

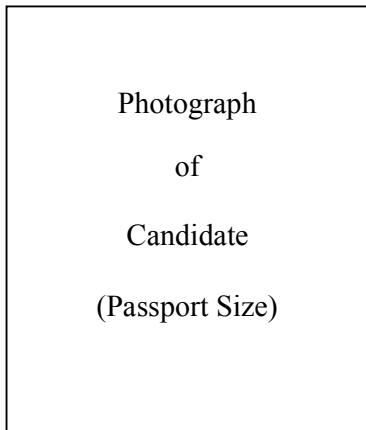
**FORM OF MEDICAL CERTIFICATE****(To be produced at the Institution along with fee)**(Kindly issue this certificate **only when the candidate is fit** according to the standards given overleaf)

I/Dr \_\_\_\_\_ (Name) working in \_\_\_\_\_ (Name of Hospital & Place) Certify that I have carefully examined \_\_\_\_\_ (Name of Candidate) S/o, D/o, W/o Shri \_\_\_\_\_ whose photograph attested by me is affixed here with. As a result of his/her medical examination, I have discovered nothing that may disqualify him/her from admission to a Polytechnic in Rajasthan ACCORDING TO THE STANDARDS OF PHYSICAL FITNESS PRESCRIBED OVERLEAF. I have to further report that : He/She has no disease or mental or bodily infirmity making him/her unfit or likely to make him/her unfit in the near future for active out door duty, as an Engineer.

Marks of identification \_\_\_\_\_

Hence the candidate is fit as per standards given overleaf for admission to Polytechnic in Rajasthan.

Signature of Candidate



Signature of Medical Officer

Seal of Designation and Hospital

Dated :

**Photograph must also be attested by above Medical Officer**

**N.B.**

1. This certificate shall be signed by a Govt. Medical Officer of Gazetted rank.
2. The Govt. Medical Officer should sign and stamp his seal across the photograph.
3. Minimum conditions regarding height and chest are not applicable for girl candidates.
4. Physically Handicapped Candidates should fulfill all the standards of medical fitness except the bodily disability for which he has been declared handicapped. For which separate certificate on a prescribed Performa is to be produced at the Institution.

## PHYSICAL STANDARD FOR ADMISSION IN POLYTECHNICS OF RAJASTHAN

1. Candidates must be in good mental and bodily health and free from physical defects likely to interfere now or in future with his/her active outdoor service duties.
2. No candidates will be considered fit for admission if he/she falls below the following standards :-

### (a) Visual acuity :

- i) If myopia exists in one or both eyes, candidate may be passed provided the Ametropia does not exceed 4D, the acuteness of vision in one eye equal 6/9 and in the other 6/6 there being normal range or accommodation with the glasses.
  - ii) Myopic astigmatism does not disqualify a candidate provided lens or the combined spherical and cylindrical lenses required to correct the error of refraction, does not exceed 4D, the acuteness of vision in one eye, when corrected being equal to 6/6 and in the 6/9 together will normal range of accommodation with the correcting glasses there being no evidence of progressive disease in the cornea or retina.
  - iii) A candidate have total hyprometyopia not exceeding 4D is not disqualified provided the sight in one eye (when under the influence of atropine) equal 6/9, and in the other equal 6/6 with 4D glasses or any lower power.
  - iv) Hyprenotropic stagnation does not disqualify provided the lens or combined lens/debt required to cover the error of refraction do not exceed 4D and that the sight of one eye 6/9 and other 6/6 with or without such lens or lenses.
  - v) A candidate having a defect of vision arising from nebula of the cornea is disqualified only if the sight of one eye is less than 6/12, in such a case the better eye must be emmertropic. Defects of vision arising from pathological or other changes in the deeper structure of either eye which are not referred to in the rules may exclude a candidate.
  - vi) A candidate is disqualified, if she is unable to distinguish the principal colours.
  - vii) Paralysis of one or more of he exterior muscles of the eye ball disqualify a candidate.
- (b) A candidate who can hear a normal talk from a distance of 10 feet even with the help of hearing aids will be considered fit for admission in polytechnics.
  - (c) Candidate should not be of less than 152 cm. height.
  - (d) That his chest should not be less than 68 cm. and have "minimum expansion of 5 cm."
  - (e) That his/her speech is without impediment.
  - (f) That his/her teeth are in good condition. He/She must have 10 sound teeth in upper-jaw functionally opposed to 10 sound teeth in lower-jaw Two of these teeth in each-jaw be molars wall filled teeth will be considered as sound.
  - (g) That his/her chest is will formed and that her lungs and heart are sound.
  - (h) That he/she is not ruptured.
  - (i) That he/she does not suffer from a severe degree of vericocele of varicose veins. A candidate who has been successfully operated, may be accepted.
  - (j) That his/her limbs are well formed.
  - (k) That there is free and perfect motion of all joints.
  - (l) That his/her feet and toes are well formed.
  - (m) That he/she does not suffer from any inveterate skin disease.
  - (n) That he/she has no congenital maliotmation of defects.
  - (o) That he/she does not bear traces of previous, acute or chronic disease or an impaired constitution.

**शिक्षण शुल्क में छूट कराने के लिए प्रमाण-पत्र**

नोट : यह प्रमाण-पत्र प्रवेश पाने के समय शिक्षण शुल्क में छूट के लिए साक्षात्कार में उपस्थिति के समय प्रस्तुत करें । हस्ताक्षर करने वाले अधिकारी को चाहिए कि जो लागू न होता हो उसे काट दे । यदि प्रमाण-पत्र पूरा नहीं है तो छूट नहीं दी जायेगी ।

यह प्रमाणित किया जाता है कि श्री/श्रीमती.....  
(राज्य कर्मचारी का नाम)  
पुत्र/पत्नी श्री .....

1. राजस्थान सरकार का कर्मचारी है ।
2. राजस्थान सरकार का कर्मचारी है परन्तु मेरे अधीन डेपुटेशन पर कार्य कर रहा है ।
3. राजस्थान सशस्त्र दल (R.A.C.) जो राजस्थान के बाहर नियुक्त है -का कर्मचारी है ।
4. भूतपूर्व सैनिक (Ex-Service-man) है जो -  
(अ) स्थायी रूप से अपाहिज है ।  
(ब) नेफा/लद्दाख/पाकिस्तान सीमा युद्ध के परिणाम स्वरूप मारा गया ।

तथा वह मेरे अधीन .....पद पर  
कार्य कर रहा है/था/ तथा इनके द्वारा कोई आयकर नहीं दिया जाता है ।  
उसका मूल वेतन ..... मंहगाई वेतन .....  
ग्रेड पे ..... मकान किराया ..... कुल योग .....  
प्रतिमाह, पे बैंड ..... में है।

हस्ताक्षर  
विभागाध्यक्ष अथवा राजपत्रित नियंत्रण अधिकारी  
(Head of Dept. or Gazetted Controlling Officer)  
(पद व कार्यालय की मुहर)

मैं सत्यनिष्ठा से शपथपूर्वक घोषित करता हूँ कि .....  
मेरा पुत्र/पुत्री/भाई/बहिन अविवाहित है तथा पूर्णतया मुझ पर आश्रित है ।

राज्य कर्मचारी के हस्ताक्षर

**नोट :-** उपरोक्त प्रमाण-पत्र छात्र/छात्रा को तृतीय वर्ष के आरम्भ में भी देना होगा ।

(अगर अभ्यार्थी राज्य कर्मचारी का भाई/बहिन है तो निम्न शपथ-पत्र भरें । शपथ-पत्र अपूर्ण होने पर शुल्क में छूट नहीं दी जायेगी)

**शपथ – पत्र  
(यदि पिता जीवित न हो)**

मैं.....पुत्र श्री.....  
सत्यनिष्ठा से शपथ पुष्टि करता हूं कि मेरा भाई/बहिन.....  
पुत्र/पुत्री ..... अविवाहित है, वित्तीय-खर्च के लिये पूर्णतया मुझ पर आश्रित है ।

हस्ताक्षर  
नोटेरी पब्लिक / प्रथम श्रेणी मजिस्ट्रेट  
(रबर मुहर)

हस्ताक्षर  
राज्य कर्मचारी

अथवा

**शपथ – पत्र  
(यदि पिता जीवित हो)**

मैं.....पुत्र श्री.....  
सत्यनिष्ठा से शपथ पुष्टि करता हूं कि मेरा भाई/बहिन.....  
पुत्र/पुत्री ..... अविवाहित है, वित्तीय-खर्च के लिये पूर्णतया मुझ पर आश्रित है ।

1. मेरे पिता.....वर्ष के वृद्ध है और उनकी कुल आय सब स्रोतों से शून्य है ।

या

2. मेरे पिता अंधे / पागल या अशक्त है और कुछ भी कमाने में असमर्थ है ।

हस्ताक्षर  
नोटेरी पब्लिक / प्रथम श्रेणी मजिस्ट्रेट  
(रबर मुहर)

हस्ताक्षर  
राज्य कर्मचारी

**CERTIFICATE TO BE SUBMITTED BY DEPENDENT OF DEFENCE PERSONNEL  
(To be attached with application form)**

No. \_\_\_\_\_

Date: \_\_\_\_\_

I \_\_\_\_\_ certify that  
(Service No. Rank & Name of the Certifying Officer)

\_\_\_\_\_  
(Service No. Rank & Name of defence personnel)

Natural father/mother of \_\_\_\_\_ is/was Defence Person  
(Name of Applicant)

**His/Her particulars are :**

1. Service No., Rank and Name of the person \_\_\_\_\_
2. Name of the Unit last Served \_\_\_\_\_
3. Date of enrolment \_\_\_\_\_ Date of death/discharge/retirement \_\_\_\_\_
4. He/She is/was ex-serviceman of Rajasthan origin and his/her home town as given by him/her at the time of his/her entry into service is \_\_\_\_\_
5. His/Her Registration/Identity Card No. is \_\_\_\_\_ dated \_\_\_\_\_  
and P.P.O. No. is \_\_\_\_\_

**Category of defense persons for priority :**

(Tick (✓) which every is applicable and strike off whichever is not applicable)

- |   |                 |
|---|-----------------|
| EX-S(a) - Killed in Action  | <b>Yes   No</b> |
| EX-S(b) - Disabled in action and boarded out from service / Died while in Service with death attributable to Military Service / Disabled in service and boarded out with disability attributable to Military Service. | <b>Yes   No</b> |
| EX-S(c) - Gallantry Award Winner.   | <b>Yes   No</b> |
| EX-S(d) - Ex- Servicemen  | <b>Yes   No</b> |

Signature \_\_\_\_\_

Name \_\_\_\_\_

Seal of Officer

District Soldier Welfare Officer/ Commanding Officer

Name of District / Unit Number \_\_\_\_\_

- (1) Strikeout whichever is not applicable.
- (2) Definition of Ex-serviceman shall be as per Hand Book on Resettlement of Ex-servicemen (1995).
- (3) The domicile requirement for the ward of the Defence personnel from the State of Rajasthan but serving in other State is waived off. For wards of Defece personnel from other States but serving in the State of Rajasthan. The domicile condition is waived off to enable them to appear in the entrance test and be selected in general quota. However, they would not be eligible for the above mentioned concessions.
- (4) 50% of the reserved seats will be earmarked for the girls. In case of non-utilization by girls, the unutilized vacancies would revert back to the boys category.
- (5) Defence personnel should be of Rajasthan origin. The state of origin and the home town as entered in the discharge certificate/record shall only be accepted as proof in respect of above.

**Note :** Copies of discharge certificate and P.P.O. should also be submitted. Originals should be brought at the time of Counseling.

**Certificate regarding Scheduled Caste/Tribe/  
Non Creamy Layer OBC/ Non Creamy Layer SBC  
(To be attached with application form)**

(This certificate must be signed by an Officer not below the rank of District Magistrate/ Additional District Magistrate/ Sub Divisional Magistrate/ Tehsildar of the District/ Place of which the candidate is a resident)

No \_\_\_\_\_

Date : \_\_\_\_\_

I \_\_\_\_\_ (Name of the District Magistrate/ Addl. District Magistrate/ S.D.M./ Tehsildar) certify that Shri/ Ku. \_\_\_\_\_ is the natural born (not adopted) son/daughter of Shri \_\_\_\_\_ and belongs to Scheduled Caste/ Scheduled Tribe/ Non-Creamy Layer OBC/SBC\* \_\_\_\_\_ (Name of the caste) by birth as notified under Presidential Order for the State of Rajasthan in \_\_\_\_\_ (village/Tehsil) District \_\_\_\_\_.

Court Seal :

Date:

Signature of the District Magistrate  
ADM/SDM/Tehsildar**OR**

If the above certificate, issued by competent authority, is already available then attach the attested photocopy of that certificate.

- \* (a) For non creamy layer OBC/SBC candidates, the above certificate should be issued by the competent authority and should not be older than **one year** from last date of application form submission..
- (b) Non creamy layer OBC/SBC candidates will have to furnish an undertaking in the following format along with the above certificate.

**UNDERTAKING BY NON CREAMY LAYER OBC/SBC CANDIDATES**

I..... son / daughter of Shri..... resident of village / town / city ..... district ..... Rajasthan State hereby undertakes that I belong to the community, which is recognized as a backward class by Government of Rajasthan for the purpose of reservation for admission in the state of Rajasthan. **It is also declared that I do not belong to persons / sections (Creamy Layer)** mentioned in column 3 of the orders contained in the notification No. F9(8)DOP/A-V/90 dated 28<sup>th</sup> September, 1993 (as amended from time to time) issued by the Department of Personnel, Government of Rajasthan.

I declare that status / income of my parents / guardian is below the prescribed limits for creamy layer as on financial year ending on **March 31, 2014**

That in the event of declaration being found false misleading or incorrect during or after Diploma programme, I will not have any objection whatsoever against the action taken in the matter, which I understand, shall not be less than termination of the program and if the Diploma programme has been awarded, the same shall be cancelled forthwith.

Place :

Signature of Candidate

Date :

Name of the Candidate

{ संस्था में पंजीकरण/ नामांकन के समय प्रस्तुत किया जावे }

**शपथ – पत्र**

मैं ..... (विद्यार्थी का नाम) पुत्र/पुत्री श्री .....  
(पिता का नाम) शपथ पूर्वक यह घोषणा करता/करती हूँ कि :-

1. \* मैं ..... (परीक्षा का नाम) की पूरक परीक्षा सत्र **2013-14** में सम्मिलित होने के कारण प्रवजन प्रमाण पत्र (Migration Certificate) प्रस्तुत करने में असमर्थ हूँ। मैं प्रवजन प्रमाण पत्र उपरोक्त पूरक परीक्षा का परिणाम घोषित होने की तिथि से 30 दिनों की अवधि के अन्दर प्रधानाचार्य को प्रस्तुत कर दूंगा/दूंगी।  
अथवा  
\* मैं अपरिहार्य कारणों से पंजीकरण के समय प्रवजन प्रमाण पत्र (Migration Certificate) प्रस्तुत करने में असमर्थ हूँ। मैं प्रवजन प्रमाण पत्र संस्थान के प्रधानाचार्य को पंजीकरण प्रारम्भ होने की तिथि से 30 दिनों की अवधि के अन्दर प्रस्तुत कर दूंगा/दूंगी।
2. उपरोक्तानुसार प्रवजन प्रमाण पत्र प्रस्तुत नहीं कर पाने की स्थिति में यदि मेरा प्रवेश निरस्त हो जाता है तो इसके लिये मैं स्वयं जिम्मेदार होऊंगा/होऊंगी।
3. उपरोक्तानुसार मेरा प्रवेश निरस्त हो जाने पर मैं किसी प्रकार के लाभ का हकदार नहीं होऊंगा/होऊंगी। ऐसी स्थिति में किसी प्रकार की कोई भी कानूनी कार्यवाही करने का मुझे कोई अधिकार नहीं होगा तथा मैं किसी प्रकार के शुल्क वापस पाने का हकदार भी नहीं होऊंगा/होऊंगी।

स्थान : ..... अभ्यर्थी के हस्ताक्षर .....

दिनांक : ..... पूरा नाम .....

पता .....

.....

**अनुप्रमाणित**

श्री ..... पुत्र/पुत्री श्री ..... को  
जिन्हें श्री ..... ने पहचाना है ने मेरे सम्मुख हस्ताक्षर किये  
एवम् उपरोक्तानुसार शपथ पूर्वक घोषणा की है।

दण्डनायक/ नोटरी के हस्ताक्षर

\* जो लागू हो ।

( आवेदन पत्र के साथ प्रस्तुत किया जावे)

शपथ – पत्र

मैं ..... (नाम) पुत्र/पुत्री श्री .....  
(पिता का नाम) आयु ..... जाति ..... निवासी .....  
.....शपथ पूर्वक बयान करता हूँ कि –

1. मेरा नाम व उपनाम मेरे पढाई दस्तावेजों व जाति सम्बन्धी प्रमाण-पत्रों में .....  
(नाम जैसा कि प्रमाण पत्रों में लिखा है) लिखा हुआ है लेकिन वास्तविकता में मेरा नाम .....  
..... (जैसा अंकतालिका में अंकित है) होना चाहिये जो अधूरा लिखा हुआ है।

सत्यापन

मैं अपने शपथ पत्र की मद सं. 1 को अपनी निजी जानकारी में सही व सत्य होना स्वीकार करती हूँ। ईश्वर मेरी मदद करे।

स्थान : .....  
दिनांक : .....

अभ्यर्थी के हस्ताक्षर .....  
पूरा नाम .....  
पता .....  
.....  
.....

अनुप्रमाणित

श्री ..... पुत्र/पुत्री श्री ..... को  
जिन्हें श्री ..... ने पहचाना है  
ने मेरे सम्मुख हस्ताक्षर किये एवम् उपरोक्तानुसार शपथ पूर्वक घोषणा की है।

दण्डनायक/ नोटरी के हस्ताक्षर