

Important Notice

Facility for the Persons with Disability

1. The facility of Scribe with recently passed lesser qualification is allowed to the persons who has disability less than 40% and **having difficulty in writing**, if he/she so desires.
2. If yes, you may apply online mentioning SCRIBE REQUIRED disclosing your full particulars
 - a) Registration No. _____
 - b) Name_____
 - c) Post applied for _____
 - d) Type of disability_____
 - e) Percentage of disability_____at the e-mail id chdirect2022@gmail.com latest by **26th of January, 2023**.
3. After confirmation from this office, the candidate should bring his/her own scribe with lesser qualification.
4. The candidate, so permitted should bring following documents in original alongwith Xerox copy of the same at the Exam. Centre on Test Day for verification:
 - a) The Disability Certificate issued by the competent medical authority as per proforma (Appendix-I)
 - b) Proforma (Appendix-II) duly filled in with proof of qualification (having passed recently) & identity of Scribe with a passport size photograph duly attested by a gazette officer.

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.**

1. 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 with _____ (nature of disability/condition), and to state that he/she 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 die 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 upto _____ (it is valid for a maximum period of six months or less as may be certified by the medical authority).

Signature of medical authority

(Signature & Name)
Orthopedic/ PMR Specialist

(Signature & Name)
Clinical Psychologist/Rehabilitation
Psychologist/Psychiatrist/Special Educator

(Signature & Name)
Neurologist
(if available)

(Signature & Name)
Occupational therapist
(if available)

(Signature & Name)
Other Expert
as nominated by the Chairperson
(if any)

Name of Government Hospital/Health Care Centre with Seal

Place:

Date:

Letter 1 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.**

1. I _____, a candidate with _____ (nature of disability/condition) appearing for the _____ (name of the examination) bearing Roll No. _____ at _____ (name of the centre) 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 _____ (copy of marks sheet/certificate attached) . 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 or certificate/diploma/degree and claims relating thereto.

(Signature of the Scribe)

(Signature of the Candidate)

Name : _____

Address : _____

Mobile : _____

(Counter signature by the parent/guardian of the Candidate)

Name : _____

Address : _____

Mobile : _____

Place:

Date: