



भारतीय विमानपत्तन प्राधिकरण
AIRPORTS AUTHORITY OF INDIA
(A Category – 1 'Mini Ratna' Public Sector Enterprise)
Eastern Region, NSCBI Airport, Kolkata-52

ADV. No. ER/01/2022

DECLARATION BY CANDIDATE WITH DISABILITY

I _____ S/o, W/o, D/o _____ R/o _____
_____ Roll

Number: _____ appearing for the AAI examination for the post of _____ (Post Code: _____) scheduled on _____ session _____ 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.

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 _____ having _____ (type of disability) with Roll No. _____ for the AAI 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
<input type="checkbox"/>				

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 half an hour before normal reporting time at Exam Centre for this purpose

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).