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APPENDIX- 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 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/Health Care Centre with Seal

Place:

Date:

**Note:**

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



भारतीय विमानपत्तन प्राधिकरण  
**AIRPORTS AUTHORITY OF INDIA**

(SCHEDULE – 'A' MINI RATNA- CATEGORY- 1 PUBLIC SECTOR ENTERPRISES)

राजीवगांधीभवन, सफदरजंगहवाईअड्डा, नईदिल्ली- 110003

**RAJIV GANDHI BHAWAN, SAFDARJUNG AIRPORT, NEW DELHI-110003**  
RECRUITMENT OF MANAGERS AND JUNIOR EXECUTIVES IN VARIOUS DISCIPLINES  
ADVERTISEMENT No. 02/2018

**Conduct of computer based test/examination for recruitment of Managers and Junior Executives in various disciplines - Advertisement no. 02/2018**

**DECLARATION BY CANDIDATE WITH DISABILITY**

I \_\_\_\_\_ S/o,W/o,D/o \_\_\_\_\_  
R/o \_\_\_\_\_  
\_\_\_\_\_ Roll Number : \_\_\_\_\_ for the examination for the post of \_\_\_\_\_  
\_\_\_\_\_ (Post Code : \_\_\_\_\_) exam schedule on \_\_\_\_\_  
\_\_\_\_\_ session \_\_\_\_\_ hereby declared that Mr./Ms.  
\_\_\_\_\_ S/o, W/o, D/o \_\_\_\_\_,  
R/o \_\_\_\_\_ has agreed on my request  
to act as my scribe for the above online computer based test/examination.

I do hereby undertake that qualification of my scribe is \_\_\_\_\_. In case,  
subsequently it is found that his qualification is not as declared by me and beyond my qualification, I shall  
forfeit my right to the post and claims relating thereto.

**DECLARATION BY SCRIBE/WRITER**

I \_\_\_\_\_ S/o,W/o,D/o \_\_\_\_\_  
R/o \_\_\_\_\_  
holder of identification \_\_\_\_\_ have agreed to act as scribe for Mr./Ms. \_\_\_\_\_ -  
\_\_\_\_\_ S/o, W/o, D/o \_\_\_\_\_  
the \_\_\_\_\_ (type of disability) candidate having Roll No.  
\_\_\_\_\_ for the examination for the post of \_\_\_\_\_  
(Post Code: \_\_\_\_\_) exam scheduled on \_\_\_\_\_ and session \_\_\_\_\_.

I declared that my educational qualification as on date \_\_\_\_\_ is (Tick the box):

Below Metric	Metric	10+2	Graduate	Post Graduate

Space for pasting of recent passport size photograph of **Scribe** to be cross self attested

Space for pasting of recent passport size photograph of **Candidate** to be cross self attested

If the above declaration is found false, I shall be solely responsible for the consequences and loss suffered by the candidate.

**Signature of Scribe**

If the above declaration is found false, I shall be solely responsible for the consequences. I am engaging the above scribe at my own cost and risk. I Understand that if the declaration of the scribe is found false, I may be debarred from the examination.

**Signature of Candidate With Disability**

**Note: The candidate & scribe should report at half hour before the normal reporting time at the Exam Centre for this purpose.**