

कार्यालय उ0प्र0 लोक सेवा आयोग
संख्या-9/01/ई-2/2022-23
प्रयागराज: दिनांक 27 सितम्बर, 2022

विज्ञप्ति

सहायक अभियोजन अधिकारी (प्रारम्भिक) परीक्षा-2022 के आधार पर मुख्य परीक्षा हेतु सफल घोषित अभ्यर्थियों को एतद्वारा सूचित किया जाता है कि आयोग की वेबसाइट <https://uppsc.up.nic.in> के "Home Page" पर Fill online details for ASSISTANT PROSECUTION OFFICER (MAIN) EXAM-2022" पर Click करके आवश्यक सूचनाएं ऑनलाइन फॉर्मेट पर भरनी होंगी। सर्वप्रथम Registration no. & Basic Details (जन्म तिथि, लिंग, निवास, श्रेणी इत्यादि) दें। इसके पश्चात् "Click here to payment the required fee for Main Examination" को Click करें। इसके पश्चात् S.B.I. MOPS का पेज प्रदर्शित होगा, जिसमें भुगतान हेतु निम्न विकल्प उपलब्ध होंगे:-

- (I) S.B.I. MOPS के Portal से S.B.I. अथवा 55 अन्य बैंकों में से किसी एक बैंक का चयन करना होगा।
- (II) चयन किए गए बैंक के द्वारा Debit/Credit/Net Banking के माध्यम से भुगतान कर सकते हैं।
- (III) उपरोक्त बिन्दु- II की सुविधा न होने पर S.B.I. का ई-चालान मुद्रित, करके नगद भुगतान द्वारा भी परीक्षा शुल्क जमा किया जा सकता है अथवा, मोबाइल बैंकिंग द्वारा 'Buddy' के माध्यम से भी किया जा सकता है।

2-सभी अभ्यर्थी प्रदर्शित फॉर्मेट पर विकल्प-प्रयागराज एवं लखनऊ में से वांछित केन्द्र को सेलेक्ट (Select) करें। निर्देशों एवं प्रक्रिया का भली-भाँति अध्ययन करने के उपरान्त उसका पालन करते हुए प्रत्येक स्तर पर ऑनलाइन सूचनाएं भरकर पूर्ण संतुष्ट होकर "SAVE" कर लें। अतः अभ्यर्थियों से अपेक्षा की जाती है कि उपर्युक्त वांछित सूचनाएं केन्द्र के जिले का नाम दिनांक 12 October, 2022 तक सही-सही एवं सावधानीपूर्वक भरना सुनिश्चित करें।

3-आनलाइन "SAVE/SUBMIT" किये गये फार्म सेट को मुद्रित कर लें। यदि निर्धारित समय में ही अभ्यर्थियों को यदि कोई त्रुटि प्रकाश में आती है तो उसके संशोधन हेतु केवल एक बार संशोधन (Edit) आयोग की वेबसाइट <https://uppsc.up.nic.in> के "Home Page" पर प्रदर्शित विकल्प Click here to "Modify online details after Submission for ASSISTANT PROSECUTION OFFICER (MAIN) EXAM-2022" पर क्लिक करके कर सकते हैं। उपरोक्त प्रक्रिया दिनांक 12 October, 2022 तक सही-सही एवं सावधानीपूर्वक भरना सुनिश्चित करें।

4-ऑनलाइन भरे गये फार्म सेट (आवेदन-पत्र) को मुद्रित करके उसके साथ समस्त संलग्नकों (प्रत्येक वर्ष की अंक तालिकाओं, उपाधियों तथा अन्य सभी दावों से सम्बन्धित प्रमाण-पत्रों की स्वप्रमाणित प्रतियाँ) सहित एक लिफाफे में भरकर तथा उक्त लिफाफे पर मुद्रित पता पर्ची (Address Slip) चस्पा कर दिनांक 19 October, 2022 को अपराह्न 5:00 बजे तक अथवा उसके पूर्व सचिव, उ0प्र0 लोक सेवा आयोग, (परीक्षा अनुभाग-3), 10-कस्तूरबा गांधी मार्ग, प्रयागराज, पिन कोड नं.-211018 को पंजीकृत डाक द्वारा अथवा व्यक्तिगत रूप से आयोग के गेट संख्या-3 पर स्थित डाक अनुभाग के काउन्टर (पूछ-ताछ काउन्टर) पर अवश्य उपलब्ध करा दें। उक्त अन्तिम तिथि के बाद प्राप्त होने वाले आवेदन-पत्र किसी भी दशा में स्वीकार नहीं किए जाएंगे।

5-इसके अतिरिक्त जाति प्रमाण-पत्र, स्वतंत्रता संग्राम सेनानी के आश्रितों का प्रमाण-पत्र, दिव्यांगता का प्रमाण-पत्र एवं भू.पू.सै. का प्रमाण-पत्र के प्रारूप की PDF File वेबसाइट पर उपलब्ध है। आरक्षण के दावे के संबंध में प्रस्तुत अभ्यर्थियों के जाति प्रमाण-पत्र डिजिटल प्रारूप में भी स्वीकार किये जायेंगे परन्तु उसके साथ निवास प्रमाण-पत्र आवश्यक है।

(अजय कुमार तिवारी)
परीक्षा नियंत्रक।

FORM-1
Application for Obtaining Certificate of Disability by Persons with Disabilities

(1) Name : _____

(Surname) (First Name) (Middle Name)

(2) Father's Name : _____ Mother's Name: _____

(3) Date of Birth : _____ / _____ / _____

(Date) (Month) (Year)

(4) Age at the time of application : _____ years

(5) Sex: Male/Female/Transgender _____

(6) Address:

(a) Permanent address (b) Current Address (i.e. for communication)

(c) Period since when residing at current address _____

(7) Educational Status (please tick as applicable)

- (i) Post Graduate
- (ii) Graduate
- (iii) Diploma
- (iv) Higher Secondary
- (v) High School
- (vi) Middle
- (vii) Primary
- (viii) Non-literate

(8) Occupation _____

(9) Identification marks (i) _____ (ii) _____

(10) Nature of disability :

(11) Period since when disabled: From Birth//since year _____

(12)(i) Did you ever apply for issue of a certificate of disability in the past ___ yes/no

(ii) If yes, details:

(a) Authority to whom and district in which applied _____

(b) Result _____ of _____ application

(13) Have you ever been issued a certificate of disability in the past? If yes, please enclose a true copy.

Declaration: I hereby declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further state that if any inaccuracy is detected in the application, I shall be liable to forfeiture of any benefits derived and other action as per law.

(signature or left thumb impression of person with disability, or of his/her legal guardian in case of persons with intellectual disability, autism, cerebral palsy and multiple disabilities, etc)

Date :

Place:

Enclosures:

1. Proof of residence (Please tick as applicable).
 - (a) ration card,
 - (b) voter identity card,
 - (c) driving license,
 - (d) bank passbook,
 - (e) PAN card,
 - (f) passport,
 - (g) telephone, electricity, water and any other utility bill indicating the address of the applicant,
 - (h) a certificate of residence issued by a Panchayat, municipality, cantonment board, any gazetted officer, or the concerned Patwari or Head Master of a Government school,

(i) in case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill, and other disability, a certificate of residence from head of such institution.

2. Two recent passport size photographs

(For office use only)

Date:

Place:

Signature of issuing authority
Stamp

Form-II
Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport size
attested photograph
(Showing face only)
of the person with
disability.

Certificate No. _____

Date: _____

This is to certify that I have carefully examined Shri/Smt./Kum.
_____ son/wife/daughter of Shri _____ Date of Birth
(DD/MM/YY) _____ Age _____ years, male/female _____ registration No.
_____ permanent resident of House No. _____ Ward/Village/Street
_____ Post Office _____ District _____ State _____,
whose photograph is affixed above, and am satisfied that:

(A) he/she is a case of:

- locomotor disability
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is _____

(A) he/she has _____ % (in figure) _____ percent (in words) permanent locomotor
disability/dwarfism/blindness in relation to his/her _____ (part of body) as per guidelines
(..... number and date of issue of the guidelines to be specified).

2. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate .

3. Signature and seal of the Medical Authority.

(Dr. _____)

Member
Medical Board with seal

(Dr. _____)

Member
Medical Board with seal

(Dr. _____)

Chairperson
Medical Board with seal

Countersigned by the
Chief Medical Officer
(with seal)

Signature/thumb
impression of the person in
whose favour certificate of
disability is issued

Form - III
Certificate of Disability
(In cases of multiple disabilities)
(Name and Address of the Medical Authority/Board issuing the Certificate)

Recent passport size
attested photograph
(Showing face only)
of the person with
disability.

Certificate No. _____

Date: _____

This is to certify that we have carefully examined Shri/Smt./Kum.
_____ son/wife/daughter of _____ Shri
_____ Date of Birth (DD/MM/YY) _____ Age
_____ years, male/female _____.

Registration No. _____ permanent resident of House No. _____
Ward/Village/Street _____ Post Office _____ District _____ State
_____, whose photograph is affixed above, and am satisfied that:

(A) he/she is a case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid attack Victim			
7.	Low vision	#		
8.	Blindness	#		
9.	Deaf	£		
10.	Hard of Hearing	£		
11.	Speech and Language disability			
12.	Intellectual Disability			
13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			
15.	Mental illness			
16.	Chronic Neurological Conditions			

17.	Multiple sclerosis			
18.	Parkinson's disease			
19.	Haemophilia			
20.	Thalassemia			
21.	Sickle Cell disease			

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (.....number and date of issue of the guidelines to be specified), is as follows : -

In figures : - percent

In words :- percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is :

(i) not necessary,
or

(ii) is recommended/after years months, and therefore this certificate shall be valid till ---- ---- ----

(DD) (MM) (YY)

@ e.g. Left/right/both arms/legs

e.g. Single eye

£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of document	Date of issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority.

Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson

Countersigned by the
Chief Medical Officer
(with seal)

Signature/thumb impression of the person in whose favour certificate of disability is issued
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Form -IV
Certificate of Disability
(In cases other than those mentioned in Forms II and III)
(Name and Address of the Medical Authority/Board issuing the Certificate)

Recent passport size
attested photograph
(Showing face only) of
the person with
disability.

Certificate No. _____

Date: _____

This is to certify that I have carefully examined

Shri/Smt/Kum _____ son/wife/daughter of Shri

_____ Date of Birth (DD/MM/YY) _____

_____ Age _____ years, male/female _____ Registration No. _____

permanent resident of House No. _____ Ward/Village/Street _____

Post Office _____ District _____ State _____

whose photograph is affixed above, and am satisfied that he/she is a case of

_____ disability. His/her extent of percentage physical

impairment/disability has been evaluated as per guidelines (.....number and date of issue of the

guidelines to be specified) and is shown against the relevant disability in the table below:-

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	€		
8.	Hard of Hearing	€		
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological Conditions			
15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

(Please strike out the disabilities which are not applicable)

2. The above condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) not necessary, or

(ii) is recommended/after _____ years _____ months, and therefore this certificate shall be valid till (DD/MM/YY) _____

@ - eg. Left/Right/both arms/legs

- eg. Single eye/both eyes

€ - eg. Left/Right/both ears

4. Signature and seal of the Medical Authority.

Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson

Countersigned by the
Chief Medical Officer
(with seal)

Signature/thumb
impression of the person
in whose favour
certificate of disability is
issued