GOVERNMENT OF TAMIL NADU
MEDICAL SERVICES RECRUITMENT BOARD(MRB)
7th Floor,DMS Buildings,359,AnnaSalai,Teynampet,Chennai-6.

Phone No:044-24355757

Website: https: www.mrb.tn.gov.in E.mail: msrb@tn.gov.in

NOTIFICATION NO: 23/MRB/2025 **DATE: 24.12.2025**

Special Qualifying Examination for persons appointed temporarily as Assistant Surgeon

1.Applications are invited **only** from 117 Medical Officers appointed temporarily in Tamil Nadu Medical Service under the rule 10(a)(i) of General rules for Tamil Nadu State and Subordinate Service / Section 17(1) of the Tamil Nadu Government Servants (Conditions of Service)Act 2016 who have completed their bond obligation and are continuing in the service on the date of issue of this order,so as to regularly appoint them in Tamil Nadu Medical Service as per the Government Order (Ms.)No.436, Health and Family Welfare (B1) Department, Dated: 08.10.2025 and continuing in service as on the date of this notification so as to absorb them as Assistant Surgeons on regular basis through online mode up to 13.01.2026 by conducting Special Qualifying Examination.

2.IMPORTANT DATES:

Date of Notification in Website	24.12.2025
Commencement of submission of application through Online mode	24.12.2025
Last date for submission of Application (Online Registration & Online payment)	13.01.2026
Date of Computer Based Examination	Will be intimated later

(Under Graduate Level Examination-100 objective type questions)

Note: Words of Masculine gender in these instructions should wherever the context so requires, be taken to include feminine gender.

3.IMPORTANT INFORMATION:

Differently Abled candidates exempted from writing Tamil Eligibility Test :

The Disabilities mentioned in the G.O.(Ms). No.49 Human Resources Management (M) Department Dated: 23.05.2022 are as follows:

1	Physical disability- Loco motor disability, Leprosy cured, Cerebral palsy, Dwarfism, Muscular Dystrophy, Acid Attack victims.
2	Physical disability – Visual Impairment –Blindness, Low vision
3	Physical disability - Hearing Impairment -Deafness, Hard of hearing
4	Physical disability – Speech and Language disability
5	Intellectual disability – Specific Learning disability (Dyslexia, Dysgraphia, Dyscalculia, Dysprasia), Developmental Aphasia, Autism Spectrum Disorder.
6	Mental Behaviour- Mental illness
7	Disability caused due to Chronic Neurological conditions, Multiple Sclerosis, Parkinson's Disease, Haemophilia, Thalassemia, Sickle Cell disease
8	Multiple Disabilities including deaf, blindness

Note –

1. This Exemption is also applicable to the Differently Abled Persons who have less than 40(%) percentage of Disabilities.
2. Differently Abled Persons who want to avail this Exemption must obtain a disability Certificate from the Competent Authority

4.EDUCATIONAL QUALIFICATION:

Candidates should possess the following or its equivalent qualification awarded by a University or Institution recognised by the University Grants Commission for the purpose of its grants. The courses must have been approved by the Medical Council of India.

For Assistant Surgeon - MBBS Degree

In addition to the above, the candidates

i. Must be a registered practitioner within the meaning of the Madras Medical Registration Act, 1914.

ii. Must have served as House Surgeon (CRRI) for a period of not less than twelve months.

iii. Candidates should have registered their name in the Tamil Nadu Medical Council on or before the date of this Notification (24.12.2025).

iv. If a candidate claims that the educational qualification possessed by him/her is equivalent though not the same as those prescribed for the appointment, the onus of proof rests with the candidate.

Note: **Orders issued in G.O.(D).No.133, Human Resources Management (M) Department, Dated: 01.12.2021 and G.O.(Ms).No.208, Health and Family Welfare (C2) Department, Dated: 11.07.2022 are applicable to this notification. (Candidates should undergo the Tamil Eligibility Test (SSLC Standard) (Minimum Qualifying Marks- 40%) in any of the session as decided by the Board on the day of the competitive examination for the post of Assistant Surgeon which will be intimated later. (Marks secured in the Tamil Eligibility Test (SSLC Standard) will not be taken into account for ranking). Candidates those who have qualified in Tamil Eligibility Test (SSLC Standard) by obtaining minimum qualifying marks of 40% alone are eligible for corrections of the subject paper prescribed for this post.**

5.CONDITIONS AND QUALIFICATION:

a. The claims of the candidates with regard to the date of birth, educational/technical qualifications and community are accepted only on the information furnished by them in their on-line application without physical verification of their claims. Their candidature, therefore will be provisional and subject to the Board satisfying itself, about their age, educational/technical qualifications, community etc. The candidature, is therefore, provisional at all stages and the Board reserves the right to reject any candidature at anystage, even after the selection has been made.

b. Candidates who consider themselves eligible to appear in an examination may apply and write the examination at their own risk, with an undertaking/declaration to that effect viz. before appearing for the examination, it should be ensured by the candidate that on the date of Notification of a post he fulfils all the conditions in regard to age, educational qualifications, etc. as provided in the rules. The candidature of candidates, if found ineligible shall stand cancelled, even after declaration of the result.

c. Candidate shall not have any adverse character or antecedents.

d. The Medical Officers, who do not pass the Special Qualifying Examination will be ousted from service without assigning any reason therefore as per the G.O(Ms)No.436, Health and Family Welfare (B1) Department Dated:08.10.2025

e. The Differently Abled persons should submit copy of Differently Abled Certificate specifying the nature of benchmark disability and the degree of disability whenever called by the Medical Services Recruitment Board. They should submit the disability certificate as mentioned in Annexure 03- of this Notification. [Section20(5) of Tamil Nadu Government Servants (Conditions of Service) Act 2016]

f. The selection for appointment to the above said post is purely provisional subject to final Orders on pending Writ Petitions, if any, filed at Madras High Court and Madurai Bench of Madras High Court.

6.SCHEME OF EXAMINATION (OBJECTIVE TYPE):

Subject	Duration	Maximum Marks	Minimum Qualifying Marks (%)	
			SC/SCA/ST	Others
Tamil Language Eligibility Test* (10th Standard Level)	**1:00 Hour**	**50**	**40%**	**40%**
Computer Based Test Objective type single paper Exam for Assistant Surgeon	**2:00 Hours**	**100**	**30**	**35**

(* As per G.O.(Ms).No.208, Health and Family Welfare (C2) Department, Dated: 11.07.2022)
(The Differently Abled Person Candidates are exempted from writing the Tamil Language Eligibility Test as per G.O.(Ms).No.49, Human Resources (M) Department, Dated: 23.05.2022.)

Note:-

- The question paper in the subject "Medical Sciences" will be set in **English** only and will contain 100 objective type questions. The Questions will be in the standard of Under Graduate Level (For Syllabus Refer Annexure 4- of the Detailed Instructions).
- There will be no negative mark for the wrong answer and no oral Test(Interview) for the post.
- The candidates who have applied under PwBD (Persons with Bench Mark Disability) category for the posts of Assistant Surgeon are eligible for

compensatory time of 20 Minutes to write the Computer Based Test based on the provisions laid down in the G.O. (Ms).No.8, Welfare of Differently Abled Persons (DAP-3.2) Department, Dated: 21.09.2021.

7.CENTRE FOR EXAMINATION:

Examination will be held at CHENNAI.

Sl.No	Name of the Centre	Centre Code
1	CHENNAI	01

Note:
Candidates should appear for the examination at their own expenses and no TA/DA will be paid.

8. PROCEDURE OF SELECTION:

i. Candidates should undergo the Tamil Language Eligibility Test (SSLC Standard) in any of the session decided by the Board on the day of the competitive examination for the post of Assistant Surgeon. Marks secured in the Tamil Language Eligibility Test (SSLC Standard) will not be taken into account for ranking. Candidates those who have qualified in Tamil Language Eligibility Test (SSLC Standard) by obtaining minimum qualifying marks of 40% alone are eligible for valuation of the subject paper prescribed for this post.

9. EXAMINATION FEE AND SERVICE CHARGE:

SC/SCA/ST/DAP	Rs. 500/-	Others	Rs.1000/-

Online application once registered/completed will not be allowed to be withdrawn and/or the fee paid towards the registration/application will not be refunded / adjusted for any reason.

10. ON-LINE REGISTRATION:

a. Interested candidates are first required to log on to the Medical Services Recruitment Board's website www.mrb.tn.gov.in

b. On the Home Page, click "Online Registration" to open up the On-Line Application Form.

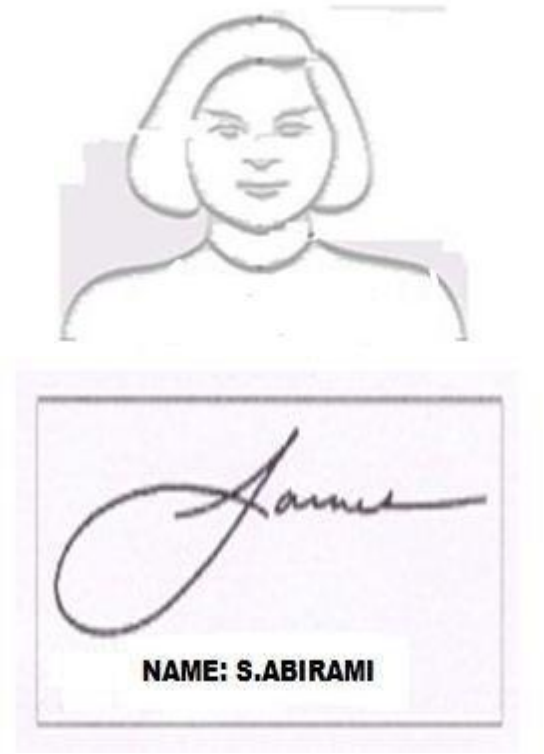
c. Select the name of the post of Assistant Surgeon

d. All the required particulars been entered without skipping any field.

e. Mobile number and e-mail ID are mandatory. All communication from

MRB will be sent to the registered mobile number by SMS and registered e-mail ID ONLY. No Communication will be sent by Post.

f. Candidates are required to upload their scanned copy of colour photograph and, scanned copy of signature as per the specifications given in the Guidelines for Scanning and Upload of Photograph and Signature. An online application is incomplete without the Photograph and Signature upload.



g. At the time of application, candidate need to apply only in online mode. **Candidate shall not send copies of certificates / printed application to MRB**. In the online application, candidates need to furnish the details such as: Community Certificate number; Issuing Authority; Date of issue, in support of the claims made with regard to Community, Medical Council/ Board Registration etc., failing which the application will not be considered under the respective categories.
Please read the instructions on "How to Apply On-line" in Annexure-1.

11. HALL TICKETS:

a. The Hall Tickets for eligible candidates will be made available in the Board's Website www.mrb.tn.gov.in for download. No Hall Tickets will be sent by post. Intimation regarding the availability of hall ticket for download will be sent to the registered email ID / SMS to the registered mobile number.

b. The candidates, applying for the examination should ensure that they fulfill all eligibility conditions for admission to examination. Their admission to the examination is purely provisional subject to satisfying of the eligibility conditions. Mere issue of Hall ticket to the candidate will not imply that his/her candidature has been fully cleared by the Board.

12. COMMUNICATION WITH THE MRB:

i. Any communication intended for the Board must be made in writing and addressed only to the Medical Services Recruitment Board, 7th floor, DMS Buildings, 359, Anna Salai, Teynampet, Chennai 600 006.
ii. If a reply is sought, it must be accompanied by an envelope affixed with sufficient postage stamps with the address to which the reply is to be sent.
iii. Communications asking for reasons for non-selection and request for exemption from age limit or other qualifications will receive no attention.
iv. The Board will receive communication only from candidates. Communication in the name of pleader or agent will receive no attention.
v. Requests for furnishing causes of failure in Computer Based Test or for non-selection on the results of the Test or revaluation will not be complied with.
vi. Details of marks of all candidates who appeared for the Computer Based Test will be hosted in the Board's website www.mrb.tn.gov.in
vii. After the selection is made by the Board, the list of selected candidates will be sent to Head of Department / Government for Appointment to the selected post.
viii. Any claim relating to the selection should be received within 10 days from the date of announcement of results. Claims received thereafter will not be considered.
ix. During the process of recruitment, from Notification till completion of selection process, No information / clarification on the selection particulars / details will be furnished to any petitions / representations including petitions received under Right to Information Act, CM cell petitions would be furnished.

13. SPECIAL INSTRUCTIONS:

All the candidates wishing to apply shall abide by the following undertaking and declaration in the on-line application. In addition, candidates who are called for certificate verification shall submit the following undertaking / declaration in writing to the Board

WARNING

- All recruitments by the Medical Services Recruitment Board are purely merit based.

- The Medical Services Recruitment Board hereby cautions the applicants against touts and agents who may cheat, be making false promises of securing jobs through unfair means.

- The Medical Services Recruitment Board shall not be responsible or liable for any loss that may be caused to any applicant on account of indulging in any sort of dealings with such unscrupulous elements.

- Applicants are solely responsible for their claims in the online application. They cannot blame service providers like internet cafes/browsing centres / Common Service centres for the mistakes made while applying online for recruitment. Applicants are advised to check the filled in online application along with required documents before finally submitting the same.

- **The applicants shall mandatorily upload the certificates / documents (in support of all the claims made / details furnished in the online application) at the time of submission of online application itself.It shall be ensured by the applicants that the online application shall not be submitted without uploading the required certificates.**

- **Applicants are directed to read all the information / instructions / guidelines given in this notification and the Board's "Instructions to applicants" before applying for this recruitment.Clarification if any required, may be obtained over phone and email well ahead of the last date for submission of online application.Candidates should follow the instructions given in the online application also.**

A. DECLARATION BY THE CANDIDATE

I. I hereby declare that all the particulars furnished in this application are true, correct and complete to the best of my knowledge and believe. In the event of any information being found false or incorrect or ineligibility being detected before or after the selection, action can be taken against me by the MRB.

II. I hereby declare that I will not be a party to any kind of canvassing on my behalf.

III. I further declare that I fulfil all the eligibility conditions prescribed for admission to this post.

IV. I have informed my employer in writing that I am applying for this post and furnish the NOC for this purpose (if applicable).

V. I have gone through the instructions etc. to candidates and the Board‟s Notification for this recruitment, before filling up the application form and I am eligible to apply for this post.

VI. I declare that I possess the Medical Standards prescribed for the post(s) which I am now applying.

VII. I certify that I have not been debarred / disqualified by the Board or any other recruiting agency.

VIII. I am not a dismissed Government Employee.

IX. There is no criminal case filed against me in the Police Station/Court.

X. There is no Vigilance Case filed against me.

XI. I hereby declare that my character / antecedents are suitable for appointment to this post.

XII. I declare that I do not have more than one living spouse.

(Signature of the candidate)

16.Candidates are advised to read and familiarize themselves with this detailed Notification before filling online application in www.mrb.tn.gov.in

MEMBER SECRETARY

DETAILED INSTRUCTIONS IN ANNEXURE

Annexure No.	Detail
1.	How to Apply On-line?
2.	Certificate for working under DPH&PM/ DM&RHS / DME/ESI/ others
3.	Guidelines for submission of certificate of Disability by the Differently Abled Person
4.	Syllabus

ANNEXURE-1

HOW TO APPLY ON-LINE?

a. Candidates should apply only through online in the Board's Website www.mrb.tn.gov.in.

b. Before applying, the candidates should keep a scanned image of their colour photograph with a placard indicating name of candidate and date of taking photograph and scanned image of their signature. (Preferably stored in a CD/DVD/Pen drive as per their convenience) as detailed in Para 11 (f) of detailed Notification.

c. A valid e-mail ID and Mobile Number is mandatory for registration. Email ID andthe given mobile number should be kept active till the declaration of results. MRB will send intimation regarding certificate verification, Other Messages only through the registered e-mail ID.

d. Please note that all the particulars mentioned in the online application including Name of the Candidate, Post Applied, Communal Category, Date of birth, Address, Email ID, etc. will be considered as final and **no modifications will be allowed after the last date specified for applying online.** Candidates are requested to fill in the online application form with utmost care as no correspondence regarding change of details will be entertained.

e. The candidates shall register their mobile number in the application to receive SMSs. **All communication from the MRB will be through e-mail and SMS to the candidate's registered email ID /mobile number only.**

f. Payment of fee can be done through on-line mode only.

Online Payment (Net Banking, Credit card / Debit card)

g. In case of candidates wishes to pay fees through the online payment gateway, i.e. Net Banking, Credit Card, Debit cardand Mobile wallet Payment, **an additional page of the application form will be displayed** wherein candidates may follow the instructions and fill in the requisite details to make payment.

h. After submitting your payment information in the online application form, please wait for the intimation from the server, **DO NOT press Back or Refresh buttonin order to avoid double charge.**

i. If the online transaction has been successfully completed a Registration Number and Password will be generated. Candidates should note the same for future reference.

j. If the transaction is successful, Registration Slip will be generated. Candidates are advised to take a printout of Registration Slip (copy of filled-in application form) for future reference.

Print Option:

k. After submitting the application, candidates can save/ print their application in PDF format.

l. On entering Registration Number and password, Candidates can download their application and print, if required.

m. Candidates need not send the printout of the online application or any other supporting documents to the Board. The certificates will be normally verified only when the candidates become eligible for next stage of selection.

n. The certificates produced in support of claim(s) made by the candidates, as per Notification, should be, whenever required as directed by the Board without fail.

Note:

i. Candidates are advised in their own interest to apply on-line and remit fee much before the closing date and not to wait till the last date to avoid last minute internet connectivity issues.

ii. Medical Services Recruitment Board will not be responsible for delayed submission (or) remitting of payment.

iii. **Under no circumstances, a candidate should share/mention e-mail ID or Mobile Number with any other person. In case a candidate does not havea valid personal e-mail ID, they should create a new e- mail ID before applying on-line and must maintain that email account**.

iv. No modification in fee payment through on-line mode is permitted.

v. Candidates should carefully fill in the details in the On-Line Application at the appropriate places and click on the "SUBMIT" button at the end of the On-Line Application format. Before pressing the "SUBMIT" button, candidates are advised to verify each and every particular filled in the application. The name of the candidate or his/her father/husband's name etc. should be spelt correctly in the application as it appears in the certificates. Any change/alteration found may disqualify the candidature.

vi. Any clarification regarding on-line registration may be obtained from the Help Desk Phone No. 022-42706524 between 09.00 am to 06.00 pm from Monday to Saturday. (except public holidays)

ANNEXURE- 2

Certificate for working under DPH &PM / DM&RHS /DME / ESI Others

This is to certify that Dr. …….. has been appointed temporarily vide G.O. Ms. No…… and joined duty as …… under the Directorate of ……..on ……. (date). Further it is certified that Dr. …… (TNMC Reg. No. ……) has been working continuously / with period of unauthorized absence, if any as detailed below: - (**)

(i) From ……. To …….

(ii) From ……. To …….

and is presently in service as on the date of issue of this certificate.

(**- To strike out which is not applicable)

Signature of Designated Officer

(Under whom the candidate is presently working)

ANNEXURE-3

FormV

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and incase of blindness) [See rule 18(1)]

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

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

CertificateNo._____ 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_____

(C) 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

(Signature and Seal of Authorized Signatory of notified Medical Authority)

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

Form VI

Certificate of Disability

(In cases of multiple disabilities) [See rule 18(1)]

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

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

CertificateNo._____ 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:

Sl. 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 overall permanent physical impairment as per guidelines (.....number and date of issue of the guideline s 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

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

FormVII

Certificate of Disability

(In cases other than those mentioned in Forms V and VI)

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

[See rule18(1)]

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

CertificateNo._____ 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 :-

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

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)
(Name and Seal)

Countersigned
{Counter signature and seal
of the Chief Medical Officer/
Medical Superintendent/
Head of Government
Hospital, in case the
Certificate isissued by a
medical authority who is not
a Government
servant (with seal)

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

Note.- In case this certificate is issued by a medical authority who is not a Government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District

List of Certifying Authority for the issue of disability certificate

Table-I

S.No	Specified disability	Medical Authority for the purpose of the issue of disability certificate	Certifying authority to issue certificate of disability
1	In case of amputation or complete permanent paralysis of limbs or dwarfism	Hospitals/ Institutions/ Primary Health Centres run by Central and State Government/ Statutory Local bodies	Any doctor/ medical practitioner working in the Hospitals/ Institutions/ Primary Health Centres run by Government/ Statutory Local bodies
2	Multiple Disability	District Hospital/ Other hospitals/ Institutionsrun by Central and State Government /Statutory Local Bodies having relevant medical specialist and testing/assessmentfacilities	Medical Board consisting of three members of whom two will be specialist dealing with relevant disabilities
3	Specified Disabilities not mentioned in Serial numbers1& 2 above	Hospitals/PrimaryHealthCenters /Institutionsrun by Central and State Government/ Statutory Local bodies having relevant medical specialist and testing/ assessment facilities	A specialist dealing with the relevant disability as specified in the Table - II given below

Table-II

SI. No	Category	Specialist
1	Locomotor disability other than amputation or complete permanent paralysis of limbs and dwarfism	Specialist in Physical Medicine and Rehabilitation or Orthopaedician
2	Muscular Dystrophy	Specialist in Physical Medicine and Rehabilitation or Orthopaedician.
3	Leprosy cured person	Specialist in Physical Medicine and Rehabilitation or Orthopaedician.
4	Cerebral Palsy	Specialist in Physical Medicine and Rehabilitation or Orthopaedician
5	Acid Attack Victim	Specialist in Physical Medicine and Rehabilitation or Orthopaedician
6	Blindness	Specialist in the field of Ophthalmology.
7	Low Vision	Specialist in the field of Ophthalmology
8	Deaf	Specialist in the field of Ear, Nose, Throat (E.N.T)
9	Hard of Hearing	Specialist in the field of Ear, Nose, Throat (E.N.T).
10	Speech and Language Disabilities	Specialist in the field of Ear, Nose, Throat (E.N.T) and Neurologist
11	Intellectual Disability	Children with intellectual disability below the age of18years– Paediatrician or Paediatric Neurologist or Psychiatrist. Adults with intellectual disability above the age group of18years– Psychiatrist.
12	Specific Learning Disabilities	Medical board consisting of a)Paediatrician; and b)Psychiatrist and trained psychologist.
13	Autism spectrum disorder	MedicalBoardconsistingof a) Psychiatrist and Trained psychologist; and b) Paediatrician or General Physician
14	Mental Illness	Psychiatrist.
15	Chronic Neurological Conditions such as Multiple Sclerosis and Parkinson's Disease	Medical Board consisting of a) Psychiatrist and Trained Psychologist; and b)Neurologist; and c) Orthopaedician or Specialist in Physical Medicine and Rehabilitation.
16	Hemophilia	Hematologists or Orthopaedician or Paediatrician or General Physician
17	Thalassemia	Hematologists or Orthopaedician or Paediatrician or General Physician
18	Sickle Cell Disease	Hematologists or Orthopaedician or Paediatrician o rGeneral Physician

ANNEXURE-4

SYLLABUS

Please see in the Document section under the Instructions to the candidates in MRB website in http://www.mrb.tn.gov.in /pdf/ Syllabus.pdf

DISCLAIMER

"The applicants while applying for the examination should furnish the details of equivalence of qualification declared in the form of Government order issued prior to the date of this Notification, if any, and produce the same when called for by Medical Services Recruitment Board, failing which their application will be rejected. The Government Orders regarding equivalence of qualification issued after the date of this Notification will not be accepted."

MEMBER SECRETARY

END OF NOTIFICATION