

APPENDIX-1

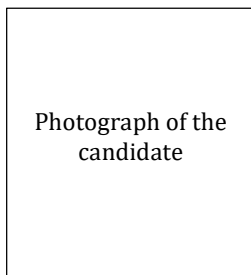
Certificate regarding Physical limitation in examination to write

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), S/o\D/o _____ a resident of _____ (full address with village, district, state) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Name of the candidate:

Name of ID proof:

ID number:



Signature

(Chief Medical Officer/ Civil Surgeon/
Medical Superintendent of Government
Health Care Institution)

Name and Designation

Name of the Government Health Care Institution

Place:

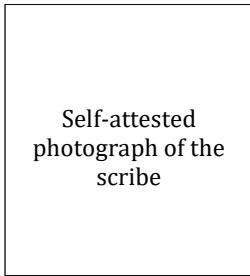
Date:

Letter of Undertaking for Using Own Scribe

I, _____, a candidate with _____
(name of the disability) appearing for the _____ (name of the
examination) bearing Application No. _____. My qualification is _____.

I do hereby state that _____ (name of the scribe) will provide the
service of scribe/reader for the undersigned for taking the aforesaid examination.

I do hereby undertake that his/her qualification is _____. In case subsequently it is
found that his/her qualification is not as declared by the undersigned and/or is beyond my
qualification, I shall forfeit my right for admission and claims there to.



Signature of the candidate with disability

Name of the scribe:

ID of the scribe:

IN No.

Place:

Date: