

No. S-1/2011-Pers-IV

Dated: 23-2-2011

To

All Chief General Managers, Telecom Circles, BSNL.
Chief General Manager, Mcc. NTR, BSNL, New Delhi
Chief General Managers, Telephone Distts. BSNL, Kolkatta /Chennai

Subject: JTO (SRD) 2010 Exam for Person with Disabilities- Instructions for the completion of pre-appointment / training formalities for JTOs DR SRD 2010, held on 19.12.2010

Sir,

JTO (SRD) 2010 Exam for Person with Disabilities was held on 19-12-2010. The results of the exam are likely to be declared in the month of Feb. 2011. Since JTO is circle cadre, pre-appointment formalities are to be completed by the respective circles. For the sake of uniformity, the forms have been compiled at one place viz. Bond Agreement, Attestation Form, Declaration Form etc. for taking necessary action at your end. The lists of forms compiled are as under. It is hoped that the compilation will be useful in expediting the formalities.

1. Intimation to Selected Candidate- **Annexure-A**
2. Submission of Medical Fitness Certificate (To be issued by the Medical Board) **Annexure-I**
3. Bond Agreement (Copy enclosed) **Annexure-II**
4. Attestation Forms in quadruplicate (As per proforma attached) **Annexure-III**
5. Declaration Forms (As per proforma attached) **Annexure-IV**
6. Character Certificate (as per proforma enclosed) - Two Character Certificates from two different persons not related to the candidates. **Annexure-V**
Persons authorised to issue Character Certificate
 - Gazetted Officer of Central/State Government
 - MP/MLA/Member of Municipal bodies
 - District Magistrate/Sub District Magistrate
 - Tehsildar or Naib/Deputy Tehsildar
7. Oath of Allegiance (As per proforma attached) **Annexure-VI**
8. Undertaking regarding Police/Caste Certificate Verification Report on Rs.10 - non-judicial Stamp paper duly attested by notary. **Annexure-VII**
9. Identity certificate. **Annexure-VIII**
10. Affidavit for PVR on non-judicial Stamp paper of Rs 10 -, duly attested by notary **Annexure-IX**

2. All the above formalities may be completed as early as possible after declaration of result

Yours faithfully,



Asstt. General Manager (P-IV)

Copy - on BSNL INTRANET

No. _____

Dated: _____ 2011

To

Shri/Smt./Kum. _____
(Name of Successful Candidate)
Address**Subject: Direct Recruitment of Junior Telecom Officer (JTO-SRD-Exam-2010) for PWD candidates held on 19.12.2010.**

It is to intimate that you have been provisionally selected for the post of Junior Telecom Officer (JTO) in BSNL on the basis of All India Competitive Examination held on 19.12.2010. You are requested to be present with the following documents (Annexures I-IX) to complete the pre-appointment formalities alongwith all original educational qualification, age certificates etc. for verification including caste certificate, NOC from previous employer and certificate for entitlement to physically handicapped category etc. ----- before prescribed initial training (pre-appointment training) of JTO.

Annexures

- I. **Submission of Medical Fitness Certificate** (To be issued by the Medical Board)
- II. **Bond Agreement** (Copy enclosed)
- III. **Attestation Forms** in quadruplicate (As per proforma attached)
- IV. **Declaration Forms** (As per proforma attached)
- V. **Character Certificate (as per proforma enclosed)** Two Character Certificates from two different persons not related to the candidates.
Persons authorised to issue Character Certificate:
 - Gazetted Officer of Central/State Government
 - MP/MLA/Member of Municipal bodies
 - District Magistrate/Sub District Magistrate
 - Tehsildar or Naib/Deputy Tehsildar
- VI. **Oath of Allegiance** (As per proforma attached)
- VII. **Undertaking** regarding Police/Caste Certificate Verification Report on Rs.10/- non- judicial Stamp paper duly attested by notary.
- VIII. **Identity certificate.**
- IX. **Affidavit for PVR** on non-judicial Stamp paper of Rs 10/-, duly attested by notary.

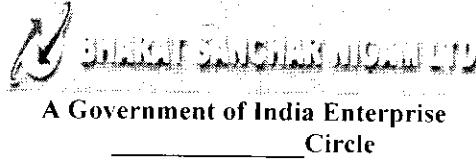
2. In this connection, you are requested to furnish the above documents duly filled in and complete in all respect along with **Security Deposit of Rs 5,000/-** (Rs. Five Thousand only) in the form of Demand Draft in favour of _____ to this office within 15 days of issue of this letter positively (security deposit is non-refundable), failing which your name is liable to be removed from the list of provisionally successful candidates.

3. BSNL reserves the right to cancel the result of any candidate declared provisionally successful by mistake, at any time when such mistake/discrepancy is discovered. Further, BSNL reserves the right to change the circle allotted to provisionally successful candidate at any time whenever any such mistake/discrepancy is discovered.

Note: Please enclose two self addressed envelope of size 27x12 cms and also intimate contact telephone No. with STD code/Mobile No. /E-mail address.

Encl: As above.

Asstt. General Manager(_____)
Telephone No.-----



No. _____

Dated: _____ 2011

To.
The Chairman.
Medical Board

Through
Shri _____
(Name of Successful Candidate)
Address

Subject: Medical examination of the candidates for appointment as Junior Telecom Officer in BSNL. (Govt. Of India Enterprises)

Sir/Madam,

Shri/Smt/Kum. _____ a candidate for appointment in BSNL is directed to report to you for arranging Medical Examination by a Civil surgeon /or by a female assistant surgeon, in case of female candidate. He/ She has also been instructed to pay the prescribed fee (Assistant Surgeon Rs. Civil Surgeon Gr II Rs. Civil Surgeon Gr I Rs.) for which receipt may be issued.

A statement and declaration to be furnished by the candidate in your presence is also enclosed for your signature. I request you to arrange for the Medical Examination of the candidate, issue the 'Health Certificate and forward the same to this office together with the 'Candidate's Statement & Declaration'. In case of female candidate, if pregnant, the duration of pregnancy may be indicated in the Health Certificate.

A proforma of Health Certificate is also enclosed for further necessary action.

Incl: As above.

Asstt. General Manager(_____) _____
Telephone No. _____

Health Certificate

Signature of the candidate.....

I hereby certify that I have examined Shri /Smt./Kum..... whose signature is given above a candidate for appointment as Junior Telecom. Officer in the Bharat Sanchar Nigam Limited (A Govt. of India Enterprise) and cannot discover Shri/Smt. /Kum.

.....has nay disease (communicable or otherwise) constitutional weakness, or bodily infirmity except.....

I do not consider this a disqualification for employment in the cadre for which she/he is selected in the Bharat Sanchar Nigam Limited (A Govt. of India Enterprise).

Shri/Smt./Kum..... has a good constitution and active habits and is capable of discharging his/her duties efficiently in any part of India at all seasons of the year. He/She is capable of distinguishing Principal colours and IS NOT ONE EYED.

His/Her visual aculty is as follows:-

Distant vision	Better eye	Worse eye
Without glass	6/60	6/60
Corrected with glass	6/6	6/12
Near vision	0.5	0.5

Height of the candidate:.....Cms.

Weight of the candidate:.....Kgs.

Chest measurement Normal.....Cms.

Expanded.....Cms.

Marks of Identifications: 1.

2.

The age, according to the statement of the candidate is..... years and by appearance.....years.

Place:.....

Date:.....

Signature & Designation of
the Medical Officer

(Office Seal)

- (6) Condition of teeth-----
- (7) Respiratory system: does physical examination reveal any thing abnormal in respiratory organs?
If yes. explain fully circulatory system -----
- (8) a. Heart: any organs lesions.
Rate standing-----after hopping 25 times-----
2 minutes of after hopping-----
b. Blood pressure: systolic-----Dissystolic-----
Abdomen Girth-----Tenderness-----Hernia-----
- (9) a. Palpable liver-----Spleen-----kidneys-----Tumours-----
b. Harmonods-----Flatula-----
- (10) Nervous system: indication of nervous of mental disability
- (11) Locomotors system: any abnormality -----
- (12) Genital urinary system : any evidence of hydrocele-----
Varicocele etc.-----
a. Physical appearance-----
b. Sp. Gr.-----
c. Abl-----
d. Sugar-----
e. Castes-----
f. Cells-----
- (13) Reports of screebug/x-ray
Examination of chest-----
- (14) Is there any thing in the health of the candidate likely to render him/her unfit for the efficient discharge of his her duties in the services for which he/she is a candidate-----
- (15) a. Fit
b. unfit on account of
c. Temporarily unfit on account of

Chairman-----
Member-----
Member-----

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

Certificate No.....

Date.....

DISABILITY CERTIFICATE

Recent Photograph of the candidate showing the disability duly attested by the Chairperson of the Medical Board.
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This is certified that

Shri/Smt/Kum.....

son/wife/daughter of Shri.....

age.....sex..... identification marks(s) is suffering from permanent disability of following category:

A. Locomotor or cerebral palsy :

- (i) BL - Both legs affected but not arms.
- (ii) BA - Both arms affected
 - (a) Impaired reach
 - (b) Weakness of grip
- (iii) BLA - Both legs and both arms affected.
- (iv) OL - One leg affected (right or left)
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (v) OA - One arm affected
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (vi) BH - Stiff back and hips (Cannot sit or stoop)
- (vii) MW - Muscular weakness and limited physical endurance.

B. Blindness or Low Vision:

- (i) B: Blind
- (ii) PB: Partially Blind

C. Hearing Impairment:

- (i) D - Deaf
- (ii) PD - Partially Deaf

(Delete the category whichever is not applicable)

2. This condition is progressive/non-progressive/likely to improve/ not likely to improve. Re-assessment of this case is not recommended/ is recommended after a period of _____ years _____ months*.

3. Percentage of disability in his/her case is percent.

4. Sh./Smt./Kum. meets the following physical requirements for discharge of his/her duties:-

- | | | |
|--------|--|--------|
| (i) | F-can perform work by manipulating with fingers. | Yes/No |
| (ii) | PP-can perform work by pulling and pushing. | Yes/No |
| (iii) | L-can perform work by lifting. | Yes/No |
| (iv) | KC-can perform work by kneeling and crouching. | Yes/No |
| (v) | B-can perform work by bending. | Yes/No |
| (vi) | S-can perform work by sitting. | Yes/No |
| (vii) | ST-can perform work by standing. | Yes/No |
| (viii) | W-can perform work by walking. | Yes/No |
| (ix) | SE-can perform work by seeing. | Yes/No |
| (x) | H-can perform work by hearing/speaking. | Yes/No |
| (xi) | RW-can perform work by reading and writing. | Yes/No |

(Dr. _____) (Dr. _____) (Dr. _____)

Member
Medical Board

Member
Medical Board

Chairperson
Medical Board

Countersigned by the
Medical superintendent/CMO/Head of
Hospital (with seal)

***Strike out which is not applicable.**

DECLARATION AND CERTIFICATE OF NATIONALITY

I, _____ hereby certify that I am an Indian by birth and domicile. I also declare that I have never been pronounced unfit for employment in Government of India/Government of India Enterprise by Medical Board or any other duly constituted Medical Authority.

Place _____
Date _____

(Name & Signature of the Candidate)
Tel. No.
E-mail address:.....

CANDIDATE'S STATEMENT AND DECLARATION

The candidate must take the statement required below prior to his/her medical examination and must sign the declaration appended thereto. His/Her attention is specially directed to the warning contained in the note below:-

1. State your name in full _____
(in Block letters)
2. State your age and place _____
of birth
3. (a) Have you ever had small-pox
intermittent or any other fever
enlargement or suppuration of
glands. Spitting of blood, asthma _____
heart disease, lungs disease,
fainting attacks, rheumatism,
appendicitis?

OR

- (b) Any other disease or accident
requiring confinement to bed and _____
medical or surgical treatment.
4. When were you last vaccinated? _____
5. Have you or your near relatives
been afflicted with consumption _____
scrofula, gout, asthma, fits,
epilepsy or insanity?
6. Have you suffered from any form
of nervousness due to over work _____
or any other causes ?
7. Have you been examined and
declared unfit for Government _____
service by a Medical Officer/
Medical Board within the Last
three years ?

8. FURNISH THE FOLLOWING PARTICULARS CONCERNING YOUR FAMILY

Father's age, if alive and the state of health	Father's age at the time of death and cause of death	No. of brother(s) alive, their age & state of health	No. of brother(s) expired, if any, and their age at death & cause of death

Mother's age, if alive and the state of health	Mother's age at the time of death and cause of death	No. of sister(s) alive, their age & state of health	No. of sister(s) expired, if any, and their age at death & cause of death

I declare that all the information furnished are true and correct to the best of my knowledge and belief.

I also solemnly affirm that I have not received a disability certificate/pension on account of any disease or other conditions.

Candidate's Signature

Signed in my presence

Signature of Medical Officer

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 or forfeiting all claims to superannuation allowances or gratuity.

The candidate should sign this statement & declaration only in the presence of the Medical Officer to whom he will be directed for Medical Examination.