

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/Do _____
_____ 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 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 (e.g. Visual
impairment – Ophthalmologist, Locomotor disability – Prthopaedic 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 thereto.

(Signature of the candidate with Disability)

Place :

Date :