

APPENDIX- A

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 (nature and percentage of disability as with 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
Superintendent

Surgeon/ Medical
of a Government health care institution

Name

&Designation.

Name of Government 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 - Orthopaedic specialist/ PMRJ.

APPENDIX B

Letter of Undertaking for Using Own Scribe

I _____, a candidate with _____ (name of the disability) appearing for he _____ (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/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 this 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 :