

राजस्थान सरकार
कार्यालय वरिष्ठ विद्युत निरीक्षक, विद्युत निरीक्षणालय
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क्रमांक :- ३५५

दिनांक :- 21 JAN 2020

आवश्यक सूचना

इस विभाग द्वारा दिनांक 30.12.2019 एवं 31.12.2019 को आयोजित की गई सुपरवाइजर (खान) परीक्षा में उत्तीर्ण घोषित किये गये अभ्यर्थी सुपरवाइजर (खान) परमिट जारी करवाने हेतु निम्न दस्तावेजों के साथ इस विभाग के ऑनलाईन पोर्टल EID.Rajasthan.gov.in पर आवेदन करें :-

1. फोटो
2. नमूना हस्ताक्षर
3. जन्म दिनांक हेतु प्रमाण पत्र
4. तकनीकी योग्यता प्रमाण पत्र, अंक तालिका
5. निर्धारित शुल्क, ऑन लाईन पर जमा करना है।
6. स्वं प्रमाण पत्र (संलग्न)
7. चिकित्सा प्रमाण पत्र, राजकीय चिकित्सक से प्राप्त करना है। (संलग्न)


(जी.एस.जीनगर)
वरिष्ठ विद्युत निरीक्षक,
राजस्थान, जयपुर

प्रमाण पत्र

मैं..... पुत्र श्री

..... निवासी यह
प्रमाणित करता हूँ कि सुपरवाईजर माईन्स परीक्षा
दिसम्बर 2019 में मेरा परीक्षा केन्द्र था।
उक्त परीक्षा मेरा रोल नं०
आंशित किया गया था विभाग द्वारा घोषित
परीक्षा में परीणाम में मुझे उत्तीर्ण घोषित किया
गया है। मैं माईन्स सुपरवाईजर प्रमाण पत्र जारी
करने हेतु पात्र हूँ।

हस्ताक्षर आवेदनकर्ता

FORM-H
[See rules 8(2) and 13(3)]
MEDICAL CERTIFICATE

Space for [Passport
size photograph]

[To be filled in by a registered medical practitioner appointed for the purpose by the State Government or person authorized in this behalf by the State Government]

1. Name of the applicant
2. Identification Marks (1).....
(2).....
3. (a) Does the applicant, to the best of your judgment,
suffer from any defect of vision? If so, has it been
corrected by suitable spectacles. Yes/No
- (b) Can the applicant, to the best of your judgment, readily distinguish the
pigmentary colours, red and green? Yes/No
- (c) In your opinion, does the applicant suffer from a degree of deafness which
would prevent his hearing the ordinary sound signals?
Yes/No
- (d) In your opinion, does the applicant suffer from night blindness? Yes/No
- (e) Has the applicant any defect or deformity or loss of member which would
interfere with the efficient performance of his duties as a supervisor or
wireman? If so, give your reasons in details. (1) Yes/No
- (a) Optional
Blood group of the applicant (if the applicant so desires
that the information may be noted in his licence or
permit).
- (b) RH factor of the applicant (if the applicant so desires
that the information may be noted in his licence or
permit).

Declaration made-by the applicant in form I as to his physical fitness is attached.

Certificate of Medical Fitness

I certify that -

- (i) I have personally
examined the applicant Shri/ Smt.IKum
 - (ii) that while examining the applicant I have directed special attention to his / her distant vision;
 - (iii) While examining the applicant, I have directed special attention to his/her hearing ability, the
condition of the arms, legs, hands and joint of both extremities of the applicant ; and
 - (iv) I have personally examined the applicant for reaction time, side vision and glare recovery.
- And, therefore, I certify that, to the best of my judgment, he is medically fit to hold licence/
certificate/permit.

The applicant is not medically fit to hold a licence/certificate/permit for the following regions.
.....

Signature :

1. Name designation of the medical officer/Practitioner (Seal)
2. Registration number of Medical Officer.

Signature or thumb impression of the candidate.

Date :

Note :-

1. The medical officer shall affix his signature over the photograph affixed in such a manner that part of
the photograph and part the certificate.