

SUPREME COURT OF INDIA
[RECRUITMENT CELL]

New Delhi, dated January 16, 2025

Admit Card for Typing Speed Test for the posts of Court Master (Shorthand), Senior Personal Assistant and Personal Assistant can be downloaded by clicking on the following link: -

<https://cdn3.digialm.com/EForms/configuredHtml/32912/91925/login.html>

Candidates who have applied for more than one post are required to login, download and bring separate Admit Card for each post to the test centre failing which they will not be allowed entry for the post for which Admit Card has not been brought.

For PwD candidates, the respective Annexure(s) as applicable to them are also attached below which are to be brought duly signed by appropriate Government Medical Authority at the time of examination.

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/typing 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/ HealthCare 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-Orthopedic specialist/ PMR)

Annexure-IA

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/typing capability owing to his/her above condition. He/she requires support of scribe/passage reader for writing/typing 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, a 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:

Letter of Undertaking for Using Own Scribe/Passage Reader

I, a candidate with _____ (name of the disability)
appearing for the _____ (name of the examination)
bearing Roll No _____ at _____ (name of the
centre) in the District _____, _____ (name
of the State/ UT) My qualification is _____

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

I do hereby undertake that his/ her qualification is _____ In
case, subsequently it is found that his/ her qualification is not as declared by the
undersigned and is not one step below my qualification, I shall forfeit my right to the post and
claims relating thereto

(Signature of the candidate with Disability)

Place:

Date:

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 centre) in the District _____, _____ (name of the State). My educational qualification is _____.

2. I do hereby state that _____ (name of the scribe/passage reader) will provide the service of scribe/passage reader 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 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 Candidate)

(Counter signature by the parent/guardian, if the candidate is minor)

Place:

Date: