



# उत्तराखण्ड लोक सेवा आयोग

## हरिद्वार-249404

संख्या : 182 / 16 / ई-3 / डी0आर0(आर0ओ0 / ए0आर0ओ0 / 2023-24 दिनांक : 16 नवम्बर, 2023

### विज्ञापित

### समीक्षा अधिकारी / सहायक समीक्षा अधिकारी परीक्षा-2023

एतद्वारा सूचित किया जाता है कि उत्तराखण्ड सचिवालय/उत्तराखण्ड लोक सेवा आयोग/राजस्व परिषद कार्यालय में समूह 'ग' के अन्तर्गत समीक्षा अधिकारी/सहायक समीक्षा अधिकारी के रिक्त 137 पदों पर सीधी भर्ती द्वारा चयन हेतु विज्ञापन संख्या-A-1/E-3/DR(RO/ARO)/2023, दिनांक 08 सितम्बर, 2023 के माध्यम से समीक्षा अधिकारी/सहायक समीक्षा अधिकारी परीक्षा-2023 का विज्ञापन प्रकाशित किया गया था।

2. उक्त विज्ञापन के अनुक्रम में दिव्यांगजन अभ्यर्थी जिनके द्वारा अपने ऑनलाइन आवेदन पत्र में श्रुतलेखक का दावा किया गया है, ऐसे अभ्यर्थी श्रुतलेखक के सम्बन्ध में किये गये दावे के सापेक्ष 40 प्रतिशत से अधिक दिव्यांगता के लिए परिशिष्ट-7(1) एवं परिशिष्ट-7(2) तथा ऐसे दिव्यांग अभ्यर्थी जिनकी दिव्यांगता 40 प्रतिशत से कम है, के लिए परिशिष्ट- 8(1) एवं परिशिष्ट-8(2) को पूर्णतः भरते हुए श्रुतलेखक की दो आवक्ष फोटो के साथ परिशिष्ट-7(2) अथवा परिशिष्ट-8(2) में किये गये दावे के आधार पर श्रुतलेखक की शैक्षिक योग्यता सम्बन्धी अंक-तालिका/प्रमाण-पत्र किसी भी माध्यम से आयोग कार्यालय में दिनांक 30 नवम्बर, 2023 (गुरुवार) तक उपलब्ध कराना सुनिश्चित करें।

3. उक्त निर्धारित तिथि के पश्चात श्रुतलेखक उपलब्ध कराये जाने से सम्बन्धित किसी भी दिव्यांग अभ्यर्थी के प्रत्यावेदन पर आयोग द्वारा विचार नहीं किया जायेगा। दिव्यांग अभ्यर्थी उक्त परिशिष्ट आयोग की वेबसाइट [psc.uk.gov.in](http://psc.uk.gov.in) से डाउनलोड कर सकते हैं। ऐसे दिव्यांग अभ्यर्थी, जिनके द्वारा श्रुतलेखक आयोग कार्यालय से उपलब्ध कराये जाने का दावा ऑनलाइन आवेदन पत्र में किया गया है, को हरिद्वार में परीक्षा केन्द्र आवंटित किया जायेगा। ऐसे दिव्यांग अभ्यर्थी परीक्षा की तिथि से 02 दिन पूर्व अर्थात् दिनांक 15 दिसम्बर, 2023 को लोक सेवा आयोग कार्यालय में उपस्थित होकर श्रुतलेखक से मिल सकते हैं।

S/d  
(गिरधारी सिंह रावत)  
सचिव।

परिशिष्ट-07 (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-07 (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:**

**परिशिष्ट-08 (I)**

**Appendix-08 (I)**

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 .....(nature of disability/condition), and to state that he/she with 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 unto \_\_\_\_\_ (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/ PMR 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:

परिशिष्ट-08(II)  
**Appendix-08 (II)**

Letter of Undertaking by the 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.

I \_\_\_\_\_, a candidate with \_\_\_\_\_ (nature of disability/condition) appearing for the \_\_\_\_\_ (name of the examination) bearing \_\_\_\_\_ Roll No. \_\_\_\_\_ at \_\_\_\_\_ (name of the center) in the District \_\_\_\_\_, \_\_\_\_\_ (name of the State). My educational qualification is \_\_\_\_\_.

2. I do hereby state that \_\_\_\_\_ (name of the scribe) will provide the service of scribe for the undersigned for taking the aforementioned examination.

3. I do hereby undertake that his qualification is \_\_\_\_\_. In case subsequently it is found that his qualifications is not as declared by the undersigned and is beyond my qualification. 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: