

APPENDIX - I

Certificate regarding physical limitation in an examinee to write

This is to certify that, I have examined Mr/Ms/Mrs _____(name of the candidate with disability), a person with _____(nature and percentage of disability as mentioned in the certificate of disability), S/o D/o _____ a resident of _____(Village/District/State) and to state that he / she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Signature

Chief Medical Officer/Civil Surgeon/Medical Superintendent of a
Govt. Health Care Institution

Name & Designation.

Name of Govt. Hospital/Health Care Centre with seal

Place :

Date :

Note :

Certificate should be given by a specialist of the relevant stream / disability (eg. Visual impairment – Ophthalmologist, Locomotor disability – Prthopaedic specialist / PMR).

LETTER OF UNDERTAKING FOR USING OWN SCRIBE

I _____, a candidate with _____(name of the disability) appearing for the _____(name of the examination) bearing Roll No. _____ at _____(name of the centre) in the District _____, _____(name of the state). My qualification is _____.

I do hereby state that _____(name of the Scribe) will provide the service of Scribe / reader / lab assistant for the undersigned for taking the aforesaid examination.

I do hereby undertake that his qualification is _____. In case, subsequently it is found that his qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims relating thereto.

(Signature of the Candidate with Disability)

Place :

Date :