

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 (e.g.
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 _____ (name of the centre) in the District _____, _____ (name of the State/ UT). 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/ her qualification is _____. In case, subsequently it is found that his/ her 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: