

APPENDIX -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/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)

APPENDIX-2**Letter of Undertaking for Using Own Scribe**

I, _____ a candidate
with _____ (name of the
disability) appearing for the _____ (name of the
examination) bearing Application No. _____.

I do hereby state that _____ (name of the scribe)
will provide the service of scribe/reader for the undersigned for taking the aforesaid
examination.

I do hereby undertake that his/her qualification is _____.

In support of his/her maximum educational qualification, a certificate issued by the Head of the
institution is attached herewith. If it is subsequently found that his/her qualification is not as
declared by the undersigned and is beyond my qualification, I shall forfeit my right to the
admission and claims relating thereto.

(Signature of the candidate)

Place:

Date: