

1. Please provide a certified copy of the rules/guidelines being followed in your organization regarding the medical criterias that are currently required to be fulfilled for appointment to any Group A post.
2. Please provide a certified copy of the rules/guidelines on the type of relaxations that can be allowed by the Medical Board in the case of appointment to Group A posts.
3. Please provide a certified copy of the list of the type of relaxations that have been allowed by the Medical Board in the case of appointment to Group A posts in the last 5 years apart from the ones allowed at point 2 mentioned above.
4. Please provide a certified copy of the D.O.P.T. O.M.s/Guidelines that need to be followed to check the medical standards in the case of any Group A post.
5. Please provide the number of individuals, name of individuals, type of disability, posts for which medical was conducted, organization/department name in the case of individuals found to be having permanent disability and recommended by the Medical Board in the last 5 years.
6. Please provide the number of individuals, name of individuals, type of congenital defect, posts for which medical was conducted, organization/department name in the case of individuals found to be having any congenital defect and recommended by the Medical Board in the last 5 years.
7. Please provide the number of individuals, name of individuals, type of congenital defect, posts for which medical was conducted, organization/department name, along with the recommendations of the Medical Board, in the case of individuals found to be having congenital defect and not recommended by the Medical Board in the last 5 years.
8. Please provide the name of the competent authority, exact date when the medical standards for recruitment of different posts being followed by your organization were last revised.
9. Please provide the number of individuals, name of individuals, posts for which medical was conducted, organization/department name, in the case of individuals having pacemaker implantation and not recommended by the Medical Board in the last 5 years.

10. Please provide the number of individuals, name of individuals, posts for which medical was conducted, organization/department name, in the case of individuals having pacemaker implantation and recommended by the Medical Board in the last 5 years.
11. Please provide a copy of the order, type of prohibition in which any posts are prohibited for recruitment of a person with disability and/or a person with congenital defect.