



भारतीय विमानपत्तन प्राधिकरण
(अनुसूची - 'ए' मिनीरत्न - श्रेणी 1 - सार्वजनिक क्षेत्र का उपक्रम)
AIRPORTS AUTHORITY OF INDIA
(SCHEDULE-'A' MINI RATNA-CATEGORY -1 PUBLIC SECTOR ENTERPRISE)
क्षेत्रीय मुख्यालय (पश्चिमी क्षेत्र), एकीकृत प्रचालन कार्यालय भवन,
पारसीवाडा, सहार रोड, विले पार्ले (पूर्व), मुंबई - 400 099.
REGIONAL HEADQUARTERS (WESTERN REGION), INTEGRATED
OPERATIONAL OFFICES BUILDING, OPP. PARSIWADA, SAHAR ROAD,
VILE PARLE (EAST), MUMBAI - 400 099

Notice for PwBD Applicants under Advertisement No. DR-01/02/2025/WR

1. Reference is made to Para 6 (vii) of Advertisement No. DR-01/02/2025/WR uploaded on AAI website on 24/02/2025 for recruitment of Senior Assistant (Official Language), Senior Assistant (Operations), Senior Assistant (Electronics), Senior Assistant (Accounts), Junior Assistant (Fire Services) in Airports Authority of India, Western Region.
2. PwBD Candidates who has physical limitations which hampers his/her writing/Typing capabilities owing to his/her disability are required to submit the necessary documents as enclosed as Annexure-I at the time of CBT to avail the requisite facility.
3. PwBD candidates who are using own scribe are required to submit the necessary documents as enclosed Annexure-II at the time of CBT to avail the requisite facility.

General Manager (HR)
30/05/2025

**Certificate regarding physical limitation in an examinee for
Computer Based Test (CBT)**

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/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- Orthopedic specialist/PMR).

Letter of Undertaking for Using Own Scribe

I _____, a candidate with _____
_____ (Name and nature of the disability)
appearing for Computer Based Test to the post of _____
_____ bearing Application No. / Registration ID
_____ and Roll No. _____ at
_____ (name of the centre)
in the District _____ and State of
_____ (Name of the State) on _____ (Date).

My qualification is _____.

I do hereby state that _____

_____ (name and address of the scribe) will provide the service of the scribe for the undersigned for taking the aforesaid examination.

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

(Signature of the Candidate with Disability)

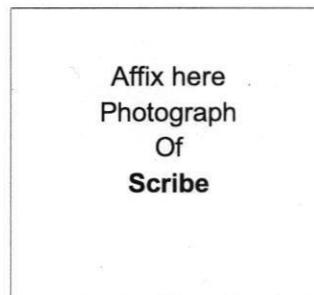
Place:

Date:

ID proof of the scribe

Document name: _____ Self-

attested copy attached: Yes/No



I declare that my qualification is _____ and don't have equal /higher qualification than that of the candidate mentioned above.

Signature of the scribe in the presence of the invigilator:

Signature of the exam Invigilator: