

Appendix A: Certificate regarding physical limitation in an examinee taking Computer Based Test.

APPENDIX-A-1

LETTER OF UNDERTAKING FOR USING SCRIBE/COMPENSATORY TIME

(To be submitted on or before the date as specified in Important Dates of this information brochure)

I _____, a candidate with _____ (nature of disability/condition) appearing for the _____ (name of the examination) in the District _____, _____ (name of the State). My educational qualification is _____.

I request the following and undertake to follow the procedure of examination: -

(Choose/Tick for any one of the options A or B)

A. FOR SCRIBE (Tick either Sl no. 1 or 3 as applicable):

- I do hereby state that _____ (name of the scribe) will provide the service of scribe for the undersigned for taking the aforementioned examination.
- I do hereby undertake that his qualification is _____. If, 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, certificate/diploma/degree and claims relating thereto.

OR

- I hereby request the AIIMS, New Delhi, to provide a scribe to assist me in the above-said Examination.
Note: All persons taking scribe as above will be allowed compensatory time.

B. FOR COMPENSATORY (WITHOUT SCRIBE):

My physical limitations hamper my writing capability, and I need compensatory time. In case it is found that the information declared by the undersigned, 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:

Please see that you must submit any other certificate (if applicable) within the due date as mentioned in the prospectus in addition to this, failing which the above facilities may not be provided.

Note: Unless otherwise mentioned in the advertisement Appendix-A-2/Appendix A-3 (As applicable) is mandatory alongwith this Undertaking (A-1). Please see clause Rules of Scribe and Compensatory Time of advertisement for more detail.

CERTIFICATE REGARDING PHYSICAL LIMITATION IN AN EXAMINEE TO WRITE

(To be submitted on or before the date as specified in Important Dates of this information brochure)

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 limitations 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 of Government Hospital / Health Care Centre with Seal

Place:

Date:

Note:

Certificate should be given by a specialist of the relevant stream / disability (e.g. Visual impairment-
Ophthalmologist, Locomotor disability- Prthopaedic specialist/ PMR).

*Please see that you must submit any other certificate (if applicable) within the due date as mentioned
in the prospectus in addition to this, failing which the above facilities may not be provided.*

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 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 users 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 upto _____ (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/PM R 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:

(FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA)

This is to certify that Shri/Smt./Kumari _____ son/daughter of
_____ of village/town _____
in District/Division _____ in the State/Union Territory
_____ belongs to the _____ Community which is recognized as a backward class under the
Government of India, Ministry of Social Justice and Empowerment's Resolution No. ___ dated
_____. *Shri/Smt./Kumari _____ and/or his/her family
ordinarily reside(s) in the _____ District/Division of the
_____ State/Union Territory. This is also to certify that he/she does not belong to the persons/sections
(Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of
Personnel & Training O.M. No. 36012/22/93-Estt (SCT) dated 8.9.1993**.

District Magistrate: _____ Deputy

Commissioner etc.: _____ Dated:

Seal:

*The authority issuing the certificate may have to mention the details of Resolution of Government of India, in
which the caste of the candidate is mentioned as OBC.

**As amended from time to time.

Note: The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the
People Act, 1950.

Proforma for Economically Weaker Sections (EWS) Certificate
(INCOME & ASSESSTS CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS)

Government of _____
(Name & Address of the authority issuing the certificate)

Certificate No.: _____ Date: _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt/Kumari _____ son/daughter/wife of _____ permanent resident of _____ Village/Street _____ Post Office _____ District _____ in the State/Union Territory _____ Pin Code _____ whose photograph is attested below to Economically Weaker Sections, since the gross annual income* of his/her family** is below Rs. 8 Lakh (Rupee Eight Lakh only) for the financial year _____ His/Her family does not own or possess any of the following assets***:

- I. Acres of agriculture all and above;
- II. Residential flat of 1000sq.ft.and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

Shri/Smt/Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Centre List)



Signature with seal of office _____

Name _____

Designation _____

***Note 1:** Income covered all sources i.e. salary, agriculture, business, profession, etc.

****Note 2:** The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

*****Note 3:** The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

The authorities competent to issue EWS Certificates are indicated below:

- (i) District Magistrate/ Additional Magistrate/ Collector/ Deputy Commissioner/ Additional Deputy Commissioner/ Deputy Collector/ 1st Class Stipendiary Magistrate/ Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner(not below the rank of 1st Class Stipendiary Magistrate)
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate
- (iii) Revenue Officer not below the rank of Tehsildar
- (iv) Sub-Divisional Officer of the area where the candidate and/or his/her family resides.