applicant shall be tested for the ability to correctly identify a series of pseudoisochromatic plates (Ishihara or TMC) in day-light or in artificial light of the same colour temperature. An applicant failing to obtain a satisfactory result (CP-2) in such a test shall be assessed as unfit.
- 3.3 The function of the eyes and their adnexa shall be normal. There shall be no active pathological condition, acute or chronic, nor any sequelae of surgery or trauma of the eyes or their adnexa likely to reduce peripheral visual function.
- 3.4 The applicant shall be required to have normal fields of vision.

3.5 The applicant shall be required to have normal binocular function. Defective stereopsis, abnormal convergence not interfering with near vision, and ocular misalignment where the fusional reserves are sufficient to prevent asthenopia and diplopia may not be disqualifying.

3.6 A **Standard Detailed Ophthalmologic Report** should include:-

3.6.1 Function of Eyes & Adnexa. Any evidence of past Surgery/Trauma. If yes, would it interfere with proper function of eyes.

3.6.2 Distant Visual Acuity (with/without correction), of each eye separately and binocular visual acuity; For corrected vision, provide prescription

3.6.2 Near Visual Acuity; N5 (30-50 cm); of each eye separately and binocular visual acuity; For corrected vision, provide prescription

3.6.3 Colour Vision (by Ishihara/TMC Chart) to comment on Colour Perception Grade 2-4;

3.6.4 Binocular Vision (Stereopsis/Convergence/Accommodation/Ocular alignment/fusional reserves)

3.6.5 Field of Vision (Confrontation/Perimetry),

3.6.6 Fundus Examination

3.6.7 Other findings by Eye Specialist

4. Hearing Requirements

4.1 There shall be no active pathological process, acute or chronic, of the internal ear or of the middle ear; no permanent disturbances of the vestibular apparatus.

4.2 The medical examination shall be based on the following requirements:-

4.2.1 The applicant, tested on a pure-tone audiometer, shall not have a hearing loss, in either ear separately, of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz. An applicant with a hearing loss greater than the above may be declared unfit.

4.3 A **Standard Detailed ENT Report** should include:-

4.3.1 PTA with report

4.3.2 Free Field Hearing (conversation and forced whisper voice) - For each ear and binaural

4.3.3 Tympanometry (if indicated)

4.3.4 Nose and Sinuses, Vestibular Function

4.3.5 Speech Clarity

4.3.6 Other findings by ENT Specialist

Annexure-2

FORM FOR ASSESSING FUNCTIONAL REQUIREMENTS (FOR PERSONS WITH DISABILITIES)

To be filled by candidate

Name of candidate:
Signature of Candidate:
Date:

To be filled by doctor *(Medical Officer of Government Hospital of the rank of Civil Surgeon/Medical Superintendent)*

This is to certify that Mr./Ms./Mrs. _____
S/o | D/o _____ having Disability Certificate/ ID No:
_____, meets the following functional requirements for
discharge of his/her duties:

(Please tick the applicable box)

Functional Requirement	Yes	No
S- can perform work by sitting	<input type="checkbox"/>	<input type="checkbox"/>
ST- can perform work by standing	<input type="checkbox"/>	<input type="checkbox"/>
BN- can perform work by bending	<input type="checkbox"/>	<input type="checkbox"/>
RW- can perform work by reading and writing	<input type="checkbox"/>	<input type="checkbox"/>
SE- can perform work by seeing	<input type="checkbox"/>	<input type="checkbox"/>
H- can perform work by hearing	<input type="checkbox"/>	<input type="checkbox"/>
C- can perform work by communicating	<input type="checkbox"/>	<input type="checkbox"/>
MF- can perform work by manipulating with fingers	<input type="checkbox"/>	<input type="checkbox"/>

Seal & Signature of Doctor:

Date:

Name:

Registration No:

सत्यापन प्रारूप / ATTESTATION FORM**(तीन प्रतियों में प्रस्तुत करें।) / (To be submitted in triplicate)**

हाल में खींची गई फोटो / RECENT PHOTO
--

पद/ Post : _____

“चेतावनी” / “WARNING”

सत्यापन प्रारूप में गलत सूचना अथवा किसी तथ्यात्मक सूचना को छिपाया जाना अयोग्यता होगी तथा ऐसा करने पर अभ्यर्थी को सरकार के अंतर्गत रोजगार के लिए अयोग्य ठहराया जाएगा।

The furnishing of false information or suppression of any factual information in the Attestation form would be a disqualification and is likely to render the candidate unfit for employment under the Government.

II. यदि इस प्रारूप के तुरंत बाद अभ्यर्थी हिरासत में लिया गया हो, गिरफ्तार हुआ हो, मुकदमा चला हो, बंदी बना हो, जुर्माना, दोषी, निष्काशित, बरी आदि हुआ हो, तो इसका विवरण उन प्राधिकारियों को तुरंत सूचित करना चाहिए जिन्हें पहले सत्यापन प्रारूप भेजे गए हों, अन्यथा इसे तथ्यात्मक जानकारी को छुपाना माना जाएगा।

If detained, arrested, prosecuted, bound down, fined, convicted, debarred, acquitted etc., subsequent to this form, the details should be communicated immediately to the authorities to whom the attestation form has been sent early, failing which it will be deemed to be suppression of factual information.

III. यदि तथ्य पाया गया कि व्यक्ति की सेवाओं के दौरान झूठी सूचना प्रस्तुत की गई है या प्रमाण पत्र में किसी भी तथ्यात्मक सूचना को छुपाया गया है और किसी भी समय यदि यह नोटिस में आता है, तो उसकी सेवाएं समाप्त कर दी जाएंगी।

If the fact that false information has been furnished or that there has been suppression of any factual information in the attestation form comes to notice at any time during the services of a person, his service would be liable to be terminated.

1. पूरा नाम (बड़े अक्षरों में) उर्फ सहित उपनाम यदि कोई हो। (कृपया दर्शाएं यदि आपने किसी स्तर पर अपने नाम या उपनाम से कुछ भाग हटाया या शामिल किया है।) Full name (in capital letters) SURNAME with alias if any. (Please indicate if you have removed or included any part of your name or surname at any stage).	
2. वर्तमान संपूर्ण पता अर्थात् ग्राम थाना एवं जिला अथवा घर का नंबर, लेन/गली/रोड/थाना तथा शहर। Present address in full i.e. village, Thana and district or House Number Lane/street /Road/ Thana and Town.	

<p>3. (क) घर का संपूर्ण पता अर्थात् ग्राम थाना एवं जिला अथवा घर का नंबर, लेन/गली/रोड तथा शहर तथा जिला मुख्यालय का नाम। Home address in full i.e. village, Thana and District or House number, Lane/Street/Road and Town and Name of District Headquarters</p> <p>(ख) यदि मूल रूप से पाकिस्तान/बांग्लादेश (पहले का पूर्वी पाकिस्तान) का निवासी है तो देश का पता तथा भारत संघ में विस्थापित होने की तारीख । If originally a resident of Pakistan / Bangladesh (erstwhile East Pakistan) the address in that country and the date of migration to Indian Union.</p>	
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4. स्थानों (अवधि सहित अथवा निवास) जहां आप पिछले पाँच वर्षों के दौरान एक वर्ष से अधिक समय तक रहे हो, विदेश में रहने के मामले में (पाकिस्तान सहित) ऐसे सभी स्थानों का विवरण जहां 21 वर्षों की आयु पूर्ण करने के बाद एक वर्ष से अधिक समय तक रहें हों, का विवरण दिया जाए।

Particulars of places (with periods, or residence) where you have resided for more than a year at a time during the previous five years, in case of stay abroad (including Pakistan) particulars of all places where you have resided for more than one year after attaining the age of 21 years, should be given.

से / FROM	तक / TO	संपूर्ण आवासीय पता(अर्थात् ग्राम, थाना तथा जिला अथवा घर का पता/लेन/गली/सड़क तथा शहर) Residential address in full (i.e. Village, Thana and District or House No./Lane/Street/Road and Town)	पूर्ववर्ती कॉलम में उल्लिखित स्थान के जिला मुख्यालय का नाम Name of the Distt. Hqrs, as mentioned in preceding column

5.

नाम / Name	राष्ट्रीयता (जन्म से /अथवा डोमिसाइल द्वारा) Nationality (by birth and/ or by domicile)	जन्म का स्थान Place of Birth	व्यवसाय(यदि रोजगार में हैं तो पदनाम तथा सरकारी पता दें) Occupation (if employed give designation and official address)	वर्तमान डाक का पता (यदि कोई नहीं है तो अंतिम पता) Present postal address (if none then last address)	स्थायी घर का पता Permanent home address

i) पिता का उर्फ सहित पूर्ण नाम, यदि हो तथा उपनाम यदि है / Father's name in full with aliases if any

ii) माता / Mother _____

iii) पत्नी/पति /Wife / Husband _____

iv) भाई (भाईयों) (Brother(s)) _____

v) बहन (बहनौं) (Sister (s)) _____

6. (क) पुत्र (पुत्रों)/ पुत्री (पुत्रियों) के संबंध में सूचना दें यदि वे विदेश में पढ़ रहा / रहे हैं।

Information to be furnished with regard to son(s) and/or daughter(s) in case they are studying/ living in a foreign country :-

नाम / Name	राष्ट्रीयता (जन्म से /अथवा डोमिसाइल द्वारा) Nationality (by birth and/ or by domicile)	जन्म का स्थान / Place of Birth	देश का नाम जिसमें पढ़ रहे हैं। पूर्ण विवरण सहित बताएं। Country in which studying/living with full details	पिछले कॉलम में बताए गए देश में पढ़ने/रहने की तारीख। Date from which studying/living in the country mentioned in the previous column

(ख) राष्ट्रीयता / Nationality _____

7. (क) जन्म की तिथि /Date of Birth

(ख) वर्तमान आयु / Present Age

(ग) दसवीं के समय आयु / Age of Matriculation

8. (क) जन्म का स्थान, जिला तथा राज्य जिसमें स्थित है।
Place of birth, District and State in which situated
(ख) जिला एवं राज्य जिससे आप संबंधित हैं।
District and State to which you belong
(ग) जिला एवं राज्य जिससे आपके पिता मूल रूप से संबंधित हैं।
District and state to which your Father originally belongs

9. (क) आपका धर्म / Your Religion

- (ख) क्या आप अजा/अजजा /ओबीसी (क्रिमी लेयर)/ ईडब्ल्यूएस/शारीरिक विकलांग/ भूतपूर्व सैनिक हैं।
Are you a member of SC/ST/OBC (Non Creamy Layer)/EWS/Physically Handicapped/
Ex-Serviceman Yes / No
(ग) यदि हैं तो, जाति/श्रेणी आदि का उल्लेख करें। / If yes, mention caste/category details

10. 15 वर्ष की आयु से विद्यालय एवं कालेज के स्थान का दर्शाते हुए शैक्षिक योग्यता बताएं।
Educational qualification showing place of education with years in schools and colleges since
15th year of age :

विद्यालय/ कालेज का नाम पूर्ण पते सहित Name of School/College with full address	प्रवेश की तारीख Date of entering	छोड़ने की तारीख Date of leaving	उत्तीर्ण परीक्षा Examination passed

11. (क) क्या आप केन्द्र सरकार अथवा राज्य सरकार अथवा अर्ध सरकारी अथवा क्वासी सरकारी निकाय अथवा स्वायत्त निकाय अथवा लोक उद्यम निजी फर्म अथवा किसी संस्था में किसी पद पर हैं अथवा किसी समय कार्यरत रहे हैं।

Are you holding or have any time held an appointment under the Central or State Government or a Semi Government or a Quasi-Government Body or an Autonomous Body or a Public Undertaking or a Private Firm or in any Institution. If so, give full particulars with dates of employment, up-to-date.

अवधि Period	पदनाम, परिलब्धियां तथा रोजगार की प्रकृति Designation, emoluments and nature of employment	नियोक्ता का पूरा नाम एवं पता Full name and address of employer	पिछली सर्विस को छोड़ने का कारण Reason for leaving previous service

(ख) यदि पिछला रोजगार भारत सरकार/ राज्य सरकार/ अथवा भारत सरकार के उपक्रम/ राज्य सरकार/ स्वायत्त निकाय/ विश्वविद्यालय/स्थानीय निकाय के स्वामित्व के नियंत्रणाधीन था?

If the previous employment was under the Government of India/ State Government/ an Undertaking owned or controlled by the Government of India or a State Government/ an Autonomous Body/ University/ Local body.

यदि आपने केन्द्रीय नागरिक सेवा (अस्थायी सेवा) नियम, 1965 के नियम 5 के तहत एक महिने का नोटिस देकर नौकरी छोड़ दी थी अथवा इन नियमों के अंतर्गत पत्र व्यवहार में आपके खिलाफ किसी प्रकार की अनुशासनात्मक कार्यवाही की गई हो, अथवा उस समय जब आपने सेवाओं की समाप्ति के लिए नोटिस दिया था तब आपको किसी भी मामले में अपने आचरण को स्पष्ट करने के लिए अथवा आपकी सेवाओं को वास्तव में समाप्त करने से पहले उत्तरवर्ती तारीख पर बुलाया गया था ?

If you had left service on giving a month's notice under rules 5 of the Central Civil Services (Temporary Service) Rules, 1965 or any similar corresponding rules were any disciplinary proceedings framed against you, or had you been called upon to explain your conduct in any matter at the time you gave notice of termination of service or at a subsequent date before your services actually terminated?
Yes/No

12. (I) क) क्या आपको कभी गिरफ्तार किया गया है/Have you ever been arrested? Yes/No
- ख) क्या आपको कभी सजा हुई है/Have you ever been prosecuted? Yes/No
- ग) क्या आपको हिरासत में लिया गया है/Have you ever been kept under detention? Yes/No
- घ) क्या आपको कभी बंधक बनाया गया है/Have you ever been bound down? Yes/No
- च) क्या आपको न्यायालय द्वारा दंड दिया गया है?
Have you ever been fined by a Court of Law? Yes/No
- छ) क्या आपको किसी अपराध के लिए न्यायालय द्वारा दोषी ठहराया गया है?
Have you ever been convicted by a Court of Law for any offence? Yes/No
- ज) क्या आपको कभी किसी परीक्षा से वंचित किया गया है अथवा किसी विश्वविद्यालय द्वारा या किसी अन्य शैक्षणिक प्राधिकरण/ संस्थान द्वारा निष्काषित किया गया है?
Have you ever been debarred from any examination or rusticated by any university or any other Educational Authority/Institution? Yes/No
- झ) क्या आपको लोक सेवा आयोग/ कर्मचारी चयन आयोग द्वारा आयोजित किसी जांच/चयन हेतु वंचित/अयोग्य ठहराया गया ?
Have you ever been debarred/disqualified by any Public Service Commission / Staff Selection Commission for any of its Examination/ Selection Yes/No
- ट) इस सत्यापन प्रारूप को भरते समय क्या न्यायालय में आपके विरुद्ध कोई मामला लंबित है?
Is any case pending against you in any Court of Law at the time of filling up this Attestation Form ? Yes/No
- ठ) क्या सत्यापन प्रारूप को भरते समय किसी विश्वविद्यालय अथवा किसी अन्य शैक्षणिक प्राधिकरण/संस्थान में आपके विरुद्ध कोई मामला लंबित है?
Is any case pending against you in any University or any other Educational Authority/Institution at the time of filling up this Attestation Form? Yes/No
- ड) क्या सरकार अथवा अन्यथा के अंतर्गत किसी प्रशिक्षण संस्थान द्वारा निकाला/ निष्काषित/बाहर किया गया है?
Whether discharged/expelled/withdrawn from any Training Institution under the Government or otherwise? Yes/No

