PX./Issue

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
RAILWAY BOARD

No. 2019/H/05/05 **New Delhi, dated: 28.03.2019**

Principal Chief Medical Director
Central Railway,
Mumbai.

Sub: Appointment against PHP-quota case of Shri Sonu Kumar Rajesh, RRB BB Empanelled candidate for the post of Sr. Clerk cum Typist under PHP quota.
Ref: Central Railway's letter No. H.494/MB/SKR dated 08.02.2019.

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The issue has been examined wherein it has been found that the previous instructions relating to definition of blind and visually handicapped person was issued on the basis of a Gazette Notification issued by Competent Authority in Government of India. It is further noted that the definition has been further notified by Government of India through Gazette Notification issued on 5th January, 2018 superseding the earlier provisions.

A copy of Gazette notification issued by the Competent Authority in Government of India on the subject vide notification dated 5th January, 2018 is enclosed herewith for strict compliance in the Zones/PUs.

This has the approval of Competent Authority.

(R.S. Shukla)
Joint Director (Health)
Railway Board

Copy together with a copy of list of products of the firm forwarded to:-

i. **Principal Chief Medical Directors, All Indian Railways.**
ii. **Principal Chief Medical Officers, All Production Units (Including RDSO).**

They are requested to ensure adoption of the terminology of blind and visually handicapped person in terms of modified notification of Government of India issued on 5th January, 2018 (copy enclosed).

O/C

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यह परीक्षण यह बताता है कि रक्त के थक्के के लिए कितना समय लगता है यह VIII (8), IX (9), XI (11), और XII (12) फैक्टरों की थक्का क्षमता को मापता है। यदि इनमें से किसी भी थक्के वाले फैक्टर बहुत कम हैं, तो खून के थक्का के लिए सामान्य से अधिक समय लगता है। इस परीक्षण के परिणाम हेमोफिलिया ए या बी वाले लोगों के मध्य लंबा क्लोटिंग समय दिखाएंगे। जमावट की इस प्रक्रिया में कोओलिन या कोलेजन या एलेगिक एसिड द्वारा प्रेरित किया जाता है। सामान्य समय यानी 30–32 सेकंड है और सस्ते होते हैं और अधिकांश स्थानों पर उपलब्ध हैं।

प्रोथ्रोम्बिन टाइम (पीटी) टेस्ट

यह परीक्षण रक्त के थक्के के लिए जो समय लेता है उसे भी मापता है यह प्राथमिक रूप से I (1), II (2), V (5), VII(7) और X (10) फैक्टरों की थक्के क्षमता को मापता है। यदि इनमें से कोई भी कारक बहुत कम है, तो खून के थक्के के लिए सामान्य से अधिक समय लगता है हेमोफिलिया ए और बी वाले अधिकांश लोगों में इस परीक्षण के परिणाम सामान्य होंगे।

टिप्पणः ये परीक्षण सरल, करने में आसान और स्क्रीनिंग परीक्षण के रूप में कार्य करते हैं और अधिकांश स्थानों पर उपलब्ध हैं।

रक्त के थक्के फैक्टरों के लिए विशिष्ट परीक्षण (फैक्टर परख) फैक्टर VIII या फैक्टर IX स्तरों को मापने और निदान की पुष्टि करने के लिए किया जा सकता है। फैक्टर परख खून बहाव विकार के निदान और पुष्टि करने के लिए आवश्यकता हैं। यह रक्त परीक्षण हेमोफिलिया के प्रकार और गंभीरता को दर्शाता है सर्वोत्तम उपचार योजना बनाने के लिए प्रकार और गंभीरता को जानना महत्वपूर्ण है।

I. फैक्टर VIII प्रोटीन है जो हेमोफिलिया ए में कमी है।

II. फैक्टर IX प्रोटीन है जो हेमोफिलिया बी में कमी है।

[सं. 16–09/2014–डीडी–III]

शकुंतला डीलेे गामलिन, सचिव

MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT

[Department of Empowerment of Persons with Disabilities (Divyangjan)]

NOTIFICATION

New Delhi, the 4th January, 2018

S.O. 76(E).—Whereas the Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment, had constituted an expert committee vide order dated the 8th July, 2015 **(Annexure I)** under the chairmanship of Secretary, Department of Empowerment of Persons with Disabilities to suggest guidelines for evaluation and procedure for certification of various specified disabilities;

And whereas the expert Committee met on the 10th November, 2015 and decided that eight sub-committees in the following categories should be set up:

(i) locomotor disability;
(ii) visual impairment;
(iii) hearing impairment;
(iv) chronic neurological conditions;
(v) persons affected with blood related disorders;
(vi) developmental disorders;
(vii) mental illness; and
(viii) multiple disabilities;

And whereas the above eight sub-committees were set up by the Department of Empowerment of Persons with Disabilities vide orders dated the 21st September, 2016, the 3rd October, 2016 and the 23rd January, 2017.

And whereas the said sub-committees, after detailed deliberations, submitted their reports and these reports were examined by the expert committee headed by Secretary, Department of Empowerment of Persons with Disabilities;

And whereas the expert committee noted that the Ministry of Health and Family Welfare is the final authority to recommend guidelines on evaluation and procedure for certification of specified disabilities and accordingly the consolidated reports of all the eight sub-committees were referred to the Ministry of Health and Family Welfare for finalisation;

And whereas a meeting was held on the 11th April, 2017 under the chairmanship of Secretary, Ministry of Health and Family Welfare to consider the reports submitted by the eight sub-committees and subsequently Ministry of Health and Family Welfare conveyed their recommendations on 9th June 2017;

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SECTION K:

18. Muscular Dystrophy

18.1. Definition.- "**muscular dystrophy**" means a group of hereditary genetic muscle disease that weakens the muscles that move the human body and persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for healthy muscles. It is characterised by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue.

18.2. After detailed clinical examination, each of the features namely, weakness, contractures, scoliosis, cardiac or pulmonary involvement are evaluated and disability is computed based on the criteria for each of these and added to the locomotor disability component, using the combining formula: a + b (90-a)/ 90 (a = higher value, b = lower value). Disability is to be expressed in relation to the whole body. Total % of disability will not exceed 100%. Due to progressive nature of this disease, review may be necessary after a period, such as 2 years or as desired by the patient or as decided by the disability board.

18.3 Medical Authority and instruments required for certification of locomotor disability

18.3.1 The Medical Superintendent or Chief Medical Officer or Civil Surgeon or any other equivalent authority as notified by the State Government shall be the head of the certification board for the purpose of certification of locomotor disability including cerebral palsy, leprosy cured, dwarfism, acid attack victims and muscular dystrophy. The Board shall comprise of:

(i) Medical Superintendent or Chief Medical Officer or Civil Surgeon
(ii) Specialist in Physical Medicine and Rehabilitation or Specialist in Orthopedics
(iii) One specialist as nominated by Chief Medical Officer as per the condition of the person with disability.

18.3. 2. The most important resource is the knowledge and skill of the Members/Experts involved in the process. However, a few items listed below may also be required:

a. A measuring tape for measuring – vertical height of the person, degree of chest expansion, shortening of an extremity, or difference in girth of a limb etc.,
b. Goniometers – small, medium and large, for measuring range of motion at different joints,
c. Hand-held dynamometer,
d. Clean cotton piece for testing corneal sensation,
e. A ball point pen for testing sensory deficit e.g., in leprosy-cured person,
f. X-ray films, e.g., in cases with spinal deformity, amputation, arthritis, club foot, congenital limb deficiency, fractures etc.

II. VISUAL IMPAIRMENT

19.1. Definition.- Visual impairment

(a) "blindness" means a condition where a person has any of the following

conditions, after best correction—

(i) total absence of sight; or

(ii) visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction; or

(iii) limitation of the field of vision subtending an angle of less than 10 degree.

(b) "low-vision" means a condition where a person has any of the following conditions, namely:—

(i) visual acuity not exceeding 6/18 or less than 20/60 upto 3/60 or upto 10/200 (Snellen) in the better eye with best possible corrections; or

(ii) limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.

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19.2. Nature of Certificate: The medical authority will decide whether disability certificate should be temporary or permanent. The disability shall be permanent to be certified. The certificate can be temporary if condition is likely to worsen and also for specific purposes such as for pursuing education. The need of reassessment, if required, should be clearly mentioned in the certificate with time frame. In certain cases such as keratoconus, developmental defects, operated congenital cataract with corneal decompensation, operated congenital glaucoma with hazy cornea etc., the patient especially can be issued a temporary certificate.

19.3. Visual Impairment Certification Criteria and Gradation

Vision assessment should be done after best possible correction (medical, surgical or usual/conventional spectacles). The Ophthalmologist shall circle the vision Status and the Percentage Impairment and mark the Disability category accordingly as under:-

Better eye Best Corrected	Worse eye Best Corrected	Per cent Impairment	Disability category
6/6 to 6/18	6/6 to 6/18	0%	0
	6/24 to 6/60	10%	0
	Less than 6/60 to 3/60	20%	I
	Less than 3/60 No Light Perception	30%	II (One eyed person)
6/24 to 6/60 Or Visual field less than 40 up to 20 degree around centre of fixation or heminaopia involving macula	6/24 to 6/60	40%	III a (low vision)
	Less than 6/60 to 3/60	50%	III b (low vision)
	Less than 3/60 to No Light Perception	60%	III c (low vision)
Less than 6/60 to 3/60 Or Visual field less than 20 up to 10 degree around centre of fixation	Less than 6/60 to 3/60	70%	III d (low vision)
	Less than 3/60 to No Light Perception	80%	III e (low vision)
Less than 3/60 to 1/60 Or Visual field less than 10 degree around centre of fixation	Less than 3/60 to No Light Perception	90%	IV a (Blindness)
Only HMCF Only Light Perception, No Light Perception	Only HMCF Only Light Perception, No Light Perception	100%	IV b (Blindness)

- For Visual acuity the line should be read completely, in case of partial line read, one line below that line should be taken for visual acuity.

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Matrix Table

Left Eye Vision [Best Corrected Visual Acuity (BCVA)])

Right Eye Vision [Best Corrected Visual Acuity (BCVA)]	6/6 to 6/18	6/24	6/36	6/60	3/60	2/60	1/60	HMCF to PL-
6/6 to 6/18	0%	10%	10%	10%	20%	30%	30%	30%
6/24	10%	40%	40%	40%	50%	60%	60%	60%
6/36	10%	40%	40%	40%	50%	60%	60%	60%
6/60	10%	40%	40%	40%	50%	60%	60%	60%
3/60	20%	50%	50%	50%	70%	80%	80%	80%
2/60	30%	60%	60%	60%	80%	90%	90%	90%
1/60	30%	60%	60%	60%	80%	90%	90%	90%
HMCF to PL-	30%	60%	60%	60%	80%	90%	90%	100%

- **Yellow- Right eye is Better eye Brown- Left eye is better eye**
- **Percent disability is marked inside the box corresponding to the visual acuity for both eyes**

Field of Vision around centre of fixation

Left Eye

Right Eye	<40° to 20°	<20° to 10°	<10°
<40° to 20°	40%	50%	60%
<20° to 10°	50%	70%	80%
<10°	60%	80%	100%

- **Yellow- Right eye is Better eye Brown- Left eye is better eye (only better eye Fields to be taken in to account for determining the %)**

19.4. Medical Authority.

The medical authority shall comprise of one ophthalmologist and certificate of disability shall be countersigned by Medical Superintendent or Chief Medical Officer or Civil Surgeon or any other equivalent authority as notified the State Government.

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