सत्यमेव जयते

THE ADMINISTRATION OF UNION TERRITORY OF LADAKH

संघ राज्य प्रशासन, लद्दाख

LADAKH SUBORDINATE SERVICES STAFF SELECTION BOARD

लद्दाख अधीनस्थ सेवा कर्मचारी चयन बोर्ड

email id: lsssbrect@gmail.com

No: A-12/60/2024-US(LSSSB)/ 625-630 Date:19.11.2025

PUBLIC NOTICE No. 09

Subject: Submission of Disability Certificates and Annexures for PwD/PwBD Candidates – Regarding Scribe Facility and Compensatory Time.

All Persons with Disabilities (PwD/PwBD) candidates appearing for the upcoming matriculation level examination are hereby informed to submit the required Disability Certificates and relevant Annexures for availing the scribe facility and/or compensatory time, as notified in the Advertisement Notice LSSSSB/2025/01 dated 28.07.2025.

Candidates who wish to avail scribe/reader/passage reader and/or compensatory time must submit all relevant certificates as given below:

1. **Candidates Eligible for Scribe as per Para 9(i) of the Advertisement Notice:** PwBD candidates belonging to the following categories Blindness, Locomotor Disability (Both Arms Affected – BA), Cerebral Palsy, who require the facility of scribe, must submit:
   i. Copy of Disability Certificate.
2. **PwBD Candidates eligible for scribe on production of certificate, as per Para 9(ii) of the Advertisement Notice:** PwBD candidates of other categories who have a physical limitation to write and for whom a scribe is essential, must submit:
   i. Copy of Disability Certificate,
   ii. Certificate as per *Annexure-I.*
3. **PwD Candidates with disability less than 40% as per Para 9(iii) of the Advertisement Notice:** PwD candidates having disability below 40% but facing difficulty in writing, in accordance with OM No. 29-6/2019-DD-III dated 10.08.2022, may also avail the scribe facility. Such candidates must submit:
   i. Copy of Disability Certificate,
   ii. Certificate as per *Annexure-III.*

Note:

1. *Scribe will be arranged by the Board.*
2. *PwD/PwBD candidates availing scribe/passage reader and/or compensatory time must submit the required certificates and annexures to the Board through email to Lsssbgrievance@gmail.com or physically submit to the Office of Secretary, LSSSSB, Old Raj Niwas Secretariat Karzu, Leh by 25.11.2025.*
4. *Incomplete or late submissions may lead to non-provision of the scribe facility and/or compensatory time.*

19/11

(डॉ. ज़ाहिदा बानो / Dr. Zahida Bano) JKAS
सचिव / Secretary
लद्दाख अधीनस्थ सेवा कर्मचारी चयन बोर्ड /
Ladakh Subordinate Services Staff Selection Board

Copy to the:

1. Chairman and Members of the Board
2. Administrative Secretary, General Administration Department.
3. Deputy Commissioners/CEOs, LAHDC, Leh/Kargil.
4. OSD to Chief Secretary, UT of Ladakh for kind information of the Chief Secretary.
5. Superintendent Archive, Archaeology & Museums.
6. Order/Stock file (w.2.s.c)

ANNEXURE-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 owning 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 (e.g. Visual Impairment-Ophthalmologist, Locomotor Disability-Orthopaedic specialist/ PMR).

ANNEXURE -III

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 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 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/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: