

**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).

**LETTER OF UNDERTAKING FOR USING OWN SCRIBE**

**DECLARATION BY THE VH/OH CANDIDATE**

I \_\_\_\_\_ S/o,W/o,D/o \_\_\_\_\_  
 R/o \_\_\_\_\_  
 Roll Number : \_\_\_\_\_ for the examination for the post of \_\_\_\_\_  
 \_\_\_\_\_ (Post Code : \_\_\_\_\_) exam scheduled on 06/05/2025 in session \_\_\_\_\_  
 with disability type \_\_\_\_\_ hereby declare 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.

**DECLARATION BY THE SCRIBE/READER**

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  
 VH / OH candidate having Roll No. \_\_\_\_\_ for the examination for the  
 post of \_\_\_\_\_ (Post Code: \_\_\_\_\_) exam scheduled on 06/05/2025  
 and Session \_\_\_\_\_.

I declare that my educational qualification as on date (06/05/2025) is (Tick the box):

Below Matric	Matric	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.

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 Scribe/Reader**

**Signature/Thumb Impression of the VH/OH Candidate**

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