

परिशिष्ट-06 (1)

**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 Orthopedic specialist/PMR)**

परिशिष्ट-06 (2)

**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 center) 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:**