



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  
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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](mailto:epg.kol.soi@gov.in)

No.12 /4-E-1(2)

Dated: 03-01-2023

To

Antara Saha  
D/o Anath Bandhu Saha  
404/20, N.C. Banerjee Road, Baidyabati  
Dist- Hooghly  
State- West Bengal  
Pin- 712222

**SUBJECT : OFFER OF PROVISIONAL APPOINTMENT TO THE POST OF UPPER DIVISION CLERK IN SURVEY OF INDIA, DEPARTMENT OF SCIENCE & TECHNOLOGY.**

On recommendation of the Staff Selection Commission, Eastern Regional Office, Kolkata vide it's No. F. No. N.N. 11011/5/2022-Exam 2/D43/2987, dated 04/11/2022 and Surveyor General Office's No.E.2-552/1011 (संग्रह -31), dated 13/12/2022, Director, Eastern Printing Group, Survey of India is pleased to offer appointment to you as Upper Division Clerk in the Directorate Eastern Printing Group, Survey of India, 14, Wood Street, Kolkata-700016 in Central Civil Services, (Group 'C'), Ministerial Establishment in the Level-4 of Pay Matrix, i.e. Rs. 25500/- in Pay Scale of Rs. 25500-81100/- 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.

**Contd...P/2**

-: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) Specimen Signature (Annexure – V)
    - (vi) Specimen Impression of Thumb (Annexure – VI)
    - (vii) Name & Address in own handwriting (Annexure – VII)
    - (viii) 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 26<sup>th</sup> 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: 05-01-2023 17:28:18

Reason: Approved

**(R K MEENA)**

DIRECTOR

Copy to:-

1. The Surveyor General of India, Dehra Dun for information with reference to his letter No.E2-552/1011- (संग्रह -31), dated 13/12/2022.
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><b>“ WARNING</b></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 proceeding 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 <sup>th</sup> 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 our "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)	



**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**



प्रेषक FROM

निदेशक, पूर्वी मुद्रण वर्ग, कोलकाता-700016

सेवा में To

जिला चिकित्सा अधिकारी, हुगली

महोदय Sir,

निवेदन है कि इस फार्म को लाने वाले/वाली अंतरा साहा को प्रवेश प्रैग्नी रिजिस्ट्रार के रूप में नियुक्त करने का प्रस्ताव है। आप से प्रार्थना है कि आप यह निरचय करने के लिए डाक्टरों की परीक्षा करें कि उन्हें किसी प्रकार की बीमारी, कोई शारीरिक या मानसिक (संचारी या दूसरे प्रकार का) रोग या ऐसी शारीरिक कमजोरी, जिसमें थक्का-पथ आदि शामिल हैं, नहीं है जिससे ये सरकारी नौकरी के लिये अयोग्य हों या इनका उसके लिए अयोग्य होने की संभावना हो, तथा इस बारे में डाक्टरों की प्रमाण-पत्र दें।

I have the honour to request the favour of your examining the bearer of this..... whom it is proposed to employ a 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 तथा पृष्ठ 5 में दिए गए प्रमाण-पत्र के खाली फार्म 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]*  
3.01.2023

निदेशक / Director

पूर्वी मुद्रण वर्ग / Eastern Printing Group  
भारतीय सर्वेक्षण विभाग / Survey of India  
१४, वुड स्ट्रीट / 14, Wood Street  
कोलकाता-१६ / Kolkata-16

डाक्टरों की प्रमाण-पत्र MEDICAL CERTIFICATE

मैं प्रमाणित करता हूँ कि मैंने भारतीय सर्वेक्षण विभाग में नियुक्ति के लिए उम्मीदवार को डाक्टरों की परीक्षा की है और मैंने उनमें

कोई बीमारी (संचारी या दूसरे प्रकार की) या शारीरिक गठन सम्बन्धी कोई कमजोरी अथवा शारीरिक अशक्तता नहीं पाई है।

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 अयोग्यता नहीं मानता।

I do not consider this a disqualification for employment in the Survey of India.

3. इनकी उम्र इनके बक्तव्य के अनुसार वर्ष है और देखने से इनकी उम्र लगभग वर्ष लगती है।

His age is, according to his own statement,..... years, and by appearance about..... years

4. (i) इनके शरीर का गठन है।

He is of..... physique.

(ii) इनकी दृष्टि है।

His eyesight is.....

(iii) ये घुड़सवारी करने और लम्बी 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 बाएँ हाथ के अंगूठे और सभी उंगलियों के पोरों 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).

कनिष्ठिका Small finger अनामिका Ring finger मध्यमा Middle finger तर्जनी Index finger अंगूठा Thumb

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\* नजर के मानक के लिए कृपया पृष्ठ 3 और 4 देखिए। For standard of eyesight please see pages 3 and 4.

† जब उम्मीदवार को फील्ड के काम में न लगाना हो, तो उसे डाक्टरों की परीक्षा के लिये भेजने वाला अधिकारी तीसरी 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.

STANDARD OF EYESIGHT EXAMINATION OF CANDIDATES FOR APPOINTMENT TO THE SERVEY OF INDIA GROUP 'C' ( INCLUDING MINISTERIAL ) AND GROUP 'D' SERVICES

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

(A) For Group 'C' Service

उम्मीदवार के 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—किसी बीमारी या असामान्यता का पता लगाने के लिए उम्मीदवार की आंखों की सामान्य जांच की जायेगी। यदि उम्मीदवार के आंखों, रक्तों, 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 चश्मे के नजर—बिना चश्मा लगाये नजर की कोई न्यूनतम सीमा निर्धारित नहीं की गई परंतु यह अर्थ होगा कि शायदही बोर्ड या कोई अन्य चिकित्सा अधिकारी हर उम्मीदवार की बिना चश्मा लगाये नजर देख करे क्योंकि इससे आंख की हालत के बारे में आभास प्राप्त जानकारा प्राप्त होगा। 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 अन्तः—नजर के मानक निश्चित करने के लिए निम्नलिखित हो परीक्षण होते हैं। पहला दूर की नजर के लिए और दूसरा नजदीक की नजर के लिए।

Final 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 जायेगी Each eye will be examined separately)

Table with 4 columns: Distant Vision (Better eye, Worse eye), Near Vision (Better eye, Worse eye). Values include 6/6, 6/12, 6/18, 0.6, 0.8.

उम्मीदवार की नजर का मानक निर्धारित करने के लिए, उसकी आंखों की जांच यंत्रों से तथा रेत बोर्ड के चिकित्सा अधिकारियों की सहायता से किया जाएगा।

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.

अन्तः नजर के लिए कोई सीमा निर्धारित नहीं की गई है बसते 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.

(iv) फण्डस परीक्षा—यह बात शायदही परीक्षा बोर्ड या अन्य चिकित्सा अधिकारियों के नियंत्रण पर छोड़ दी गई है कि यदि वह आवश्यक समझे तो रक्त की जांच करे।

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 इशिबारा कलर चार्टों से की जायेगी। रंगबोध विषयक कोई भी कमी होने पर उम्मीदवार को नियुक्ति के लिये अयोग्य ठहराया जायेगा।

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 lanterns as described in the table below:—

Table with 3 columns: Grade, Higher Gd., Lower Gd. Values include 16', 1.3 m.u., 5 Sec.

उम्मीदवार और दूरता के बीच दूरी Distance between the lamp and candidates 16'

दिए गए आकार Size of aperture 1.3 m.u.

दृष्टि का समय Time of exposure 5 Sec.

यदि उम्मीदवार की दृष्टि तीक्ष्णता के अनुसार जांच के लिए निम्न श्रेणी पर्याप्त समझी जाती है। Lower standard is considered as sufficient as far as the testing of Group 'C' (Topo.) Staff is concerned.

(vi) दृष्टि तीक्ष्णता—उम्मीदवार को दूरता पर जांचों का पूरा दृष्टि क्षेत्र अवरुद्ध होना चाहिए। Field of vision.—Candidates must have a full field of vision as tested by hand movements.

(vii) रात की दृष्टि—रात की दृष्टि की जांच के लिये आवश्यक नहीं है। यह केवल विशेष अवस्था में ही की जानी चाहिए।

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 नजर की अन्य रूपायें—अयोग्यता मानी जाने वाली दृष्टि सम्बन्धी रूपायें या रोग, नीचे दिये गये हैं:—

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

(क) कोई ऐसी आंख की रोग या बढ़ता हुआ अप वर्तन दोष जिससे दृष्टि तीक्ष्णता कम होने की सम्भावना हो।

(ख) कोई भी बहुत जटिल रोग। (b) Trachoma which is complicated.

(ग) एक आंख—जिसमें कि अच्छी आंख की दूरा अन्तर्ही न हो और खराब आंख के कारण उसकी अच्छी आंख की नजर को कमजोर होने का खतरा हो तथा उपरोक्त अनुच्छेद (iii) में वर्णित दृष्टि तीक्ष्णता स्तर पूर्ण संतोषप्रद न हो।

(c) One eyed person provided the functioning eye is not good and its 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.

- ( 1 ) दृष्टीय श्रेणियों के उन सभी पदों पर नियुक्ति के लिये, जिनमें फील्ड कार्य की सेवाएं और वायव सर्वेक्षण ड्राफ्ट्समैन और फोटोग्रामेट्रिक प्रबालक जैसे पद भी शामिल हैं, तथा जिनमें दोनों भांखों की दृष्टि का अच्छा होना आवश्यक है, दृष्टि-तीक्ष्णता का मानक नीचे लिखे अनुसार होगा।
- ( 2 ) 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 चरमे के ) ( a ) Visual of standard ( with or without glasses ).

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

निर्धारित दृष्टि मानक से संतुष्ट होते हुए अपवर्तन दोष सम्बन्धी घुटि की स्वीकृति निम्नलिखित रूप में दी जायगी।  
Subject to the visual standards laid down, being satisfied, the amount of refractive error allowed shall be as follows :—

नज़दीक की नज़र ( वस्तु सहित ) — 4.00 D से अधिक नहीं होगी। दूर की नज़र ( वस्तु 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 अयोग्यता माननी जायगी।  
( b ) Squint, even if the visual acuity is of the prescribed standard, should be considered as a disqualification.
- ( ग ) ऐसे पदों के लिए एक भांख 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

अच्छी भांख Better eye	खराब भांख Worse eye
6/9	शून्य Nil
6/18	या or 6/18
6/12	या or 6/24

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

( i ) दृष्टि-मानक (चरमा लगाकर या चरमे के बिना) Visual standard ( with or without glasses ).

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

अपवर्तन सम्बन्धी घुटि के लिए कोई सीमा निर्धारित नहीं की गई है बशर्ते 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 standards mentioned above.

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

( iii ) रंगबोध—यह परीक्षा विशेष तौर पर कहे जाने की स्थिति में ही की जानी चाहिए। ऊपर क ( v ) को सारखी 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-गार्ड, चौकीदार आदि और ऐसे कर्मचारी जिनको अंधेरे 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 भांख सम्बन्धी दशाएं—ऊपर क ( viii ) ( क ), ( ख ) और ( ग ) की भांति।  
Ocular conditions other than visual acuity.—As in A ( viii ) ( 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

अच्छी भांख Better eye	खराब भांख Worse eye
6/12	शून्य Nil
6/24	या or 6/24
6/18	या or 6/36

( vii ) यदि दृष्टि तीक्ष्णता निर्धारित मानक की हो तो अयोग्यता नहीं माना जायगा।  
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 डाक्टरी परीक्षा से पहले नीचे लिखा अपेक्षित वक्तव्य देना चाहिए और संलग्न घोषणा-पत्र में हस्ताक्षर करने चाहिए। उनका ध्यान नीचे की ओर दिखाने की चेतावनी की ओर विशेष रूप से आकर्षित किया जाता 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. अपना पूरा नाम लिखिए (समस्त अक्षरों में) State your name in full (in block letters)
2. अपनी आयु और जन्म स्थान लिखिए। State your age and place of birth
3. (क) क्या आप कभी चेचक, चिकाम्बी या अन्य मर, मति को हडि या पीरलाय, घून की ज्वरी, दमा, हृदय के रोग, केकड़े की बीमारी, मूत्रा, गठिया, एपेन्डिसाइटिस से पीड़ित हो चुके हैं? (a) 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?
या Or
(ख) आपको कोई ऐसी अन्य बीमारी या दुर्घटना हुई थी, जिसके कारण आपको बिस्तर में पड़े रहना पड़ा हो या डाक्टरी या शल्य चिकित्सा करने की आवश्यकता पड़ी हो? (b) Any other disease or accident requiring confinement to bed and medical or surgical treatment?
4. आपको पिछली बार कब चेचक का टीका लगा था? When were you last vaccinated?
5. क्या आप या आपका कोई नजदीकी सम्बन्धी खर रोग, गंधमासा रोग, गठिया, दमा, बेहोशी, मिर्गी, उन्माद से बीमार हुए थे? Have you or any of your near relations been afflicted with consumption, scrofula, gout, asthma, fits, epilepsy or insanity?
6. क्या आपको अधिक काम वा किसी अन्य कारण से कभी किसी प्रकार की बपीरता हुई है? Have you suffered from any form of nervousness due to over-work or any other cause?
7. क्या आपको पिछले 3 वर्षों के अन्तर्गत किसी चिकित्सा अधिकारी या डाक्टरी बोर्ड द्वारा स्वास्थ्य परीक्षा की गई है और क्या आप कभी सरकारी सेवा 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?
8. अपने परिवार के सम्बन्ध में निम्नलिखित ध्यौरा भरिये Furnish the following particulars concerning your family :-

Table with 4 columns: पिता की आयु और स्वास्थ्य की स्थिति, मृत्यु के समय पिता की आयु और मृत्यु का कारण, जीवित भाइयों की संख्या, उनकी आयु और स्वास्थ्य की स्थिति, मृत भाइयों की संख्या, मृत्यु के समय उनकी आयु और मृत्यु के कारण. Includes a similar section for Mother's details.

मैं घोषणा करता हूँ/करती हूँ कि उपरोक्त सभी उत्तर मेरे विश्वासानुसार 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 वा अन्य वशा के कारण अयोग्यता का प्रमाण-पत्र/पेंशन प्राप्त नहीं हुआ/नहीं हुई। 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 सूचना के छिपाने से उसकी नियुक्ति न होने का खतरा होगा और यदि वह नियुक्त हो गया तो उसके अधिभारिकी 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.

**SPECIMEN SIGNATURE OF KM. ANTARA SAHA.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Signature of Gazetted Officer**

**SPECIMEN IMPRESSION OF THUMB OF LEFT HAND OF KM. ANTARA SAHA.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Signature of Gazetted Officer**

**NAME AND ADDRESS OF KM. ANTARA SAHA IN OWN HANDWRITING**

NAME :- \_\_\_\_\_

ADDRESS :- \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PIN CODE : \_\_\_\_\_ MOBILE NO. \_\_\_\_\_

AADHAAR NO. \_\_\_\_\_

**Signature of Gazetted Officer**