



# UTTAR PRADESH PUBLIC SERVICE COMMISSION

Advertisement No.-

D-1/E-1/2024

Date: 15.03.2024

**DATE OF COMMENCEMENT OF ONLINE APPLICATION : 15.03.2024**

**LAST DATE FOR THE PAYMENT OF ONLINE APPLICATION FEE IN THE BANK : 12.04.2024**

**LAST DATE FOR SUBMISSION OF ONLINE APPLICATION : 16.04.2024**

**LAST DATE FOR CORRECTION/MODIFICATION IN SUBMITTED ONLINE APPLICATION : 23.04.2024**

**LAST DATE FOR SUBMISSION OF HARD COPY OF ONLINE APPLICATION ALONGWITH DOCUMENTS: 30.04.2024**

### IMPORTANT-

(1) (i) It is mandatory for the candidates to make One Time Registration (O.T.R.) and obtain O.T.R. Number before applying online.  
(ii) Without O.T.R. Number the submission of Online application will not be possible.  
(iii) Those Candidates who have not obtained O.T.R. Number, must obtain it from commission's website <https://otr.pariksha.nic.in> 72 hours before the submission of Online application.  
(iv) Only after obtaining O.T.R. Number a candidate may submit online application through commission's website <https://uppsc.up.nic.in>.

(2) Incomplete Online Application-Form shall be rejected and no communication in this regard shall be entertained.  
(3) If at any stage, it comes to the knowledge of the commission that the candidate has concealed or misrepresented any information, his candidature shall be rejected and proceeding to debar him/her from future examinations and selections shall be initiated.  
(4) At the time of online application the candidates are directed to ensure the preservation of information regarding all the stages (i.e. O.T.R., Fee payment, Final submission, Qualification related modification/Error correction etc.) in Soft/Hard copy for future references.

**NOTE-** (1) Candidates after submitting their applications through online shall send self attested photo copies of their all academic/required documents regarding their claims along with printout of online form till ..... 05:00 P.M. through registered/speed post or by hand in the office of the Commission. For this purpose proforma of Address Slip is as below:-

Advertisement No. : .....  
Post Name : .....  
Deptt. No. : .....  
O.T.R. No. : .....  
Application ID : .....  
To,  
The Secretary,  
Uttar Pradesh Public Service Commission,  
10, Kasturba Gandhi Marg, Prayagraj, U.P.  
Pin Code-211018

**From**  
Name & Address of the Candidate

The candidates are advised to login to the 'Candidate Dashboard (O.T.R. Based)' on the commission's website, download and take printout of the address-slip and paste it on the envelope containing application and documents. In absence of required relevant documents, the claim made by the candidates shall not be tenable and relevant documents received after due date in the office of the Commission will not be accepted.

(2) The envelope should be of A-4 size. In case of applying for more than one post candidates must send their application form & documents etc. for each post in a separate envelope.

(3) If the candidate does not mention the Advertisement number, Department number, OTR No./Application ID in the format of the Address Slip, his candidature may be cancelled by the Commission.

**SPECIAL NOTICE :-** (a) The candidates will be entirely responsible for on-line submission of application. The application of the candidate will be accepted only after the payment of the fee in the bank till the last date. (b) All future information/instructions will be sent to the registered mobile number and email ID as registered in O.T.R. by SMS or email. Candidates are also directed to visit the website of the commission.

### IMPORTANT INFORMATION FOR CANDIDATES APPLYING ONLINE

This advertisement is also available on the website of the commission <https://uppsc.up.nic.in>. 'O.T.R. BASED APPLICATION' system is applicable for applying against this advertisement. Application sent through any other medium will not be accepted. Therefore candidates have to apply online only.

The candidates applying online are expected to go through the following instructions thoroughly and apply accordingly:-

1. When the candidate clicks on the "ALL NOTIFICATIONS/ADVERTISEMENTS" in the Commission's website <https://uppsc.up.nic.in>, the ONLINE ADVERTISEMENTS will automatically be displayed, which has following 3 parts:-

- (i) User Instructions
- (ii) View Advertisement
- (iii) Apply

The Instructions for filling Online form have been given in User Instructions. The candidates desirous to see the respective advertisement will have to click on "View Advertisement". Thereafter, a full advertisement will be displayed alongwith Sample Snapshots of Online Application procedure.

'Online Application' will be completed in four stages:-  
**First Stage:-** On clicking 'Apply', 'Authenticate with

O.T.R.' will be displayed with respect to the examination and on clicking 'Authenticate with O.T.R.', 'Have You Completed Your O.T.R. Registration' will be displayed, in which the candidate will have to tick 'Yes' or 'No'. If the candidate:-

(i) Ticks on 'Yes' and clicks on 'Go' button, 'Enter your O.T.R. Number' will be displayed wherein he/she has to fill O.T.R. Number and click on 'Proceed' button. On clicking 'Proceed' button, 'Click here to Authenticate' will be displayed, clicking whereupon the candidate may authenticate through O.T.P. received on his/her registered mobile no./email ID or O.T.R.-password. Having completed the process of Authentication, all personal details of the candidate (as filled in O.T.R.) will be displayed automatically. The candidate will have to fill only essential qualification as required for the post.

(ii) Ticks on 'No' and clicks on 'Go' button:- (a) First of all, the candidate has to obtain One Time Registration Number from O.T.R. Web-portal (<https://otr.pariksha.nic.in>) of the Commission. (b) After obtaining O.T.R. number the candidate will have to apply online according to the process adopted in First Stage.

**Second Stage:-** The First Stage procedure having been completed the 'Applicant Dashboard' will automatically be displayed on the screen. The candidate will have to click on 'Submit Details' under 'Application Part-2' against applied post, thereafter the permanent and correspondence address along with application form will automatically be displayed on the screen from O.T.R. along with the preferential qualifications prescribed for the post. The candidate will have to choose Yes/No option against each preferential qualification according to his/her eligibility for the same.

**Third Stage:-** After the completion of the procedure of Second Stage, 'Fee Confirmation Window' will automatically be displayed on the screen under which upon clicking on 'Yes' option in front of 'Proceed for fee payment' Home page of 'SBI MOPS' will be displayed comprising of 03 modes of payment:- (i) NET BANKING (ii) CARD PAYMENTS and (iii) OTHER PAYMENT MODES.

After payment of the required fee by any one of the above prescribed modes, 'Payment Transaction Slip' shall be displayed alongwith detail of fee payment, the print of which must be taken by clicking on 'Printer Icon'. In the event of 'Payment Failed' the candidate has to go to 'Candidate Dashboard login' and after filling the O.T.R. number proceed to authenticate through O.T.P. or O.T.R. password and click 'Pending Payment' to pay the fee, compulsorily for online application.

**Fourth Stage:-** After completing the procedure of the Third Stage the application form of the candidate will automatically be displayed on screen the print of which may be obtained by the candidate. **If candidate does not complete the process of online application, his/her candidature will not be accepted for which he will entirely be responsible.**

The candidate will have to take the print of online application and keep it safe with himself/herself to produce it in the office of the commission when required in case of any discrepancy, else his/her request/claim will not be accepted. After applying, in case of any modification in the qualification of applied post, the candidate may click on 'Candidate Dashboard Login' of 'Home Page' to modify it only once till last date and time fixed for it.

2. **Application Fee :** After completing the process of First and Second Stage in the online application process, deposit the fee category wise as per the instructions given in the Third Stage. The prescribed fee is as follows:-

- (i) Unreserved/ Economically Weaker Sections/ Other Backward Classes - Application fee Rs. 80/- + On-line process fee Rs. 25/- Total = Rs. 105/-
- (ii) Scheduled Castes/ Scheduled Tribes - Application fee Rs. 40/- + On-line process fee Rs. 25/- Total = Rs. 65/-
- (iii) Disabled Category - Application fee NIL/- + On-line process fee Rs. 25/- Total = Rs. 25/-
- (iv) Ex-Servicemen - Application fee Rs. 40/- + On-line process fee Rs. 25/- Total = Rs. 65/-
- (v) Dependents of the Freedom Fighters/ Women/Skilled Player - According to their original category

3. If the claim made by the candidate in the application is not found to be true, action may be taken to debar the candidate from this and all the future selections/examinations of the Commission and other punitive action may also be taken.

**Note: (i) It is mandatory to make payment in the 'ONLINE APPLICATION' Process by the candidate till the last**

**date and time fixed for it. Candidates should take a print out of the same and keep it safe. (ii) If the candidate does not provide the relevant documents in support of his/her online application, his/her candidature shall be rejected by the commission.**

### DEPARTMENT OF MEDICAL HEALTH & FAMILY WELFARE, U.P. (ALLOPATHY)

2532 Posts of Medical Officer grade-II (Level-2), Nature of post - Group 'A' Gazetted, Reservation - As per existing rules, Pay Scale - 67700-208700, Level-11, Age Limit - 21 to 40 years (Age relaxation is permissible as per rules). Number of posts in different specialities is as under:-

S. N.	Specialist	Medical Officer Grade-II Level-2 (Direct Recruitment)	Deptt. No.
1	Gynaecology	385	S-8/01
2	Anesthetist	460	S-8/02
3	Pediatrician	440	S-8/03
4	Radiologist	70	S-8/04
5	Pathologist	21	S-8/05
6	Ophthalmologist	23	S-8/06
7	Orthopaedician	22	S-8/07
8	ENT Specialist	25	S-8/08
9	Dermatologist	52	S-8/09
10	Psychiatrist	37	S-8/10
11	Microbiologist	08	S-8/11
12	Forensic Specialist	57	S-8/12
13	Public Health Specialist	10	S-8/13
14	General Surgeon	338	S-8/14
15	Uro Surgeon	19	S-8/15
16	Neuro Surgeon	18	S-8/16
17	Chest Surgeon	01	S-8/17
18	Plastic Surgeon	50	S-8/18
19	Gastro Surgeon	02	S-8/19
20	General Physician	316	S-8/20
21	Cardiologist	134	S-8/21
22	Neuro Physician	19	S-8/22
23	Nephrologist	20	S-8/23
24	Gastro Physician	05	S-8/24
<b>Total</b>		<b>2532</b>	

**Note:-** 1. Horizontal reservation will be as per rules, for physically handicapped person, only O.A. (One Arm Affected), O.L. (One Leg Affected), L.V. (Low Vision), Dw (Dwarfism) and A.A.V. (Acid Attack Victims) candidates are eligible for the above post.

2 (i). Post of S.N.-15 Uro Surgeon, S.N.-16 Neuro Surgeon, S.N.-17 Chest Surgeon, S.N.-18 Plastic Surgeon and S.N.-19 Gastro Surgeon are the posts of **Super Specialty** under the post of S.N.-14 General Surgeon.

Post of S.N.-21 Cardiologist, S.N.-22 Neuro Physician, S.N.-23 Nephrologist and S.N.-24 Gastro Physician are the posts of **Super Specialty** under the post of S.N.-20 General Physician.

2 (ii). सुपर स्पेशलिटी की विशेषज्ञता के अनुसार अभ्यर्थी उपलब्ध न होने पर मूल विशेषज्ञता जनरल सर्जन एवं जनरल फिजिशियन के पदों पर चयन की कार्यवाही की जायेगी।

### Educational Qualification (Essential) and other Qualifications-

(i) MBBS degree of a university recognized by the 'Medical Council of India' or an undergraduate medical degree recognized under 'The National Medical Commission Act, 2019' and (ii) Postgraduate Degree (3 years) in the concerned Speciality of a university recognized by the 'Medical Council of India' or a Post-Graduate Medical degree recognized under 'The National Medical Commission Act, 2019', or (iii) Postgraduate Diploma (2 years) in the concerned Speciality of a university recognized by the Medical Council of India or a Post-Graduate medical diploma recognized under 'The National Medical Commission Act, 2019' and with at least one year of experience in the concerned Speciality after registration of the diploma in the concerned Medical Council. **Specialty-wise educational qualification for Medical Officer Grade-II:-**

Sl. No.	Specialist	Section-A Requisite Post Graduate Degree Qualification	Section-B Requisite Post Graduate Diploma Qualification
1	Gynecologist	M.D. (Obstetrics & Gynaecology) M.S. (Obstetrics & Gynaecology)	Diploma in Obstetrics and Gynaecology
2	Anesthetist	M.D. (Anesthesiology)	Diploma in Anaesthesia
3	Pediatrician	M.D. (Paediatrics)	Diploma in Child Health
4	Radiologist	M.D. (Radio-Diagnosis) M.D. (Radiology)	Diploma in Radio Diagnosis
5	Pathologist	M.D. (Pathology) M.D. (Lab Medicine) M.D. (Bio-Chemistry)	Diploma in Clinical Pathology Diploma in Path. & Bact. Diploma in Transfusion Medicine



6	Ophthalmologist	M.S. (Ophthalmology) M.D. (Ophthalmology)	Diploma in Ophthalmology Diploma in Ophthalmic Medicine and Surgery.	Degree or Diploma in Social Service, Applied Sociology, Social Science, Social Technique, Social Work or Social Service Administration; (iii) A degree in Law; (iv) Practical experience of prohibition and Social Uplift. <b>(B) Preferential Qualification-</b> A candidate who has- (i) served in the Territorial Army for a minimum period of two years, (ii) obtained a 'B' certificate of National Cadet Corps, shall other things being equal, be given preference in the matter of direct recruitment.	<p><b>5. Conditions of Eligibility: In case of emergency commissioned/short service commissioned officers (For age relaxation only):-</b> In accordance with the provisions of the G.O. No. 22/10/1976-karmik-2-85, dated 30-1-1985 Emergency Commissioned/Short Service Commissioned Officers who have not been released from Army but whose period of Army service has been extended for rehabilitation, may also apply for this examination on the following conditions: (A) Such applicants will have to obtain a certificate of the competent authority of Army, Navy, Air Force to the effect that their period of Service has been extended for rehabilitation and no disciplinary action is pending against them. (B) Such applicants will have to submit in due course a written undertaking that in case they are selected for the post applied for, they will get themselves released immediately from the Army Service. The above facilities will not be admissible to Emergency/Short Service Commissioned Officers, if (a) he gets permanent Commission in the Army, (b) he has been released from the Army on tendering resignation, (c) he has been released from the Army on grounds of misconduct or physical disability or on his own request and who gets gratuity.</p> <p><b>6.</b> After receipt of application in the Commission, any request for change in the qualification and category will not be entertained.</p> <p><b>7.</b> Minimum educational qualification is not sufficient for being called for interview. Mere eligibility does not entitle a candidate to be called for interview or for selection. Intimation for interview will be sent later on.</p> <p><b>8.</b> In case of large number of applicants for the post/ posts, the Commission may hold screening test, which will be communicated in due course of time. Under the conditions of holding screening test (Objective Type), penalty (Negative Marking) shall be imposed for wrong answers given by the candidates in the manner given below-- (i) There are four alternatives for the answer to every question. For each question for which a wrong answer has been given by the candidate, <b>one third (0.33)</b> of the marks assigned to that question will be deducted as penalty. (ii) If a candidate gives more than one answer, it will be treated as a wrong answer even if one of the given answer happens to be correct and there will be same penalty as above for that question. (iii) If a question is left blank i.e. no answer is given by the candidate, there will be <b>no penalty</b> for that question.</p> <p><b>9. At the time of examination, candidates must fill all the information sought on the OMR Answer Sheet correctly by blackening the concerned circles, which are decipherable by the scanner machine. The Commission will evaluate OMR Answer Sheet only on the basis of information given by blackening the concerned circles of OMR Answer Sheet. The candidates are also directed not to use whitener, blade, pin or rubber etc. on the OMR Answer Sheet. In case of not blackening the circles properly in the OMR Answer Sheet and filling any information incorrectly, the Commission shall not evaluate such OMR Answer Sheet for which candidates themselves shall be wholly responsible.</b></p> <p><b>10.</b> The original certificates are required for verification at the time of interview. Candidate will then also be required to submit his/her passport size photograph attested by head of department or head of the institution, where he/she received last education or by a Gazetted Officer.</p> <p><b>11.</b> Candidates serving under Central or State Government will have to produce "NO OBJECTION CERTIFICATE" from their employer at the time of interview.</p> <p><b>12.</b> The decision of the Commission as to the eligibility or otherwise of a candidate will be final.</p> <p><b>13.</b> Candidates of any reserved category, if they want the benefit of reservation, must mention their category/subcategory (one or more than one, whichever) in the column related to O.T.R. (because all the personal information will be automatically displayed in the application form from the O.T.R.).</p> <p><b>14.</b> It is very important to make the payment in the 'ONLINE APPLICATION' process by the candidate till the last date and time of submission of complete application in all respects. Candidates should take a print of the information filled by them and keep it safe.</p> <p>In case of any discrepancy, the candidate will have to submit the printout to the Commission's office otherwise the request of the candidate will not be accepted.</p> <p><b>15.</b> With regard to claims made in the 'On-line Application', the candidate shall submit the following original certificate/certificates in the prescribed format, when asked for by the Commission. If the certificates are not submitted in time, the candidature shall be cancelled.</p> <p><b>15.1</b> Only Higher Secondary/High School Certificate for proof of the age shall be treated valid.</p> <p><b>15.2</b> Proof of degree/diploma or its equivalent qualifications to confirm the prescribed essential and preferential qualifications.</p> <p><b>15.3</b> In the case of physically handicapped candidates, the certificate issued by the competent authority in the format-1 to the Govt. Order No. 05/2022/18/1/2008/47/ka-2/2022 dated 18th April 2022.</p> <p><b>15.4</b> In the case of the skilled players of the classified sports, a certificate issued by the competent authority will be required in terms of the Government Order No. - 22/21/1983-Ka-2 dated 28<sup>th</sup> November 1985.</p> <p><b>15.5</b> Under any reserved category/categories, for the confirmation of the claim for reservation, the caste certificate issued by District Magistrate/Additional District Magistrate (Executive)/City Magistrate/SDM/Tehsildar in the prescribed format prescribed under Govt. Order No. 22/16/92-TC-III/Ka-2/2002 dated 22<sup>nd</sup> October, 2008 in respect of candidates belonging to the SC/ST/OBC, will be accepted.</p> <p><b>15.6</b> उत्तर प्रदेश शासन, कार्मिक अनुभाग-2 के पत्रांक 1/2019/4/1/2002/का-2/19 टी.सी.-11 दिनांक 18 फरवरी 2019 में निहित प्राविधानों के अनुपालन में उत्तर प्रदेश राज्य के मूल निवासी एवं आर्थिक रूप से कमजोर वर्गों के ऐसे व्यक्तियों जो अनुसूचित जाति, अनुसूचित जनजाति तथा अन्य पिछड़े वर्गों के लिए आरक्षण की वर्तमान व्यवस्था से आच्छादित नहीं हैं, को उत्तर प्रदेश सरकार की लोक सेवाओं और पदों की सभी श्रेणियों में सीधी भर्ती के प्रक्रम पर 10 प्रतिशत का आरक्षण नियमानुसार देय होगा।</p> <p><b>15.7</b> Those candidates, willing to take the benefit of the reservation may obtain a certificate, issued by the competent authority, in support of the reserved category, in the prescribed format printed in this detailed advertisement</p>
7	Orthopedician	M.S.(Orthopaedics) M.S.(Traumatology and Surgery)	Diploma in Orthopaedics	<b>Note:-</b> Horizontal reservation will be as per rules, for physically handicapped person only H.H.(Hard of Hearing), Dw.(Dwarfism), A.A.V.(Acid Attacks Victims) candidates are eligible for the above post.	
8	E.N.T. Specialist	M.S. (E.N.T.)	Diploma in Ot-Rhino-Laryngology	<b>Note:-</b> Horizontal reservation will be as per rules, for physically handicapped person only H.H.(Hard of Hearing), Dw.(Dwarfism), A.A.V.(Acid Attacks Victims) candidates are eligible for the above post.	
9	Dermatologist	M.D. (Dermatology) M.D. (Venereology)	Diploma in Dermatology Diploma in Venereology Diploma in Leprosy Diploma in Dermatology Venereology and Leprosy	<b>Relevant Service Rule of the Post</b> * The U.P. Prohibition (Excise) Gazetted Service Rules, 1982 <b>Sugar Industry &amp; Cane Development Department, U.P.</b> <b>Name of post-</b> Regional Publicity Officer, <b>Number of the post-</b> Total-01 Post (SC), <b>Nature of Post-</b> Group 'B' Gazetted, <b>Deptt. No.-</b> S-7/01, <b>Pay Scale-</b> 15600-39100, Grade Pay-5400/- Pay matrix Rs. 56100-177500, <b>Age-</b> 21 to 40 years (Age relaxation is permissible as per rules). <b>Academic Qualifications-</b> (i) <b>Minimum Qualifications- 1-</b> Bachelor's degree from a recognised University in at least second division preferably with Hindi Literature and/or English Literature. <b>2-</b> A Diploma in journalism or experience of at least three years in journalism or publicity work in any recognised institution or Government Department/Co-operative Organisation/Public Undertaking. The candidate should have the experience of publishing articles, stories, dramatic plays, poems written by himself. (ii) <b>Preferential Qualifications-</b> The candidate should have experience of organising exhibition or possess degree/diploma in commercial/ fine arts or have at least two years experience of editorship of newspaper or magazines. <b>B. Preferential Qualifications-</b> A candidate who has- (i) served in the Territorial Army for a minimum period of two years, (ii) obtained a 'B' certificate of National Cadet Corps, shall other things being equal, be given preference in the matter of direct recruitment to the Service. <b>Note:-</b> Horizontal reservation will be as per rules, for physically handicapped person only O.A.(One Arm Affected), O.L.(One Leg Affected), L.V.(Low Vision), H.H.(Hard of Hearing), L.C.(Leprosy Cured), Dw. (Dwarfism), A.A.V.(Acid Attacks Victims) candidates are eligible for the above post.	
10	Psychiatrist	M.D. (Psychiatry)	Diploma in Psychological Medicine	<b>Relevant Service Rules of the post</b> * The Uttar Pradesh Cane (Gazetted) Service Rules, 1979 * The Uttar Pradesh Cane (Gazetted) Service (First Amendment) Rules, 1995 <b>Uttar Pradesh Tourism Directorate</b> <b>Name of Post-</b> Regional Tourist Officer/Publicity Officer, <b>Number of Post-</b> Total- 01 Post (SC), <b>Nature of Post-</b> Group 'B' Gazetted, <b>Deptt. No.-</b> S-9/01, <b>Pay Scale-</b> Level-10, Pay scale (minimum) 15600, Pay scale (maximum) 39100 Grade Pay Rs. 5400/-, <b>Age Limit-</b> 21 to 40 years (Age relaxation is permissible as per rules). (A) <b>Academic Qualifications-</b> (1) <b>Essential Qualifications:</b> अम्यर्थी- (क) भारत में विधि द्वारा स्थापित किसी विश्वविद्यालय की उपाधि या सरकार द्वारा उसके समकक्ष मान्यता प्राप्त कोई अर्हता रखता हो, और (ख) हिन्दी और अंग्रेजी पढ़ने, लिखने और बात करने की पूर्ण क्षमता हो। (2) <b>Preferential Qualifications-</b> ऐसे अम्यर्थी को सीधी भर्ती में अधिमान दिया जायेगा, जो- (क) इतिहास, भूगोल, अंग्रेजी साहित्य, मानव शास्त्र, अर्थशास्त्र या वास्तुशिल्प में से किसी एक विषय के साथ स्नातक की उपाधि रखता हो; या (ख) सरकार द्वारा मान्यता प्राप्त किसी संस्था का पर्यटन, होटल प्रबन्ध, व्यापार प्रबन्ध, जनसम्पर्क, पत्रकारिता, सामूहिक संचार में डिप्लोमा/उपाधि रखता हो; या (ग) अंग्रेजी से भिन्न किसी विदेशी भाषा में किसी मान्यता प्राप्त संस्था का प्रमाण-पत्र रखता हो; या (घ) यात्रा-व्यवसाय में किसी यात्रा आयोजित करने वाली संस्था का प्रमाण-पत्र रखता हो; या (ङ) सामान्य ज्ञान और कम्प्यूटर में किसी मान्यता प्राप्त संस्था का प्रमाण-पत्र रखता हो। (B) <b>Preferential Qualifications-</b> A candidate who has-- (i) served in the Territorial Army for a minimum period of two years; or (ii) obtained a 'B' certificate of the National Cadet Corps, shall, other things being equal, be given preference in the matter of direct recruitment. <b>Note:-</b> Horizontal reservation will be as per rules, for physically handicapped person only O.A.(One Arm Affected), O.L.(One Leg Affected), L.C.(Leprosy Cured), Dw.(Dwarfism), A.A.V.(Acid Attacks Victims) candidates are eligible for the above post.	
11	Microbiologist	M.D. (Bacteriology) M.D. (Microbiology)	Diploma in Microbiology	<b>Relevant Service Rules of the post</b> * The Uttar Pradesh Tourism Service Rules, 1980 * The Uttar Pradesh Tourism Service (First Amendment) Rules, 1990 * उत्तर प्रदेश पर्यटन सेवा (द्वितीय संशोधन) नियमावली, 1998 <b>Note:-</b> The number of vacancies of all the above mentioned posts may increase/decrease depending upon the circumstances/requirements.	
12	Forensic Specialist	M.D. (Forensic Medicine) M.D. (Forensic Medicine and Toxicology)	Diploma in Forensic Medicine	<b>GENERAL INSTRUCTIONS</b> <b>LAST DATE FOR SUBMISSION OF ONLINE APPLICATION : 16.04.2024</b> <b>LAST DATE FOR THE PAYMENT OF APPLICATION FEE IN THE BANK : 12.04.2024</b> 1. The candidate must carefully study the detailed advertisement and may apply for the post only when he/ she is eligible for the concerned post. 2. Applications after the last prescribed date and time will not be accepted under any circumstances. Incomplete and ambiguous application forms will be cursorily rejected even if received on time. 3. The knowledge of Hindi is essential. 4. The date of calculation of age (except where indicated otherwise) is 1 <sup>st</sup> July, 2024. The maximum age-limit shall be relaxable by five years for the candidates belonging to Scheduled Caste, Scheduled tribe, Other backward class, Skilled players of U.P. of Classified games (for the post of Group 'B' and 'C' only) (Only domiciled persons of U.P. are entitled for such age relaxation) and State Govt. Employees of U.P. including Teachers/ Staff of the Basic Shiksha Parishad of U.P. according to G.O. No. 1648/79-5-2015, dated 19 June, 2015 and Teachers/Staff of the Government Aided Madhyamik Vidyalayas of U.P. as per G.O. No. 1508/15-8-2015-3057, dated 16 September, 2015. The upper age limit shall also be greater by 3 years + period of service rendered in army for the emergency commissioned officers/short service commissioned officers/Ex-Army personnel of U.P. It is essential to be discharged from army upto the last date of receipt of application. Relaxation of 15 years in the upper age limit will be admissible to P.H. candidates.	
13	Public Health Specialist	M.D. (Social & Preventive Medicine) M.D. (Community Medicine) M.D. (Community Health Administration)	Diploma in Community Medicine Diploma in Public Health Master in Public Health Master in Public Health (Epidemiology) Master Degree in Applied (Epidemiology)	<b>Note:-</b> Horizontal reservation will be as per rules, for physically handicapped person only O.A.(One Arm Affected), O.L.(One Leg Affected), L.V.(Low Vision), H.H.(Hard of Hearing), L.C.(Leprosy Cured), Dw. (Dwarfism), A.A.V.(Acid Attacks Victims) candidates are eligible for the above post.	
14	General Surgeon	M.S. (General Surgeon)	----		
15	Uro Surgeon	M.C.H./D.N.B. Urology	----		
16	Neuro Surgeon	M.C.H./D.N.B. Neuro Surgery	----		
17	Chest Surgeon	M.C.H./D.N.B. Cardiothoracic Surgery	----		
18	Plastic Surgeon	M.C.H./D.N.B. Plastic Surgery	----		
19	Gastro Surgeon	M.C.H./D.N.B. Surgical Gastroenterology/ G.I. Surgery	----		
20	General Physician	M.D. (General Medicine) M.D. (Family Medicine) M.D. (Emergency Medicine) M.D. (Geriatrics) M.D. (Pulmonary Medicine) M.D. (Respiratory Medicine) M.D. (Internal Medicine) M.D. (Tuberculosis & Chest Diseases)	Diploma in General Medicine Diploma in Emergency Medicine Diploma in Diabetology		
21	Cardiologist	D.M./D.N.B. Cardiology	----		
22	Neuro Physician	D.M./D.N.B. Neurology	----		
23	Nephrologist	D.M./D.N.B. Nephrology	----		
24	Gastro Physician	D.M./D.N.B. Gastroenterology	----		



and submit the same to the Commission, whenever required to do so. Those candidates claiming the concession of more than one reserved category will be given only one such benefit, which will be more beneficial. The candidates not originally domiciled in U.P. belonging to SC, ST, O.B.C., dependants of freedom fighters, physically handicapped and Ex-servicemen are not entitled to the benefit of reservation. Such candidates should apply in general category. In case of women candidates, the caste certificate issued from father side will be treated valid.

नोट:- (1) उ०प्र० के समाज के दिव्यांग अभ्यर्थियों के लिये शासन द्वारा अधिसूचित (चिन्हित) किये गये पदों पर चयन के संबंध में जारी कार्यालय ज्ञाप सं०-5/2022/18/1/2008/47/का-2/2022, दिनांक-18 अप्रैल 2022 के बिन्दु-5(अनारक्षित रिक्तियों पर नियुक्ति) में प्राविधान निम्नानुसार किया गया है- दिव्यांगता से ग्रस्त व्यक्तियों के लिये उपयुक्त चिन्हित किये गये पदों में, दिव्यांगता से ग्रस्त व्यक्ति को किसी अनारक्षित रिक्ति पर नियुक्ति के लिये प्रतिस्पर्धा करने से मना नहीं किया जा सकता है अर्थात् दिव्यांगता से ग्रस्त व्यक्ति को किसी अनारक्षित रिक्ति पर नियुक्त किया जा सकता है बशर्ते कि पद संगत श्रेणी की दिव्यांगता से ग्रस्त व्यक्तियों के लिये चिन्हित किया गया हो। शासनादेश संख्या-39 रिट/का-2/2019 दिनांक - 26 जून, 2019 द्वारा शासनादेश संख्या- 18/1/99/का-2/2006 दिनांक 09 जनवरी, 2007 के प्रस्तर-4 में दिये गये प्राविधान, "यह भी स्पष्ट किया जाता है कि राज्याधीन लोक सेवाओं और पदों पर सीधी शर्तों के प्रक्रम पर महिलाओं को अनुमत्य उपरोक्त आरक्षण केवल उत्तर प्रदेश की मूल निवासी महिलाओं को ही अनुमत्य है" को रिट याचिका संख्या-11039/2018 विपिन कुमार मौर्या व अन्य बनाम उत्तर प्रदेश राज्य व अन्य तथा सम्बद्ध 6 अन्य रिट याचिकाओं में मा० उच्च न्यायालय, इलाहाबाद द्वारा दिनांक 16.01.2019 को अधिकारतीत (Ultra Vires) घोषित करने सम्बन्धी निर्णय के अनुपालन में शासनादेश दिनांक 09.01.2007 से प्रस्तर-04 को विलोपित किए जाने का निर्णय लिया गया है। उक्त निर्णय शासन द्वारा मा० उच्च न्यायालय के आदेश दिनांक 16.01.2019 के विरुद्ध दायर विशेष अपील (डी) संख्या-475/2019 में मा० न्यायालय द्वारा पारित होने वाले अन्तिम निर्णय के अधीन होगा।

16. The candidates of reserved categories will be adjusted against the unreserved category in the final selection only if he/she has not availed any benefit/ concession in qualifying standard at the stage of Screening Examination.

17. The Commission do not advise to candidates about their eligibility. Therefore, they should carefully read the advertisement and apply only when satisfied about their qualifications in terms of the advertisement.

18. In the category of dependants of the freedom fighters only sons, daughters, grand-sons (son's son/daughter's son) and grand daughters (son's daughter/daughter's daughter, married/ unmarried) are covered. Only such relationships with the freedom fighters are not adequate but the candidate should remain actually dependent of the freedom fighter. It is advised that now the candidates may obtain the reservation, certificate from the District Magistrate in terms of Govt. Order No. 453/79-V-1-15-1(Ka)/14-2015 dated 07-04-2015 in the prescribed format and submit the same.

19. In the event of involvement of a candidate in the concealment of any important information, pendency of any case/criminal case, conviction, more than a husband or wife being alive, submission of facts in a distorted manner, canvassing for selection etc. The Commission reserves the right to reject the candidature and debar from appearing in the examinations and selections.

20. Be sure to mention the name of Post applied for, advertisement number, department number, date of birth, O.T.R. No. and Application ID for correspondence with the Commission.

21. Candidates are required to hold essential qualification till the last date of receipt of On-line application.

22. If any change is to be made in the personal detail mentioned in the O.T.R, it will be mandatory to Synchronize it on the Dashboard after the change. Otherwise change will not be allowed. No representation will be accepted for error correction/amendment in this regard. Incomplete application will be cursorily rejected and no correspondence will be entertained in this regard. Submission of false/misleading information will lead to cancellation of candidature.

23. The candidates whose candidature are cancelled, those candidates do not remain candidates after the cancellation of candidature, therefore the marks of such candidates shall not be provided.

24. In case the candidates feel any problem in the "On-line Application" they may get their problem resolved by sending their queries to the 'Mail Box' of the Commission.

**Detailed Application Form:**  
At the online page there is a 'Declaration' for the candidates. Candidates are advised to go through the contents of the Declaration carefully. Candidate has the option to either agree or disagree with the contents of Declaration by clicking on 'I Agree' or 'I do not agree' buttons. In case the candidate opts to 'I do not agree', the application will be dropped and the procedure will be terminated. Accepting to 'I Agree' only will make possible the submission of the candidate's Online Application.

**Notification Details**  
This section shows information relevant to Notification i.e. Notification number, selection type, directorate/department name and post name

**Personnel Details from OTR**  
This section shows information about candidate personnel details i.e. OTR Number, candidate name, Father/Husband name, Gender, DOB, UP domicile, Category, Marital status, email and contact number, photo & signature, address, UP Freedom Fighter, Ex Army, service duration and your physical challenges, Skilled Player, Outstanding Player of U.P., Debarred candidate.

**Education & Experience Details**  
It shows your educational and experience details

**Declaration segment**  
At the online page there is a 'Declaration' for the candidates. Candidates are advised to go through the contents of the Declaration carefully.  
After filling all above particulars there is provision for preview your detail before final submission of application form on clicking on "Preview" button.  
Preview page will display all facts/particulars that you have mentioned in O.T.R. if you are sure with filled details then click on "Submit" button to finally push data into server with

successful submission report that you can print.

**[CANDIDATES ARE ADVISED TO TAKE A PRINT OF THIS PAGE BY CLICKING ON THE "Print" OPTION AVAILABLE]**

For other information candidates are advised to select desired option in 'Home Page' of Commission's website <https://uppsc.up.nic.in>

**IMPORTANT ANNOUNCEMENT**  
:- NOTIFICATIONS / ADVERTISEMENTS  
All Notification / Advertisements  
:- ONLINE APPLICATION FORMS SUBMISSION  
Candidate Registration  
Fee Deposition / Reconciliation  
Submit Application Form  
Modify Submitted Application  
Candidate Dashboard (OTR Based)

**:- CANDIDATE'S HELP DESK SECTION**  
Double Verification mode  
View Application Status  
Download Admit Card  
Print Duplicate Registration Slip  
Print Detailed Application Form  
List of Applications Having ANY Objections  
View Answer Key

**LAST DATE FOR RECEIPT OF APPLICATIONS :** On-line Application process must be completed (including filling up of OTR, Part-I, Part-II and Part-III of the Form) before last date of form submission according to Advertisement, after which the web-link will be disabled.

**परिशिष्ट**  
उ०प्र० की अनुसूचित जाति तथा अनुसूचित जनजाति के लिये जाति प्रमाण-पत्र (प्रारूप-II)

प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी ..... सुपुत्र/ सुपुत्री श्री ..... निवासी ..... ग्राम ..... तहसील ..... नगर ..... जिला ..... उत्तर प्रदेश राज्य की ..... जाति के व्यक्ति हैं जिसे संविधान (अनुसूचित जाति) आदेश, 1950 (जैसा कि समय-समय पर संशोधित हुआ) / संविधान (अनुसूचित जनजाति, उत्तर प्रदेश) आदेश, 1967 के अनुसार अनुसूचित जाति/ अनुसूचित जनजाति के रूप में मान्यता दी गई है।  
श्री/ श्रीमती/ कुमारी ..... तथा/ अथवा उनका परिवार उत्तर प्रदेश के ग्राम ..... तहसील ..... नगर ..... जिला ..... में सामान्यतया रहता है।  
स्थान ..... हस्ताक्षर.....  
दिनांक ..... पूरा नाम.....  
मुहर ..... पद नाम.....  
जिलाधिकारी/ अतिरिक्त जिलाधिकारी/ सिटी मजिस्ट्रेट/ परगना मजिस्ट्रेट/ तहसीलदार/ अन्य वेतन भोगी मजिस्ट्रेट, यदि कोई हो/ जिला समाज कल्याण अधिकारी।

**उत्तर प्रदेश के अन्य पिछड़े वर्ग के लिए जाति प्रमाण-पत्र (प्रारूप-I)**

प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी ..... सुपुत्र/ सुपुत्री ..... निवासी ..... तहसील ..... नगर ..... जिला ..... उत्तर प्रदेश राज्य की ..... पिछड़ी जाति के व्यक्ति हैं। यह जाति उ०प्र० लोक सेवा (अनुसूचित जातियों, अनुसूचित जनजातियों और अन्य पिछड़े वर्गों के लिये आरक्षण) अधिनियम, 1994 (यथासंशोधित) की अनुसूची-एक के अन्तर्गत मान्यता प्राप्त है।  
यह भी प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी ..... पूर्वोक्त अधिनियम, 1994 (यथासंशोधित) की अनुसूची-दो जैसा कि उ०प्र० लोक सेवा (अनुसूचित जातियों, अनुसूचित जनजातियों और अन्य पिछड़े वर्गों के लिये आरक्षण) (संशोधन) अधिनियम, 2001 द्वारा प्रतिस्थापित किया गया है एवं जो उ०प्र० लोक सेवा (अनुसूचित जातियों, अनुसूचित जनजातियों और अन्य पिछड़े वर्गों के लिये आरक्षण) (संशोधन) अधिनियम, 2002 द्वारा संशोधित की गयी है, से आच्छादित नहीं है। इनके माता-पिता की निरंतर तीन वर्ष की अवधि के लिये सकल वार्षिक आय आठ लाख रुपये या इससे अधिक नहीं है तथा इनके पास धनकर अधिनियम, 1957 में यथा विहित छूट सीमा से अधिक सम्पत्ति भी नहीं है।  
श्री/ श्रीमती/ कुमारी ..... तथा/ अथवा उनका परिवार उत्तर प्रदेश के ग्राम ..... तहसील ..... नगर ..... जिला ..... में सामान्यतया रहता है।  
स्थान ..... हस्ताक्षर .....  
दिनांक ..... पूरा नाम .....  
मुहर ..... पद नाम .....  
जिलाधिकारी/ अतिरिक्त जिलाधिकारी/ सिटी मजिस्ट्रेट/ परगना मजिस्ट्रेट/ तहसीलदार।

**(प्रपत्र-I)**  
**उत्तर प्रदेश सरकार**  
कार्यालय का नाम.....  
आर्थिक रूप से कमजोर वर्ग के सदस्य द्वारा प्रस्तुत किया जाने वाला आय एवं परिसम्पत्ति प्रमाण-पत्र  
प्रमाण पत्र संख्या..... दिनांक .....  
वित्तीय वर्ष ..... के लिए मान्य  
प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी..... पुत्र/पति/पुत्री..... ग्राम/कस्बा..... पोस्ट ऑफिस ..... थाना ..... तहसील ..... जिला ..... राज्य ..... पिन कोड ..... के स्थायी निवासी हैं, जिनका फोटोग्राफ नीचे, अभिप्रमाणित है, आर्थिक रूप से कमजोर वर्ग के सदस्य हैं, क्योंकि वित्तीय वर्ष ..... में इनके परिवार की कुल वार्षिक आय 8 लाख (आठ लाख रुपये मात्र) से कम है। इनके परिवार के स्वामित्व में निम्नलिखित में से कोई भी परिसम्पत्ति नहीं है:-  
I. 5 (पाँच) एकड़ कृषि योग्य भूमि अथवा उससे ऊपर।  
II. एक हजार वर्ग फीट अथवा इससे, अधिक क्षेत्रफल का फ्लैट।  
III. अधिसूचित नगरपालिका के अंतर्गत 100 वर्ग गज अथवा इससे अधिक का आवासीय भूखण्ड।  
IV. अधिसूचित नगरपालिका से इतर 200 वर्ग गज अथवा इससे अधिक का आवासीय भूखण्ड।  
2. श्री/श्रीमती/कुमारी ..... जाति ..... के सदस्य हैं जो अनुसूचित जाति, अनुसूचित जनजाति तथा अन्य पिछड़े वर्गों के रूप में अधिसूचित नहीं हैं।

आवेदक का पासपोर्ट साइज का अभिप्रमाणित फोटोग्राफ	हस्ताक्षर ..... (कार्यालय का मुहर सहित) पूरा नाम ..... पदनाम ..... जिलाधिकारी/ अतिरिक्त जिलाधिकारी/ सिटी मजिस्ट्रेट/ परगना मजिस्ट्रेट/ तहसीलदार।	
<b>(प्रपत्र-II)</b> <b>आर्थिक रूप से कमजोर वर्ग के लाभार्थ स्वयं घोषणा पत्र</b> <b>स्वयं घोषणा पत्र</b> मैं ..... पुत्र/पुत्री/पत्नी ..... ग्राम/कस्बा ..... पोस्ट ऑफिस ..... थाना ..... ब्लाक ..... तहसील ..... जिला ..... राज्य ..... ने आर्थिक रूप से कमजोर वर्ग के प्रमाण पत्र हेतु आवेदन दिया है, एतद द्वारा घोषणा करता/ करती हूँ। 1. मैं ..... जाति से सम्बन्ध रखता/ रखती हूँ जो उत्तर प्रदेश हेतु अधिसूचित अनुसूचित जाति, अनुसूचित जनजाति, एवं अन्य पिछड़ा वर्ग की सूची में सूचीबद्ध नहीं है। 2. मेरे परिवार की कुल श्रोतों (वेतन, कृषि, व्यवसाय, पेशा इत्यादि) से कुल वार्षिक आय रु ..... (शब्दों में) है। 3. मेरे परिवार के पास उल्लिखित आय के सिवाय अथवा इसके अतिरिक्त अन्यत्र कोई परिसम्पत्ति नहीं है। अथवा कई स्थानों पर स्थित परिसम्पत्तियों को जोड़ने के पश्चात भी मैं (नाम) ..... आर्थिक रूप से कमजोर वर्ग के दायरे में आता/ आती हूँ। 4. मैं घोषणा करता/ करती हूँ कि मेरे परिवार की सभी परिसम्पत्तियों को जोड़ने के पश्चात् निम्नलिखित में से किसी भी सीमा से अधिक नहीं है। I. 5 (पाँच) एकड़ कृषि योग्य भूमि अथवा उससे ऊपर। II. एक हजार वर्ग फीट अथवा इससे, अधिक क्षेत्रफल का फ्लैट। III. अधिसूचित नगरपालिका के अंतर्गत 100 वर्ग गज अथवा इससे अधिक का आवासीय भूखण्ड। IV. अधिसूचित नगरपालिका से इतर 200 वर्ग गज अथवा इससे अधिक का आवासीय भूखण्ड। मैं प्रमाणित करता/ करती हूँ कि मेरे द्वारा उपरोक्त जानकारी मेरे ज्ञान और विश्वास के अनुसार सत्य है और मैं आर्थिक रूप से कमजोर वर्ग के लिए आरक्षण सुविधा प्राप्त करने हेतु पात्रता धारण करता/ करती हूँ। यदि मेरे द्वारा दी गई जानकारी असत्य/ गलत पायी जाती है तो मैं पूर्ण रूप से जानता हूँ/ जानती हूँ कि इस आवेदन पत्र के आधार पर दिये गये प्रमाण पत्र के द्वारा शैक्षणिक संस्थान में लिया गया प्रवेश/ लोक सेवाओं एवं पदों में प्राप्त की गई नियुक्ति निरस्त कर दी जायेगी/ कर दिया जायेगा अथवा इस प्रमाण पत्र के आधार पर कोई अन्य सुविधा/ लाभ प्राप्त किया गया है उससे भी वंचित किया जा सकेगा और इस सम्बन्ध में विधि एवं नियमों के अधीन मेरे विरुद्ध की जाने वाली कार्यवाही के लिए मैं उत्तरदायी रहूँगा/ रहूँगी। नोट:- जो लागू नहीं हो उसे काट दें।		
<b>स्थान :- आवेदक/ आवेदिका का हस्ताक्षर तथा पूरा नाम।</b>		
<b>Form-II</b> <b>Certificate of Disability</b> (In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness) (Name and Address of the Medical Authority issuing the Certificate)		
Recent passport size attested photograph (showing face only) of the person with disability		
<b>Certificate No.</b>	<b>Date:</b>	
This is to certify that I have carefully examined Shri/Smt./Kum. .... son/wife/daughter of Shri ..... Date of Birth (DD/MM/YY) ..... Age ..... years, male/female ..... registration No. .... permanent resident of House No. .... Ward/Village/Street ..... Post office ..... District ..... State ..... whose photograph is affixed above, and am satisfied that: he/she is a case of: ● locomotor disability ● dwarfism ● blindness (Please tick as applicable)		
(B) The diagnosis in his/her case is .....	(A) he/she has .....% (in figure) ..... percent (in words) permanent locomotor disability/ dwarfism/blindness in relation to his/her ..... (part of body) as per guidelines (..... number and date of issue of the guidelines to be specified).	
2. The applicant has submitted the following document as proof of residence:-		
<b>Nature of Document</b>	<b>Date of Issue</b>	<b>Details of authority Issuing certificate</b>
3. Signature and seal of the Medical Authority. (Dr.....) (Dr.....) (Dr.....) Member Member Chairperson Medical Board Medical Board Medical Board with seal with seal with seal		Countersigned by the Chief Medical Officer (with seal)
<b>Form-III</b> <b>Certificate of Disability</b> <b>(In cases of multiple disabilities)</b> (Name and Address of the Medical Authority/Board issuing the Certificate)		



<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Signature/thumb impression of the person in whose favour certificate of disability is issued</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Recent passport size attested photograph (showing face only) of the person with disability</div>	<p>Shri/Smt./Kum. _____ son/wife/daughter of          Shri _____ Date of birth (DD/MM/YY) _____          age _____ years, male/female _____.          Registration No. _____ permanent resident of House          No. _____ Ward/Village/ Street _____ Post          Office _____ District _____ State _____, whose          photograph is affixed above, and am satisfied that he/she is          a case of _____ Disability. His/her extent of          percentage physical impairment/disability has been          evaluated as per guidelines (.....number and date of issue          of the guidelines to be specified) and is shown against the          relevant disability in the table below</p>	<p>प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी _____          आत्मज/पत्नी/आत्मजा श्री _____ निवासी _____ पूरा          पता _____ से दिनांक _____ तक _____          _____ (स्थान का नाम) में आयोजित _____          (क्रीड़ा/खेल-कूद का नाम) की प्रतियोगिता/टूर्नामेन्ट में देश की          ओर से भाग लिया।          उनके टीम के द्वारा उक्त प्रतियोगिता/टूर्नामेन्ट में _____          स्थान प्राप्त किया गया।          यह प्रमाण-पत्र राष्ट्रीय फेडरेशन/राष्ट्रीय एसोसिएशन/(यहाँ          संस्था का नाम दिया जाये) _____ में उपलब्ध रिकार्ड के आधार पर          दिया गया है।          स्थान _____ हस्ताक्षर _____          दिनांक _____ नाम _____          पद _____          संस्था का नाम _____          मुहर _____</p>																																																																																																														
<p><b>Certificate No. _____ Date: _____</b>          This is to certify that we have carefully examined          Shri/Smt./Kum. _____ son/wife/ daughter of          Shri _____ Date of birth (DD/MM/YY) _____          age _____ years, male/female _____.          Registration No. _____ permanent resident of House          No. _____ Ward/Village/Street _____ Post Office          _____ District _____ State _____, whose          photograph is affixed above, and am satisfied that:          (A) he/she is a case of Multiple Disability. His/her extent of</p>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>S. N.</th> <th>Disability</th> <th>Affected part of body</th> <th>Diagnosis</th> <th>Permanent physical impairment/mental disability (in%)</th> </tr> </thead> <tbody> <tr><td>1.</td><td>Locomotor disability</td><td>@</td><td></td><td></td></tr> <tr><td>2.</td><td>Muscular Dystrophy</td><td></td><td></td><td></td></tr> <tr><td>3.</td><td>Leprosy cured</td><td></td><td></td><td></td></tr> <tr><td>4.</td><td>Dwarfism</td><td></td><td></td><td></td></tr> <tr><td>5.</td><td>Cerebral Palsy</td><td></td><td></td><td></td></tr> <tr><td>6.</td><td>Acid attack Victim</td><td></td><td></td><td></td></tr> <tr><td>7.</td><td>Low Vision</td><td>#</td><td></td><td></td></tr> <tr><td>8.</td><td>Blindness</td><td>#</td><td></td><td></td></tr> <tr><td>9.</td><td>Deaf</td><td>£</td><td></td><td></td></tr> <tr><td>10.</td><td>Hard of Hearing</td><td>£</td><td></td><td></td></tr> <tr><td>11.</td><td>Speech and Language disability</td><td></td><td></td><td></td></tr> <tr><td>12.</td><td>Intellectual Disability</td><td></td><td></td><td></td></tr> <tr><td>13.</td><td>Specific Learning Disability</td><td></td><td></td><td></td></tr> <tr><td>14.</td><td>Autism Spectrum Disorder</td><td></td><td></td><td></td></tr> <tr><td>15.</td><td>Mental illness</td><td></td><td></td><td></td></tr> <tr><td>16.</td><td>Chronic Neurological Conditions</td><td></td><td></td><td></td></tr> <tr><td>17.</td><td>Multiple sclerosis</td><td></td><td></td><td></td></tr> <tr><td>18.</td><td>Parkinson's disease</td><td></td><td></td><td></td></tr> <tr><td>19.</td><td>Haemophilia</td><td></td><td></td><td></td></tr> <tr><td>20.</td><td>Thalassemia</td><td></td><td></td><td></td></tr> <tr><td>21.</td><td>Sickle Cell disease</td><td></td><td></td><td></td></tr> </tbody> </table>	S. N.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in%)	1.	Locomotor disability	@			2.	Muscular Dystrophy				3.	Leprosy cured				4.	Dwarfism				5.	Cerebral Palsy				6.	Acid attack Victim				7.	Low Vision	#			8.	Blindness	#			9.	Deaf	£			10.	Hard of Hearing	£			11.	Speech and Language disability				12.	Intellectual Disability				13.	Specific Learning Disability				14.	Autism Spectrum Disorder				15.	Mental illness				16.	Chronic Neurological Conditions				17.	Multiple sclerosis				18.	Parkinson's disease				19.	Haemophilia				20.	Thalassemia				21.	Sickle Cell disease				<p><b>प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी _____</b> आत्मज/          पत्नी/आत्मजा श्री _____ निवासी (पूरा पता) _____ ने          दिनांक _____ से दिनांक _____ तक _____ में (क्रीड़ा/          खेल-कूद का नाम) की प्रतियोगिता (टूर्नामेन्ट स्थान का नाम) _____          ...आयोजित राष्ट्रीय _____ में (क्रीड़ा/खेल-कूद का नाम) की          प्रतियोगिता/टूर्नामेन्ट में प्रदेश की ओर से भाग लिया।          उनके टीम के द्वारा उक्त प्रतियोगिता/टूर्नामेन्ट में _____          स्थान प्राप्त किया गया।          यह प्रमाण-पत्र _____ (प्रदेशीय संघ का नाम) में          उपलब्ध रिकार्ड के आधार पर दिया गया है।          स्थान _____ हस्ताक्षर _____          दिनांक _____ नाम _____          पद _____          संस्था का नाम _____          मुहर _____</p>
S. N.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in%)																																																																																																													
1.	Locomotor disability	@																																																																																																															
2.	Muscular Dystrophy																																																																																																																
3.	Leprosy cured																																																																																																																
4.	Dwarfism																																																																																																																
5.	Cerebral Palsy																																																																																																																
6.	Acid attack Victim																																																																																																																
7.	Low Vision	#																																																																																																															
8.	Blindness	#																																																																																																															
9.	Deaf	£																																																																																																															
10.	Hard of Hearing	£																																																																																																															
11.	Speech and Language disability																																																																																																																
12.	Intellectual Disability																																																																																																																
13.	Specific Learning Disability																																																																																																																
14.	Autism Spectrum Disorder																																																																																																																
15.	Mental illness																																																																																																																
16.	Chronic Neurological Conditions																																																																																																																
17.	Multiple sclerosis																																																																																																																
18.	Parkinson's disease																																																																																																																
19.	Haemophilia																																																																																																																
20.	Thalassemia																																																																																																																
21.	Sickle Cell disease																																																																																																																
<p>permanent physical impairment/disability has been evaluated          as per guidelines (.....number and date of issue of the          guidelines to be specified) for the disabilities ticked below,          and is shown against the relevant disability in the (B) In the          light of the above, his/her over all permanent physical          impairment as per guidelines (.....number and date of issue          of the guidelines to be specified), is 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..... years..... months,          and therefore this certificate shall be valid till.... (DD) (MM) (YY)          @ -e.g. Left/right/both arms/legs          # - e.g. Single eye          £ - e.g. Left/Right/both ears</p>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>S. N.</th> <th>Disability</th> <th>Affected part of body</th> <th>Diagnosis</th> <th>Permanent physical impairment/mental disability (in%)</th> </tr> </thead> <tbody> <tr><td>1.</td><td>Locomotor disability</td><td>@</td><td></td><td></td></tr> <tr><td>2.</td><td>Muscular Dystrophy</td><td></td><td></td><td></td></tr> <tr><td>3.</td><td>Leprosy cured</td><td></td><td></td><td></td></tr> <tr><td>4.</td><td>Cerebral Palsy</td><td></td><td></td><td></td></tr> <tr><td>5.</td><td>Acid attack Victim</td><td></td><td></td><td></td></tr> <tr><td>6.</td><td>Low Vision</td><td>#</td><td></td><td></td></tr> <tr><td>7.</td><td>Deaf</td><td>£</td><td></td><td></td></tr> <tr><td>8.</td><td>Hard of Hearing</td><td>£</td><td></td><td></td></tr> <tr><td>9.</td><td>Speech and Language disability</td><td></td><td></td><td></td></tr> <tr><td>10.</td><td>Intellectual Disability</td><td></td><td></td><td></td></tr> <tr><td>11.</td><td>Specific Learning Disability</td><td></td><td></td><td></td></tr> <tr><td>12.</td><td>Autism Spectrum Disorder</td><td></td><td></td><td></td></tr> <tr><td>13.</td><td>Mental illness</td><td></td><td></td><td></td></tr> <tr><td>14.</td><td>Chronic Neurological Conditions</td><td></td><td></td><td></td></tr> <tr><td>15.</td><td>Multiple sclerosis</td><td></td><td></td><td></td></tr> <tr><td>16.</td><td>Parkinson's disease</td><td></td><td></td><td></td></tr> <tr><td>17.</td><td>Haemophilia</td><td></td><td></td><td></td></tr> <tr><td>18.</td><td>Thalassemia</td><td></td><td></td><td></td></tr> <tr><td>19.</td><td>Sickle Cell disease</td><td></td><td></td><td></td></tr> </tbody> </table>	S. N.	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				<p><b>प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी _____</b> आत्मज/          पत्नी/आत्मजा श्री _____ निवास (पूरा नाम) _____          विश्वविद्यालय की कक्षा _____ के विद्यार्थी          ने दिनांक _____ से दिनांक _____ तक _____          (स्थान का नाम) में आयोजित अन्तर्विश्वविद्यालय _____          (क्रीड़ा/ खेल-कूद का नाम) प्रतियोगिता/टूर्नामेन्ट में _____          विश्वविद्यालय की ओर से भाग लिया। उनके टीम के द्वारा उक्त          प्रतियोगिता/टूर्नामेन्ट में _____ स्थान प्राप्त किया गया। यह          प्रमाण-पत्र डीन ऑफ स्पोर्ट्स अथवा इंचार्ज खेल कूद _____          विश्वविद्यालय में उपलब्ध रिकार्ड के आधार पर दिया गया है।          स्थान _____ हस्ताक्षर _____          दिनांक _____ नाम _____          पद _____          संस्था का नाम _____          मुहर _____</p>										
S. N.	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																																																																																																																
<p>4. The applicant has submitted the following document as          proof of residence:-</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Nature of Document</th> <th>Date of Issue</th> <th>Details of authority issuing certificate</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Nature of Document	Date of Issue	Details of authority issuing certificate							<p>उत्तर प्रदेश लोक सेवा (शारीरिक रूप से विकलांग, स्वतंत्रता संग्राम सेनानियों          के आश्रितों और भूतपूर्व सैनिकों के लिये आरक्षण), अधिनियम, 1993          (यथासंशोधित) के अनुसार स्वतंत्रता संग्राम सेनानी के आश्रित के प्रमाण-पत्र          का प्रपत्र।</p> <p style="text-align: center;"><b>प्रमाण-पत्र</b></p> <p>प्रमाणित किया जाता है कि श्री/श्रीमती _____ निवासी ग्राम- _____          नगर- _____ जिला- _____ उत्तर प्रदेश लोक सेवा (शारीरिक रूप से          विकलांग, स्वतंत्रता संग्राम सेनानियों के आश्रितों और भूतपूर्व सैनिकों के लिये आरक्षण)          अधिनियम, 1993 के अनुसार स्वतंत्रता संग्राम सेनानी हैं और श्री/श्रीमती/कुमारी          (आश्रित) _____ पुत्र/पुत्री/पौत्र (पुत्र का पुत्र या पुत्री का पुत्र) तथा पौत्री (पुत्र की पुत्री          या पुत्री की पुत्री) (विवाहित अथवा अविवाहित) उपरान्त अधिनियम, 1993          (यथासंशोधित) के प्रावधानों के अनुसार उक्त श्री/श्रीमती (स्वतंत्रता संग्राम सेनानी) ....          _____के आश्रित हैं।          स्थान: _____ हस्ताक्षर _____          दिनांक: _____ पूरा नाम _____          पदनाम _____          मुहर _____</p>	<p><b>प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी _____</b> आत्मज/          पत्नी/आत्मजा श्री _____ निवासी (पूरा          पता) _____ में _____ स्कूल में कक्षा _____          के विद्यार्थी ने दिनांक _____ से दिनांक _____ तक _____          (स्थान का नाम) में आयोजित स्कूलों के नेशनल गेम्स की          (क्रीड़ा/खेल-कूद का नाम) प्रतियोगिता/टूर्नामेन्ट में _____          स्कूल की ओर से भाग लिया। उनके टीम के द्वारा उक्त प्रतियोगिता/          टूर्नामेन्ट में _____ स्थान प्राप्त किया गया।          यह प्रमाण-पत्र डाइरेक्ट्रेट ऑफ पब्लिक इन्स्ट्रक्शन्स/शिक्षा में          उपलब्ध रिकार्ड के आधार पर दिया गया है।          स्थान _____ हस्ताक्षर _____          दिनांक _____ नाम _____          पद _____          संस्था का नाम _____          मुहर _____</p>																																																																																																					
Nature of Document	Date of Issue	Details of authority issuing certificate																																																																																																															
<p>5. Signature and seal of the Medical Authority.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Name and Seal of Member</th> <th>Name and Seal of Member</th> <th>Name and Seal of the Chairperson</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson				<p>4. Countersigned by the          Chief Medical Officer          (with seal)          Signature and seal of the          Medical Authority.</p>	<p><b>प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी _____</b> आत्मज/          पत्नी/आत्मजा श्री _____ निवासी (पूरा          पता) _____ में _____ स्कूल में कक्षा _____          के विद्यार्थी ने दिनांक _____ से दिनांक _____ तक _____          (स्थान का नाम) में आयोजित स्कूलों के नेशनल गेम्स की          (क्रीड़ा/खेल-कूद का नाम) प्रतियोगिता/टूर्नामेन्ट में _____          स्कूल की ओर से भाग लिया। उनके टीम के द्वारा उक्त प्रतियोगिता/          टूर्नामेन्ट में _____ स्थान प्राप्त किया गया।          यह प्रमाण-पत्र डाइरेक्ट्रेट ऑफ पब्लिक इन्स्ट्रक्शन्स/शिक्षा में          उपलब्ध रिकार्ड के आधार पर दिया गया है।          स्थान _____ हस्ताक्षर _____          दिनांक _____ नाम _____          पद _____          संस्था का नाम _____          मुहर _____</p>																																																																																																								
Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson																																																																																																															
<p style="text-align: center;"><b>Form-IV          Certificate of Disability          (In cases of other than those mentioned in Forms          II and III)</b>          (Name and Address of the Medical Authority/Board issuing          the Certificate)</p>		<p style="text-align: center;"><b>कुशल खिलाड़ियों के लिये प्रमाण-पत्र जो उ.प्र. के मूल निवासी हैं</b>  <b>शासनादेश संख्या-22/21/1983-प्र.कार्मिक-2</b>  <b>दिनांक 28 नवम्बर, 1985</b>  <b>प्रमाण-पत्र के फार्म - 1 से 4</b>  <b>प्रारूप -1</b></p> <p>(मान्यता प्राप्त क्रीड़ा/खेल में अपने देश की ओर से अन्तर्राष्ट्रीय प्रतियोगिता में          भाग लेने वाले खिलाड़ी के लिये)          सम्बन्धित खेल की राष्ट्रीय फेडरेशन/राष्ट्रीय एसोसिएशन का          नाम _____ राज्य सरकार की सेवाओं/पदों पर नियुक्ति          के लिए कुशल खिलाड़ियों के लिए प्रमाण-पत्र</p>	<p><b>प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी _____</b> आत्मज/          पत्नी/आत्मजा श्री _____ निवासी (पूरा          पता) _____ में _____ स्कूल में कक्षा _____          के विद्यार्थी ने दिनांक _____ से दिनांक _____ तक _____          (स्थान का नाम) में आयोजित स्कूलों के नेशनल गेम्स की          (क्रीड़ा/खेल-कूद का नाम) प्रतियोगिता/टूर्नामेन्ट में _____          स्कूल की ओर से भाग लिया। उनके टीम के द्वारा उक्त प्रतियोगिता/          टूर्नामेन्ट में _____ स्थान प्राप्त किया गया।          यह प्रमाण-पत्र डाइरेक्ट्रेट ऑफ पब्लिक इन्स्ट्रक्शन्स/शिक्षा में          उपलब्ध रिकार्ड के आधार पर दिया गया है।          स्थान _____ हस्ताक्षर _____          दिनांक _____ नाम _____          पद _____          संस्था का नाम _____          मुहर _____</p>																																																																																																														
<p style="text-align: center;"><b>Recent passport size          attested photograph          (showing face only) of          the person with disability</b></p>		<p style="text-align: center;"><b>Secretary</b></p>	<p><b>प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी _____</b> आत्मज/          पत्नी/आत्मजा श्री _____ निवासी (पूरा          पता) _____ में _____ स्कूल में कक्षा _____          के विद्यार्थी ने दिनांक _____ से दिनांक _____ तक _____          (स्थान का नाम) में आयोजित स्कूलों के नेशनल गेम्स की          (क्रीड़ा/खेल-कूद का नाम) प्रतियोगिता/टूर्नामेन्ट में _____          स्कूल की ओर से भाग लिया। उनके टीम के द्वारा उक्त प्रतियोगिता/          टूर्नामेन्ट में _____ स्थान प्राप्त किया गया।          यह प्रमाण-पत्र डाइरेक्ट्रेट ऑफ पब्लिक इन्स्ट्रक्शन्स/शिक्षा में          उपलब्ध रिकार्ड के आधार पर दिया गया है।          स्थान _____ हस्ताक्षर _____          दिनांक _____ नाम _____          पद _____          संस्था का नाम _____          मुहर _____</p>																																																																																																														
<p><b>Certificate No. _____ Date: _____</b>          This is to certify that we have carefully examined</p>		<p style="text-align: center;"><b>Secretary</b></p>	<p><b>प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी _____</b> आत्मज/          पत्नी/आत्मजा श्री _____ निवासी (पूरा          पता) _____ में _____ स्कूल में कक्षा _____          के विद्यार्थी ने दिनांक _____ से दिनांक _____ तक _____          (स्थान का नाम) में आयोजित स्कूलों के नेशनल गेम्स की          (क्रीड़ा/खेल-कूद का नाम) प्रतियोगिता/टूर्नामेन्ट में _____          स्कूल की ओर से भाग लिया। उनके टीम के द्वारा उक्त प्रतियोगिता/          टूर्नामेन्ट में _____ स्थान प्राप्त किया गया।          यह प्रमाण-पत्र डाइरेक्ट्रेट ऑफ पब्लिक इन्स्ट्रक्शन्स/शिक्षा में          उपलब्ध रिकार्ड के आधार पर दिया गया है।          स्थान _____ हस्ताक्षर _____          दिनांक _____ नाम _____          पद _____          संस्था का नाम _____          मुहर _____</p>																																																																																																														