

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 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).

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 _____
_____ (Centre code, name of the Centre & location) 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 beyond my qualification, I shall forfeit my right to the post and claims relating thereto.

(Signature of the candidate with Disability)

Place:

Date: