

## 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./D/o.- \_\_\_\_\_ a resident of  
\_\_\_\_\_ (Village / District / State) and to state that he / she  
has physically 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 of disability 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 and claims relating to this examination.

(Signature of the candidate with Disability)

Place:

Date: