



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), D/o _____ a resident of _____ (Village/District/State) and to state that he/she has physical limitation which hampers her writing capabilities owing to her disability.

Signature

Chief Medical Officers/Civil Surgeon/Medical Superintendent 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/PMR).



APPENDIX – II

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 there to.

(Signature of the candidate with Disability)

Place :

Date :