

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 institute

Name and 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 – Orthopaedic specialist/PMR).

APPENDIX - II

Letter of Undertaking for Using Own Scribe

I....., a candidate with(Name of the disability) appearing for the(Name of the examination) bearing Roll No.....at.....(Name of the Sub-Centre) in the District....., Maharashtra. My qualification is.....

I do hereby state that..... (Name of the Scribe) will provide the service of Scribe/Reader/Lab Assistant for the undersigned for taking the aforesaid examination.

I do hereby undertake that his qualification isIn case, if it is found that scribe's qualification is not as declared by the undersigned or is equal to or higher than my qualification or if found to be more than or equal to the minimum qualification criteria of the examination. I shall forfeit my right to the post and claims relating thereto.

(Signature of the candidate with Disability)

Place:-

Date:-