

ANNEXURE - I**Certificate regarding physical limitation to write in examination**

Certificate No. _____ Dated _____

This is to certify that Mr. /Ms. _____

Aged _____ years, Son/Daughter of Mr./Mrs. _____

_____ R/o _____

Affix Passport size Photograph of the candidate (same as uploaded on the Online Application Form) duly attested by the issuing authority.

_____, with URSC Application No. _____ and URSC Roll No. _____, has the following Disability (name of the Specified Disability) _____ in _____ (percentage) of _____ (in words) _____ (in figures).

- **Please tick the "Specified Disability"**
(Assessment may be done on the basis of Gazette of India, Extraordinary, Part-II, Section (ii), Ministry of Social Justice and Empowerment)

Sl No	Category	Types of Disability	Specified Disability
1.	Physical Disability	Locomotor Disability	a. Leprosy cured person, b. cerebral palsy, c. dwarfism, d. muscular dystrophy, e. acid attack victims.
		Visual impairment	a. Blindness, b. low vision
		Hearing Impairment	a. Deaf, b. hard of hearing
		Speech & Language disability	Permanent disability arising out of condition such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.
2.	Intellectual Disability		a. Specific Learning disabilities/perceptual disabilities: Dyslexia, Dysgraphia, Dyscalculia, Dyspraxia & Development Aphasia b. Autism spectrum disorder
3.	Mental Behavior		a. Mental illness
4.	Disability caused due to	i. Chronic Neurological Conditions	a. Multiple sclerosis b. Parkinson's disease
		ii. Blood disorder	a. Hemophilia, b. Thalassemia, c. Sickle cell disease
5.	Multiple Disabilities		More than one of the above specified disabilities including deaf blindness

This is to further certify that he/she has physical limitation which hampers his/her writing capabilities to write the Examination owing to his/her disability.

Signature

Name: _____

Chief Medical Office/Civil Surgeon/Medical Superintendent
Government Health Care Institution with Seal

ANNEXURE – 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 centre) in the District _____, _____ (name of the State). 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 is _____. In case, subsequently it is found that his qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims relating thereto.

(Signature of the Candidate with Disability)

Place:

Date:

***Note:** It should be ensured that the qualification of the scribe should be one step below the qualification of the candidate taking the examination. A proof regarding the qualification of the scribe should be produced by the candidate.