

Section XIV: Appendices

Appendix A: Certificate regarding physical limitation in an examinee taking Computer Based Test.

APPENDIX-A-1

LETTER OF UNDERTAKING FOR USING SCRIBE/COMPENSATORY TIME

(To be submitted on or before the date as specified in Important Dates of this information brochure)

I _____, a candidate with _____ (nature of disability/condition) appearing for the _____ (name of the examination) bearing Roll No. /Registration No. _____. My educational qualification is _____.

I request the following and undertake to follow the procedure of examination: -

(Choose/Tick for any one of the options A or B)

A. FOR SCRIBE (Tick either SI no. 1 or 3 as applicable):

- I do hereby state that _____ (name of the scribe) will provide the service of scribe for the undersigned for taking the aforementioned examination.
- I do hereby undertake that his qualification is _____. If, 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, certificate/diploma/degree and claims relating thereto.

OR

- I hereby request the AIIMS, New Delhi, to provide a scribe to assist me in the above-said Examination.

Note: All persons taking scribe as above will be allowed compensatory time.

B. FOR COMPENSATORY (WITHOUT SCRIBE):

My physical limitations hamper my writing capability, and I need compensatory time. In case it is found that the information declared by the undersigned, I shall forfeit my right to the post or certificate/diploma/degree and claims relating thereto.

(Signature of the candidate)

(counter signature by the parent/guardian, if the candidate is minor)

Place:

Date:

Please see that you must submit any other certificate (if applicable) within the due date as mentioned in the prospectus in addition to this, failing which the above facilities may not be provided.

CERTIFICATE REGARDING PHYSICAL LIMITATION IN AN EXAMINEE TO WRITE
(To be submitted on or before the date as specified in Important Dates of this information brochure)

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 limitations 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 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- Orthopedic specialist/ PMR).

Please see that you must submit any other certificate (if applicable) within the due date as mentioned in the prospectus in addition to this, failing which the above facilities may not be provided.

Certificate for person with specified disability covered under the definition of Section 2 (s) of the RPwD Act, 2016 but not covered under the definition of Section 2 (r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing.

* * * * *

This is to certify that, we have examined Mr./Ms/Mrs _____ (name of the candidate), S/o / D/o _____, a resident of _____ (Vill/PO/PS/District/State), aged _____ yrs, a person with _____ (nature of disability/ condition), and to state that he/she has limitation which hampers his/her writing capability owing to his/her above condition. He/she requires support of scribe for writing the examination.

2. The above candidate uses aids and assistive device such as prosthetics & orthotics, hearing aid _____ (name to be specified) which is/are essential for the candidate to appear at the examination with the assistance of scribe.

3. This certificate is issued only for the purpose of appearing in written examinations conducted by recruitment agencies as well as academic institutions and is valid upto _____ (it is valid for maximum period of six months or less as may be certified by the medical authority).

Signature of medical authority

(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)
Orthopedic/PM R specialist	Clinical Psychologist/Rehabilitation Psychologist/Psychiatrist/Special Educator	Neurologist (If available)	Occupational therapist (If available)	Other Expert, as nominated by the Chairperson (If any)
Signature & Name				
Chief Medical Officer/Civil Surgeon/Chief District Medical Officer.....Chairperson				

Name of Government Hospital/Health Care Centre with Seal

Place:
Date: