



एक कदम स्वच्छता की ओर

निदेशक का कार्यालय
पूर्वी मुद्रण वर्ग
14, वुड स्ट्रीट,
कोलकाता -700016 (प०ब०)
दूरभाष सं० : 033-22834694
फैक्स सं० : 033- 22834694
ई-मेल : epg.kol.soi@gov.in

भारतीय सर्वेक्षण विभाग
SURVEY OF INDIA



SPEED POST

OFFICE OF DIRECTOR
Eastern Printing Group,
14, Wood Street
Kolkata-700016 (W.B.)
Phone No. 033- 22834694
Fax No. 033- 22834694
E-mail: epg.kol.soi@gov.in

सं. 561 /4-E-3

दिनांक- 02/06/2022

To

Pankaj Kumar Mishra
S/o Devendra Mishra
8/7 Annapurna Nagar, Benachity, Durgapur
P.O- Benachity
Dist- Paschim Bardhaman,
State- West Bengal
Pin- 713213

SUBJECT : OFFER OF PROVISIONAL APPOINTMENT TO THE POST OF MULTI-TASKING STAFF IN SURVEY OF INDIA, DEPARTMENT OF SCIENCE & TECHNOLOGY.

On recommendation of the Staff Selection Commission, Eastern Regional Office, Kolkata vide it's No.3/5/2021-Exam-II/1764 dated 25/04/2022 and Surveyor General Office's No.E3-155/1011-MTS, dated 19/05/2022 Director, Eastern Printing Group, Survey of India is pleased to offer appointment to you as Multi-Tasking Staff in the Directorate Eastern Printing Group, Survey of India, 14, Wood Street, Kolkata-700016 in the Central Civil Services, (Group 'C'), Non-Technical in the Level-1 of Pay Matrix, i.e. Rs. 18000/- in Pay Scale of Rs. 18000-56900/- plus admissible allowances in force subject to the instruction issued by the Government of India, from time to time. The provisional appointment is subject to his/her Medical Report and verification of Character antecedents from the concerned District Magistrate / Police Authorities.

2. The terms and conditions of appointment are as follows:

- (i) The appointment is temporary and the appointee will be on probation for a period of 2 (two) years with effect from the date of appointment, which may be extended or curtailed at the discretion of the Competent Authority, failure to complete the period of probation to the satisfaction of the Competent Authority will render the appointment liable to discharge from the service and
- (ii) The appointment is temporary subject to termination by the Appointing Authority at any time during the period of probation and thereby giving one month notice on the either side viz. the Appointee and the Appointing Authority. The appointing Authority however, reserve the right to terminate the service of appointment forthwith or before the expiry of the stipulated period of notice or by making payment to him/her of a sum equivalent to the pay and allowances for the period of notice or the unexpired portion thereof.

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-:2:-

3. The appointment will be further subject to the:-
- (a) Production of Certificate of fitness from the Competent Medical Authority viz. the Chief Medical Officer / Civil Surgeon of the Government Hospital (enclosed Form 0.91[Cor.]
 - (b) Submission of Attestation Form (in quadruplicate with latest passport size photograph duly affixed). (enclosed 4 copies)
 - (c) Character Certificate from two serving Gazetted Officers of Central/State Government or stipendiary Magistrate in the Form appended (enclosed Annexure- I). The certificate not being more than three months old.
 - (d) Submission of declaration to the effect that he does not have more than one wife living, the appointment will be subject to his being exempted from the enforcement of the requirement in this behalf. In the case the appointee has more than one wife living or having a spouse living marries again and in case such marriage is void by reason of its taking place during the lifetime to such spouse, he shall not be eligible for appointment. Marriage Declaration Form attached (enclosed Annexure-II).
 - (e) Taking an oath of allegiance /faithfulness to the constitution of India or making of solemn affirmation to the effect.(enclosed Annexure-III)
 - (f) Production of the following original certificate together with an attested copy of each :
 - (i) Certificate of Educational and other qualification.
 - (ii) Certificate of Age.
 - (iii) Certificate of discharge/release from the present employer, if any.
 - (iv) Caste certificate from the Competent Authority, if he/she belongs to a Scheduled Caste / Scheduled Tribe/OBC.
 - (v) Character Certificate from two senior Gazetted Officer of the Central/State Government or Stipendiary Magistrate in the form appended. The Certificate not being more than 3 (three) months old.
 - (vi) Specimen Signature (Annexure – V)
 - (vii) Specimen Impression of Thumb (Annexure – VI)
 - (viii) Name & Address in own handwriting (Annexure – VII)
 - (ix) 4 copies of recent passport size photograph duly attested by Gazetted Officer.
4. The appointee should also state whether he/she was/is under obligation to serve another Central Government Department, a State Government, or Public Authority.
5. The appointment is provisional and subject to the Caste/Tribe/Community Certificate being verified through proper channel. If the verification reveals that the claim of candidate belongs to SC/ST/OBC is false or claim of the candidate belong to OBC creamy layer is false, the service of such candidate will be terminated forthwith without assigning any further reason and without prejudice to such further action as may be taken under the provision of the Indian Panel Code for production of false certificate.
6. The appointee will be covered under the New Pension Scheme. As per DOP&T's OM No. 28/30/2004-P & PW(B) dated 26th July, 2005, the candidate who already in Government service on or before 31-12-2003 will be governed by the provision laid down under Central Civil Service (Pension) Rule 1972.

Contd...P/3

-:3:-

7. If any declaration given or information furnished by the candidates proves to be false or if the candidate is found to have wilfully suppressed any material intimation, he/she will be liable to removal from service and such other action as Government may deemed necessary.

8. No travelling allowance will be allowed for the joining to the post.

9. The appointment order would be issued on the receipt of the following:-

- (a) Medical Certificate of fitness. (attached Form 0.91[Cor.]).
- (b) Satisfactory Character and Antecedent verification report by the Police (Undertaking in Annexure –IV attached).

10. In case you accept the above terms & conditions, you should communicate your acceptance within 21 days from the date of receipt of this communication. If no reply is received in the stipulated period, the offer will be treated as cancelled.

Enclosures : **Attestation Form/ Annexure-I, II, III , IV, V, VI,VII/ O.91(Cor.)**

Signed by R.k Meena

Date: 03-06-2022 10:17:48

Reason: Approved
(R K MEENA)
DIRECTOR

Copy to:-

1. The Surveyor General of India, Dehra Dun for information with reference to his letter No.E3-155/1011-MTS, dated 19/05/2022.
2. The Additional Surveyor General, Printing Zone, Hyderabad.
3. Survey of India Website.

ATTESTATION FORM

<p>Affix signed Passport size (5 cms. X 7 cms.) Approx. Copy of recent photograph</p>		<p>“ WARNING</p> <p>1. The furnishing of false information of suppression of any factual information in the Attestation Form would be disqualification, and is likely to render the candidate unfit for employment under the government.</p> <p>2. If detained, arrested prosecuted, bound down, fines convicted, debarred, acquitted etc. subsequent to the completion and submission of 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 a suppression of factual information.</p> <p>3. 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 service of a person his services would be liable to be terminated”.</p>	
1.	Name in full (in block capitals) with aliases, if any (Please indicate if you have added or dropped in any stage, any part of your name or surname):	<u>Surname</u>	<u>Name</u>
2.	Present Address in full (i.e. Village, Thana and District, or House No, Lane/Street/Road & Town):		
3. (a)	Home Address in full (i.e. Village, Thana & District, or House No, Lane/Street/Road and Town and name of District Headquarters)		
(b)	If originally a resident of Pakistan/Bangladesh (erstwhile East Pakistan) the address in that country and the date of migration to Indian Union.		
4.	Aadhaar Card No.(if available)		
5.	PAN No. (if available)		
6.	Nationality		
7. (a)	Date of Birth		
(b)	Present Age		
(c)	Age at Matriculation		
8.(a)	Place of birth, district and state in which situated		

(b)	District and state to which you belong.					
(c)	District and State to which your father originally belong.					
9 (a)	Your Religion.					
(b)	Are you a member of a Scheduled Caste/Scheduled Tribe/Other Backward Classes? (Answer Yes/No)					
10.	Particulars of places (with periods of residence) where you have resided for more than one year at a time during the preceding 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.					
From	To	Residential Address in full (i.e. Village, Thana& District or House No.Lane/ Street/Road &Town.	Name of the District Head Quarter or the place mentioned in preceding column.			
11.	Name (in full & aliases if any)	Nationality (by birth & or by domicile.	Place of birth	Occupation if employed give designation & official address.	Present Postal Address (if dead vive last address)	Permanent Home Address.
(a) Father						
(b) Mother						
(c) Spouse						
12.	Information to be furnished with regard to son (s) and/or daughters in case they are studying/living in a foreign country.					
Name	Nationality by birth & or by domicile	Place of birth	Country in which Studying/living with full address.	Date from which studying/living in the country mentioned in the previous column.		
13.	Educational Qualification showing places of education with years in Schools and Colleges since 15 th year of age:					
Name of School/College (with full address)		Date of Entering	Date of Leaving	Examination Passed		

14 (a)		Are you holding or have any time held an appointment under Central or State Government or a Semi-Government or a Quasi-Government body or an autonomous body or a public Sector Undertaking or a private firm or institution? If so, give full particulars with date of employment up-to-date.		
Period		Designation, emoluments & nature of employment.	Full name & address of employer	Reasons for leaving previous service.
From	To			
14 (b)		<p>If the previous employment was under the Government of India/a State Government/undertaking owned or controlled by the Government of India or a State Government/and Autonomous Body/University/Local Body.</p> <p>If you had left service on giving a month's notice under Rule 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 dates(s), before your service actually terminated?</p>		
15. (i)	(a)	Have you ever been kept under detention?		Yes/No
	(b)	Have you ever been arrested?		Yes/No
	(c)	Have you ever been prosecuted? (i.e. has a charge sheet in a criminal case been filled against you in any court of law)		Yes/No
	(d)	Is any criminal case pending against you in any Court of Law at the time or filling up this Attestation form?		Yes/No
	(e)	Have you ever been convicted by a court of Law for any Office?		Yes/No
	(f)	Whether discharged/expelled/withdrawn from any training/institution under the Government or otherwise?		Yes/No
	(g)	Have you ever been rusticated by any University or any other educational authority/institution?		Yes/No
	(h)	Have you ever been debarred/disqualified by any Public Service Commission/Staff Selection Commission for any of its examination/Selection?		Yes/No
(ii)		If the answer to any of the above mentioned question is "Yes" give full particulars of the case/arrest/detention/fine/conviction/sentence/punishment etc and/or the nature of the case pending in the Court/University/Educational Authority etc at the time of filling up this attestation form:		
Notes:	(i)	Please also see the "WARNING" at the top of this Attestation Form.		
	(ii)	Specific answers to each of the questions should be given by striking out "Yes" or "No" as the case may be.		
16.	Names of two responsible person of your locality or two references to whom you are known:		1)	
			2)	

DECLARATION

I certify that the foregoing information is correct and complete to the best of my knowledge and belief.
I am fully aware that by providing false information or suppressing material information while filling this form, the authorities have full right to terminate my appointment letter and I am also liable for appropriate criminal/civil/legal action as a consequence.
I am not aware of any circumstances which might impair my fitness for employment under Government.

Signature of Candidate:-

Date:

Place:

TO BE FILLED BY THE OFFICE

i) Name, Designation and full address of the appointment authority.

ii) Post for which the candidate is being considered.

SPECIMEN SIGNATURE OF PANKAJ KUMAR MISHRA.

1. _____

2. _____

3. _____

Signature of Gazetted Officer

SPECIMEN IMPRESSION OF THUMB OF LEFT HAND OF
PANKAJ KUMAR MISHRA.

1. _____

2. _____

3. _____

Signature of Gazetted Officer

NAME AND ADDRESS OF PANKAJ KUMAR MISHRA IN OWN HANDWRITING

NAME :- _____

ADDRESS :- _____

PIN CODE : _____ MOBILE NO. _____

AADHAAR NO. _____

Signature of Gazetted Officer

ANNEXURE-I

CERTIFICATE OF CHARACTER

Certified that I have known Shri/Smt./Kum. _____
Son/Daughter of _____ that the last
_____ years _____ months _____ days and that to the best of my
knowledge and belief he/she bears reputable character and has no antecedents which render
him/her unsuitable for Government Employment.

Place : _____ Signature _____

Date : _____ Designation _____

ANNEXURE-II

**DECLARATION TO BE OBTAINED FROM NEW
ENTRANTS TO GOVERNMENT SERVICE**

I, Shri/Smt.Kum. _____ declare as

under :-

- * (i) that I am unmarried/a widower/a widow.
- * (ii) that I am married and have only one spouse living.
- * (iii) that I have entered into or contracted a marriage with a person having a spouse living. Application for grant of exemption is enclosed.
- * (iv) that I have entered into and contracted a marriage with another person during the life time of my spouse. Application for grant of exemption is enclosed.

2. I solemnly affirm that the above declaration is true and I understand that in the event of the declaration on being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Date :

Signature _____

***Note** : Please delete clause/clauses not applicable.

OATH OF ALLEGIANCE

I Shri/Shrimati/Kumari _____

do hereby swear/solemnly affirm that I will be faithful and bear true allegiance to India and to the Constitution of India as by Law Established and that I will carry out the duties of my office loyally.

Dated:-

Place:-

Full signature of the Candidate

ANNEXURE-IV

UNDERTAKING

I, Shri/Smt./Kum _____
Son/Daughter of _____ undertake that my
appointment as MTS is subject to the satisfactory verification of my character and antecedents
and that my service shall stand terminated forthwith under Rule 5 of C.C.S. (Temporary Service)
Rules, if any adverse remarks is/are found in my character and antecedents.

Station :

Signature of Candidate

Dated :

Witness : (1)

Witness (2)

Name :
(In block letters)

Name :
(In block letters)

Designation :

Designation :

Office/Unit :

Office/Unit :

Station :

Station :

Date :

Date :

Signature of Establishment & Accounts Officer

Counter Signature of Director

संख्या No. 561/4-E-3 तारीख dated 02-06/2022

प्रेषक From

The Director, Eastern Printing Group, S.O.I, Kolkata-16.

प्रेषा में To

The District Medical Officer/CMO, Paschim Bardhaman.

संबंध / Subject

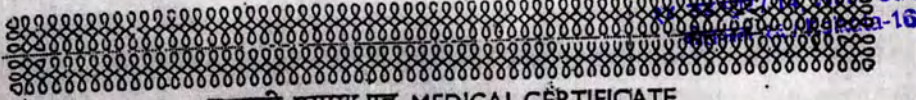
निवेदन है कि इस मामले को लाने वाले/वासी के रूप में नियुक्त करने का प्रस्ताव है। आप से प्रार्थना है कि आप यह निरूपण करने के लिए जायजरी परीक्षा करें कि उम्मीदगामी प्रकार की बीमारी, कोई शारीरिक या मानसिक (संचारी या दूसरे प्रकार का) रोग या ऐसी शारीरिक कमजोरी, जिसमें अस्थिरता शामिल है, नहीं है जिससे वे सरकारी नौकरी के लिये अयोग्य हों या इनका उत्तरे लिये अयोग्य होने की संभावना हो, जो इस तारे में जायजरी प्रमाण-पत्र है।

I have the honour to request the favour of your examining the bearer of this **Forum** whom it is proposed to employ a **PANKAJ KUMAR MISHRA** with a view of ascertaining that he/she has no disease constitutional affection (communicable or otherwise) or bodily infirmity including defects in hearing etc. unfitting him, or likely to unfit him, for the Public Service, and certifying accordingly.

2. कृपया नीचे के पृष्ठ 5 में दिए गए प्रमाण-पत्र के खाली कामें को भरकर वापस कर दें।
It is requested that the blank form of certificate given below and at page 5 may be filled up and returned.

भवदीय Yours faithfully.

[Signature]
निदेशक / Director
पूर्वी मुद्रण समूह / Eastern Printing Group,
भारतीय सर्वेक्षण विभाग / Survey of India,
2000 Wood Street
Kolkata-16



डॉक्टरों प्रमाण-पत्र MEDICAL CERTIFICATE

मैं प्रमाणित करता हूँ कि मैंने भारतीय सर्वेक्षण विभाग में नियुक्ति के लिए उम्मीदवार को जायजरी परीक्षा की है और मैंने उम्मीदवार को मिला।
I hereby certify that I have examined a candidate for employment in the Survey of India and cannot discover that he has any disease (communicable or otherwise), constitutional weakness, or bodily infirmity, except

- 2. मैं इसे भारतीय सर्वेक्षण विभाग में नियुक्ति के लिए अयोग्य नहीं मानता।
I do not consider this a disqualification for employment in the Survey of India.
- 3. उम्मीदवार की उम्र उनके दफ्तरी अनुसार वर्ष है और देखने से उनकी उम्र लगभग वर्ष लगती है।
His age is, according to his own statement, years, and by appearance about years.
- 4. (i) उनके शरीर का गठन है।
He is of physique.
- (ii) उनकी दृष्टि है।
His eyesight is
- (iii) वे लंबा चलने और सख्त दूरी तक चलने जैसे कठिन कार्य के लिए होंगे।
He will be to stand hard work such as riding or walking long marches.

उम्मीदवार के नापें हाथ के अंगूठे और सभी उंगलियों के चोरों के निशान (यदि उम्मीदवार हिन्दी या अंग्रेजी में हस्ताक्षर करना जानता हो तो हस्ताक्षर ही पर्याप्त होंगे)।
The impressions of the balls of his thumb and all the fingers of the left hand. (If the candidate can sign in Hindi or English, his signature will be sufficient).

अनिष्टिका Small finger	अनामिका Ring finger	मध्यमा Middle finger	तर्जनी (Index finger)	अंगूठा Thumb

* अगर कि माकड़ के लिए कृपया पृष्ठ 3 और 4 देखिए। For standard of eyesight please see pages 3 and 4.
† यह उम्मीदवार को फील्ड के काम में न लगाया हो, तो उसे जायजरी परीक्षा के लिये भेजने वाला अधिकारी कीसरी पंक्ति को काट दे।
Line (iii) may be deleted by the Officer sending an individual for medical examination when the latter will not be employed on field duties.

भारतीय सर्वेक्षण विभाग में (लिपिक वर्गीय सेवा सहित) ग्रुप 'सी' और ग्रुप 'डी' सेवाओं में नियुक्ति के लिये उम्मीदवार की नजर की परीक्षा के मानक
STANDARD OF EYESIGHT EXAMINATION OF CANDIDATES FOR APPOINTMENT TO THE
SURVEY OF INDIA GROUP 'C' (INCLUDING MINISTERIAL) AND GROUP 'D' SERVICES

(कृपया संलग्न घोषणा फार्म भी देखिए Please see the attached declaration form also)

(क) ग्रुप 'सी' सेवा के लिये (A) For Group 'C' Service

उम्मीदवार की नजर की जांच निम्नलिखित नियमों के अनुसार की जाएगी। प्रत्येक जांच का परिणाम लिखा जाएगा।
The candidate's eyesight will be tested in accordance with the following rules. The result of each test will be recorded:—

- (i) सामान्य—फिती बीमारी या असाामान्यता का पता लगाने के लिए उम्मीदवार की आंखों की सामान्य जांच की जायेगी। यदि उम्मीदवार के आंखों, पलकों, या संलग्न अंगों की कोई ऐसी बीमारी हो जिससे कि वह सेवा के लिए अयोग्य हो या भविष्य में उनके अयोग्य होने की संभावना हो तो उसे अस्वीकृत कर दिया जायेगा।

General.—The candidate's eyes will be submitted to a general examination directed to the detection of any disease or abnormality. The candidate will be rejected if he suffers from morbid conditions of eyes, eyelids or contiguous structures of such a sort as to render or are likely, at a future date, to render him, unfit for service.

- (ii) बिना चरमे के नजर—बिना चरमा लगाये नजर की कोई न्यूनतम सीमा निर्धारित नहीं की गई परंतु यह अर्थ होगा कि चाटरी बोर्ड वा कोई अन्य चिकित्सा अधिकारी हर उम्मीदवार की बिना चरमा लगाये नजर दर्ज करे क्योंकि इससे आंख की हालत के बारे में आधारभूत जानकारी प्राप्त होगी।
Naked eye.—It is not necessary to lay down any limit for minimum naked eye vision, but it is desirable that the naked eye vision of the candidates should be recorded by the Medical Board or other Medical Authority in every case as it will furnish basic information in regard to the condition of the eye.

- (iii) नजर के मानक—नजर के मानक निश्चित करने के लिए निम्नलिखित दो परीक्षण होते हैं। पहला दूर की नजर के लिए और दूसरा नजदीक की नजर के लिए।

Visual Standard.—The examination for determining the standards of vision includes 2 tests, one for distant and the other for near vision as follows:—

(प्रत्येक आंख की अलग अलग जांच की जाएगी Each eye will be examined separately)

दूर की नजर Distant Vision*		नजदीक की नजर Near Vision*	
अच्छी आंख Better eye	खराब आंख Worse eye	अच्छी आंख Better eye	खराब आंख Worse eye
6/6	कुछ नहीं Nil	0.6	0.8
6/12	या or 6/12		
6/9	या or 6/18		

*(चरमा लगा कर या बिना चरमे के With or without glasses).

उम्मीदवार की नजर का मानक निर्धारित करने के लिए, उसकी आंखों की जांच यंत्रों से तथा रेल बोर्ड के चिकित्सा अधिकारियों की स्वाधीनता के अंतर्गत द्वारा निर्धारित तरीके से की जाएगी।

The candidates will be examined with the apparatus and according to the method prescribed by the Railway Board's Standing Advisory Committee of Medical Officers, to determine his standard of vision.

अवगत सम्बन्धी मुद्रि के लिए कोई सीमा निर्धारित नहीं की गई है बरतें कि दृष्टि तीक्ष्णता उपरोक्त अनुच्छेद (iii) के मानकों के अनुसार हो।
No limit for the amount of refractive error is prescribed provided the visual acuity is in accordance with the standards mentioned in para (iii) above. No candidate will be accepted whose standard of vision does not come up to requirements specified above.

कोई भी उम्मीदवार, जिसकी दृष्टि का मानक ऊपर निर्धारित सीमा तक न हो, स्वीकार नहीं किया जायेगा।
No limit for the amount of refractive error is prescribed provided the visual acuity is in accordance with the standards mentioned in para (iii) above. No candidate will be accepted whose standard of vision does not come up to requirements specified above.

- (iv) फण्डम परीक्षा—यह बात डाक्टरों परीक्षा बोर्ड या अन्य चिकित्सा अधिकारियों के निर्णय पर छोड़ दी गई है कि यदि वह आवश्यक समझे तो इसकी जांच करें। जब कभी सम्भव हो, यह जांच की जाए और परिणाम दर्ज किए जाएं।

Fundus Examination.—It is upto the discretion of the Medical Board or other Medical Authority to carry out such examination, if considered desirable. Whenever possible it should be carried out and results recorded.

- (v) रंगबोध—उम्मीदवार की आंखों के रंगबोध के लिये जांच या तो एड्रिज ग्रीन लैंटर्न या शिहारा फलर चाटों से की जायेगी। रंगबोध विषयक कोई भी कमी होने पर उम्मीदवार को नियुक्ति के लिये अयोग्य ठहराया जायेगा। लालटेन में छेद के आकार के आधार पर रंगबोध की परीक्षा को नीचे दी गई सारणी के अनुसार उच्च श्रेणी या निम्न श्रेणी में वर्गीकृत किया जाता है।

Colour perception.—The candidate will be examined for colour knowledge, either with the Edridge Green Lantern or Ishihara's Colour Charts. Any defect in colour perception will be a cause for rejection of the candidate. Colour perception is graded into a higher or a lower grade depending upon the size of the aperture in the lantern as described in the table below:—

	श्रेणी Grade	उच्च श्रेणी Higher Gd.	निम्न श्रेणी Lower Gd.
1. उम्मीदवार और प्रकाश के बीच दूरी Distance between the lamp and candidates		16'	16'
2. छेद का आकार Size of aperture	1.3 मि० मी० 1.3 m.m.	1.3 मि० मी० 1.3 m.m.
3. देखने का समय Time of exposure	5 सेकंड 5 Sec.	5 सेकंड 5 Sec.

ग्रुप 'सी' (स्वलाकृति) कर्मचारी के सम्बन्ध में जांच के लिए निम्न श्रेणी पर्याप्त समझी जाती है।

Lower Grade is considered as sufficient as far as the testing of Group 'C' (Topo.) Staff is concerned.

- (vi) दृष्टि-क्षेत्र—हाथ की चोटियों के द्वारा आंचने पर आंखों का पूरा दृष्टि क्षेत्र भ्रमण होना चाहिये।

Field of Vision.—The eyes must have a full field of vision as tested by hand movements.

- (vii) रतौंधी—रतौंधी की जांच नेमी रूप से करने की आवश्यकता नहीं है। यह केवल विशेष अवस्था में ही की जानी चाहिये। जिस कर्मचारी को कुंधरे कमरे में (उदाहरणार्थ फोटोग्राफर आदि) नियुक्त करना हो या जिसे रात में प्रेषण (नक्षत्र आदि का) करना हो उसे रतौंधी की बीमारी नहीं होने चाहिये।

Night Blindness.—This should be tested only in special cases and not as a routine. Personnel who have to be employed in dark rooms (e.g. Photographers etc.) or who have to carry out night observations (to stars etc.) should not be suffering from night blindness.

- (viii) दृष्टि तीक्ष्णता के अलावा; आंख की अन्य दशाएँ—अयोग्यता मानी जाने वाली दृष्टि सम्बन्धी दशाएँ या रोग, नीचे दिये गये हैं:—

Ocular conditions other than visual acuity.—The ocular conditions or diseases which should be considered, as a disqualification, are as follows:—

(क) कोई भी अकारण रोग या बढ़ता हुआ अप्रगत दोष जिससे दृष्टि तीक्ष्णता कम होने की सम्भावना हो।

(a) Any organic disease or a progressive refractive error which is likely to result in lower visual acuity.

(ख) कुंधरे जो बहुत जटिल हो। (b) Trachoma which is complicated.

(ग) काना ब्यक्ति—बरातें कि अच्छी आंख की दशा अच्छी न हो और खराब आंख के कारण उसकी अच्छी आंख की नजर को कम करने का खतरा हो तथा उपरोक्त अनुच्छेद (iii) में बयित दृष्टि-तीक्ष्णता स्तर पूर्ण संतोषप्रद न हो।

(c) One eyed person provided the prognosis about the functioning eye is not good and his vision is likely to be endangered by the condition of the worse eye and the visual acuity standards mentioned in (iii) above are not fully satisfied.

नोट :—(1) एसीय जेसी के उन सभी पदों पर नियुक्ति के लिये, जिनमें फोल्ड कार्य की सेवाएं और बायब सर्वेक्षण ड्राफ्ट्समैन और फोटोग्रामेट्रिक ऑपरेटर्स जैसे पद भी शामिल हैं, तथा जिनमें दोनों आंखों की दृष्टि का अन्वेषण होना आवश्यक है, दृष्टि-तीक्ष्णता का मानक नीचे लिखे अनुसार होगा।
 Note :—(1) Standard of visual acuity in respect of candidates for appointment to all Class III Posts, the duties of which include field work and such posts as those of Air Survey Draftsmen and Photogrammetric Operators who are required to have binocular vision shall be as follows :—

(क) दृष्टि का मानक (चरमा लगाकर या बिना चरमों के) (a) Visual of standard (with or without glasses),

दूर की नज़र Distant Vision		नज़दीक की नज़र Near Vision	
बच्छी आंख Better eye	खराब आंख Worse eye	बच्छी आंख Better eye	खराब आंख Worse eye
6/9	6/9	0.6	0.8
या or			
6/6	6/12		

निर्धारित दृष्टि मानक से संतुष्ट होते हुए अपवर्तन दोष सम्बन्धी बुट के स्वीकृति निम्नलिखित रूप में दी जाएगी।

Subject to the visual standards laid down, being satisfied, the amount of refractive error allowed shall be as follows :—

नज़दीक की नज़र (बतुल सहित) — 4.00 D से अधिक नहीं होगी। दूर की नज़र (बतुल सहित) + 4.00 D से अधिक नहीं होगी।
 Total amount of Myopia (including the cylinder) shall not exceed — 4.00 D. Total amount of Hypermetropia (including the cylinder) shall not exceed + 4.00 D.

(ख) दृष्टि-तीक्ष्णता निर्धारित मानक की होने पर भी अंगापन नियुक्ति के लिए अयोग्यता मानी जाएगी।

(b) Squint, even if the visual acuity is of the prescribed standard, should be considered as a disqualification.

(ग) ऐसे पदों के लिए एक आंख वाला व्यक्ति भी स्वीकार नहीं किया जाना चाहिए।

(c) One eyed persons also should not be accepted for such posts.

(2) लिपिक वर्गीय पदों के उम्मीदवारों को उपरोक्त (v), (vi) और (vii) में लिखी जांच की आवश्यकता नहीं है।
 Candidates for Ministerial Posts are not required to be tested for items (v), (vi) and (vii) above.

(3) जब उम्मीदवार की उम्र 35 वर्ष या इससे अधिक हो तो सही दृष्टि का मानक निम्नलिखित रूप में होना चाहिए।
 When the age of the candidate is 35 or more years, the standard for corrected vision should be as follows :—

संशोधित दृष्टि Corrected Vision

बच्छी आंख Better eye	खराब आंख Worse eye
6/9	शून्य Nil
या or	
6/18	6/18
या or	
6/12	6/24

(3) ग्रुप 'डी' सेवा के लिए (B) For Group 'D' Service

(4) दृष्टिमानक (चरमा लगाकर या चरमों के बिना) Visual standard (with or without glasses):

दूर की नज़र Distant Vision		नज़दीक की नज़र Near Vision	
बच्छी आंख Better eye	खराब आंख Worse eye	बच्छी आंख Better eye	खराब आंख Worse eye
6/9	शून्य Nil	कोई स्तर नहीं No Standard	
या or			
6/18	6/18		
या or			
6/12	6/24		

अपवर्तन सम्बन्धी बुट के लिए कोई सीमा निर्धारित नहीं की गई है यद्यपि कि दृष्टि-तीक्ष्णता ऊपर लिखे मानक के अनुसार हो।
 No limit for the amount of refractive error is prescribed provided the visual acuity is in accordance with the standard as mentioned above.

(iii) फण्डस परीक्षा :—ऊपर क (iv) की भांति।
 Fundus Exam.—As in A (iv) above.

(iii) रंगरोष—जब परीक्षा विशेष तौर पर कहे जाने की स्थिति में ही की जानी चाहिए। ऊपर क (v) को सारणी देखें।
 Colour perception.—Should be tested only when specifically asked for vide table in A (v) above.

(iv) रतौंधी—इसकी विशेष अवस्थाओं में ही जांच की जानी चाहिए (जैसे रात्रि-गाइड, चौकीदार आदि और ऐसे कर्मचारी जिनको संधेरे कमरे में काम करना पड़ता है), नेमी रूप से नहीं।

Night Blindness.—This should be tested only in special cases (e.g., Night Guards, Chowkidars, etc., and those whose duties include working in dark rooms) and NOT as a routine.

(v) दृष्टि-तीक्ष्णता के अतिरिक्त आंख सम्बन्धी दशाएँ—ऊपर क (iii) (क), (ख) और (ग) की भांति।

Ocular conditions other than visual acuity.—As in A (iii) (a), (b) and (c) above.

(vi) जब उम्मीदवार की उम्र 35 वर्ष या इससे अधिक हो तो संशोधित दृष्टि का मानक निम्नलिखित रूप में होना चाहिए।
 When the age of the candidate is 35 or more years, the standard for corrected vision should be as follows :—

संशोधित दृष्टि Corrected Vision

बच्छी आंख Better eye	खराब आंख Worse eye
6/12	शून्य Nil
या or	
6/24	6/24
या or	
6/18	6/36

(vii) यदि दृष्टि-तीक्ष्णता निर्धारित मानक की हो तो अंगापन अयोग्यता नहीं माना जाएगा।
 Squint should not be considered as a disqualification if the visual acuity is of the prescribed standard.

उम्मीदवार का वक्तव्य एवं घोषणा-पत्र CANDIDATE'S STATEMENT AND DECLARATION

उम्मीदवार को अपनी जानकारी पूरीता से पहले नाचे लिखा अधेशित वक्तव्य देना चाहिए और संलग्न घोषणा-पत्र में हस्ताक्षर करने चाहिए। इनका ध्यान देने की जरूरत है कि उम्मीदवार को अपने विवेक रूप से धारणा किता बाता है।
 The candidate must make the Statement required below prior to his Medical Examination and must sign the Declaration appended thereto. His attention is specially directed to the warning contained in the Note below:—

1. अपने पूरा नाम लिखिए (सामक अक्षरों में)
 your name in full (in block letters).....
2. अपने आयु और जन्म स्थान लिखिए। State your age and place of birth.....
3. क्या आप कभी चेचक, चिरामी या अन्य खर, मन्थि की दृष्टि या पीरखाव, भूत की उखरी, दमा, हृदय के रोग, केकड़े की बीमारी, मूर्छा, गठिया, ऐन्ड्रिस्टाइटिस से पीड़ित हो चुके हैं ?
 Have you ever had small-pox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, heart disease, lung disease, fainting attacks, rheumatism, appendicitis ?
4. या Ob
5. आपको कोई ऐसी अन्य बीमारी या दुर्घटना हुई थी, जिसके कारण आपको बिस्तर में पड़े रहना पड़ा हो या हाथ-पैरों की चिकित्सा करने की आवश्यकता पड़ी हो ?
 Any other disease or accident requiring confinement to bed and medical or surgical treatment ?
6. आपको पिछली बार कब चेचक का टीका लगा था ? When were you last vaccinated ?
7. क्या आप या आपका कोई जवानीकी सम्बन्धी खर रोग, गंठमाला रोग, गठिया, दमा, वैडोसी, मिर्गी, इन्फ्लूएंजा से बीमार हुए थे ?
 Have you or any of your near relations been afflicted with consumption, scrofula, gout, asthma, fits, epilepsy or insanity ?
8. क्या आपको राधिक काम या किसी अन्य कारण से कभी किसी प्रकार की भयभीतता हुई है ?
 Have you suffered from any form of nervousness due to over-work or any other cause ?
9. क्या आपको पिछले 3 वर्षों के अन्तर्गत किसी चिकित्सा अधिकारी या डाक्टरों बोर्ड द्वारा स्वास्थ्य परीक्षा की गई है और क्या आप भली तरह से स्वास्थ्य के लिए अनुपयुक्त ठहराये गये हैं ?
 Have you been examined and declared unfit for Government service by a Medical Officer/Medical Board, within the last 3 years ?
10. अपने परिवार के सम्बन्ध में निम्नलिखित तथ्याँ भरिए Furnish the following particulars concerning your family :—

पिता का आयु (जन्म जीवित हो) और स्वास्थ्य की स्थिति Father's age if living and state of health.	पुत्र के समय पिता की आयु और मृत्यु का कारण Father's age at death and cause of death.	जीवित भाइयों की संख्या, उनकी आयु और स्वास्थ्य की स्थिति No. of brothers living, their ages and state of health.	मृत भाइयों की संख्या, मृत्यु के समय उनकी आयु और मृत्यु के कारण No. of brothers dead, their ages at death and cause of death.

माता की आयु (जन्म जीवित हो) और स्वास्थ्य की स्थिति Mother's age if living and state of health.	पुत्र के अन्तर्गत माता की आयु और मृत्यु का कारण Mother's age at death and cause of death.	जीवित बहिनों की संख्या, उनकी आयु और स्वास्थ्य की स्थिति No. of sisters living, their ages and state of health.	मृत बहिनों की संख्या, मृत्यु के समय उनकी आयु और मृत्यु के कारण No. of sisters dead, their ages at death and cause of death.

मैं घोषणा करता हूँ/करती हूँ कि उपरोक्त सभी उत्तर मेरे विश्वासनुसार सत्य और सही हैं।
 I declare all the above answers to be, to the best of my belief, true and correct.

मैं निष्ठापूर्वक यह प्रति करता हूँ/करती हूँ कि मुझे किसी बीमारी या अन्य दवा के कारण अपयोग्यता का प्रमाण-पत्र/पेंशन प्राप्त नहीं हुआ/गई है।
 I also solemnly affirm that I have not received a disability certificate/pension on account of any disease or other condition.

उम्मीदवार के हस्ताक्षर Candidate's Signature.....
 तारीख Date.....
 मेरी उपस्थिति में हस्ताक्षर किए Signed in my presence.
 चिकित्सा अधिकारी हस्ताक्षर Signature of Medical Officer.....
 तारीख Date.....

नोट:—उपरोक्त वक्तव्य की सच्चाई के लिए उम्मीदवार उत्तरदायी होगा। जानबूझकर किसी धृष्टता के खिचाने से उसकी नियुक्ति न होने का खतरा होगा और यदि वह नियुक्त हो गया तो उसके अधिकारों की या उपदान के सभी दावे समाप्त हो जाएंगे।
 NOTE:—The candidate will be held responsible for the accuracy of the above statement. By wilfully suppressing any information he will incur the risk of losing the appointment and, if appointed, of forfeiting all claim to superannuation allowance or gratuity.