



भारतीय विमानपतन प्राधिकरण  
**AIRPORTS AUTHORITY OF INDIA**  
(SCHEDULE – ‘A’ MINI RATNA- CATEGORY- 1 PUBLIC SECTOR ENTERPRISE)  
**Regional Headquarters, Northern Region, NATS**  
**Building, IGI Airport, New Delhi-110037**

**RECRUITMENT FOR NON-EXECUTIVE CADRES IN NORTHERN REGION ADVT. NO.  
01/2022/NR**

**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 declare that my educational qualification as on date \_\_\_\_\_ is \_\_\_\_\_.

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

Space for pasting of  
recent passport size  
photograph of **Candi-  
date** to be cross self  
attested

If the above declaration is found false, I  
shall be solely responsible for the conse-  
quences and loss suffered by the candi-  
date.

Signature of Scribe

If the above declaration is found false, I  
shall be solely responsible for the conse-  
quences. 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.**

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).