

परिशिष्ट-05 (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-05 (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: