

परिशिष्ट-4

Appendix-4(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 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)

**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 to the post and claims relating thereto.

(Signature of the candidate with disability)

Place:

Date: