

Staff Selection Commission

Central Region

Important Notice

Attention: Candidates of Combined Higher Secondary (10+2) Level Examination, 2023 seeking exemption from appearing in Part B (Session II- Section-III Module-II: Skill Test/Typing Test Module) of Tier II.

As per para 13.9.7.7.7 of Recruitment Notice of CHSLE 2023, Persons with Benchmark Disabilities candidates who seek exemption from appearing Typing Test, are required to submit the following documents/certificates to this Regional Office of SSC **on e-mail ssccrchs12023@gmail.com latest by 31.10.2023** from the competent Medical Authority, i.e., the Civil Surgeon of a Government Health Care Institution declaring him to be permanently unfit for the Typing Test because of a physical disability.

- (i) Medical Certificate (Annexure XIV) for seeking exemption from appearing in Typewriting Test.
- (ii) Certificate of Disability as per Recruitment Notice (Annexure XI to XIII)
- (iii) Undertaking

2. The candidates are also required to produce all these documents in original at the time of Document Verification (DV) which will be conducted by concerned user department. If any candidate fails to produce the same, candidature of such candidates will be cancelled and they will have no claim against any posts.

3. Candidates can also seek exemption from Typing Test on the day of Tier II Exam, i.e. 02.11.2023, in their respective venues by producing above certificates in Original and Self Attested Copies of the Certificates.

**Deputy Director (Exam)
SSC (CR), Prayagraj
Dated 06.10.2023**

कर्मचारी चयन आयोग

मध्य क्षेत्र

आवश्यक सूचना

ध्यान दें- संयुक्त उच्चतर माध्यमिक (10+2) स्तर परीक्षा 2023 के जिन उम्मीदवारों द्वारा भाग- ब (सत्र-II, खंड-III) मॉड्यूल-II: कौशल परीक्षण/टाइपिंग टेस्ट मॉड्यूल) टियर II में बैठने से छूट की मांग की गई है।

सीएचएसएलई 2023 की भर्ती सूचना के पैरा 13.9.7.7 के अनुसार, बेंचमार्क विकलांगता वाले व्यक्ति के अंतर्गत आने वाले उम्मीदवार जो टाइपिंग टेस्ट में बैठने से छूट चाहते हैं, उन्हें कर्मचारी चयन आयोग के इस क्षेत्रीय कार्यालय में ई-मेल ssccrchsl2023@gmail.com पर **31.10.2023** तक सक्षम चिकित्सा प्राधिकारी से निम्नलिखित दस्तावेज/प्रमाण पत्र प्रस्तुत करने की आवश्यकता है, अर्थात् एक सरकारी स्वास्थ्य देखभाल संस्थान के सिविल सर्जन ने उन्हें शारीरिक विकलांगता के कारण टाइपिंग टेस्ट के लिए स्थायी रूप से अनुपयुक्त घोषित किया हो।

- (i) टाइपराइटिंग टेस्ट में बैठने से छूट प्राप्त करने के लिए मेडिकल सर्टिफिकेट (अनुलग्नक XIV)
- (ii) भर्ती नोटिस के अनुसार पहचान का प्रमाण पत्र (अनुलग्नक XI से XIII)
- (iii) परिवचन

2. उम्मीदवारों को दस्तावेज सत्यापन (डीवी) के समय इन सभी दस्तावेजों को मूल रूप से प्रस्तुत करना भी आवश्यक है जो संबंधित उपयोगकर्ता विभाग द्वारा आयोजित किया जाएगा। यदि कोई उम्मीदवार इसे प्रस्तुत करने में विफल रहता है, तो ऐसे उम्मीदवारों की उम्मीदवारी रद्द कर दी जाएगी और उनके पास किसी भी पद के लिए कोई दावा नहीं होगा।

3. उम्मीदवार टियर II परीक्षा के दिन यानी 02.11.2023 को भी उनके संबंधित परीक्षा स्थानों पर प्रमाण पत्र की मूल और स्व-सत्यापित प्रतियों में उपरोक्त प्रमाण पत्र प्रस्तुत करके टंकण परीक्षा से छूट ले सकते हैं।

उप-निदेशक (परीक्षा)
SSC (CR), प्रयागराज
दिनांक 06.10.2023

UNDERTAKING

I, _____ Roll No. _____ am a candidate of CHSL, 2023 Examination and would like to avail exemption from the requirement of appearing and qualifying in Typing Test, in accordance with Para 13.9.7.7.7 of Examination Notice, as I am permanently unfit to take the Typing Test because of physical disability. I am herewith attaching a copy of requisite certificate in prescribed format (Annexure- XIV) of Notice of Examination, issued by Competent Medical Authority i.e. a Civil Surgeon of a Government Health Care Institution along with relevant Medical Certificates in prescribed format as per Annexure-XI to Annexure-XIII of the Notice of Examination.

2. I also undertake that I will produce all these documents in original during Document Verification before the Department. If I fail to produce the same, the Department may cancel my candidature for this Examination and I will have no claim against Department's decision.

Signature:

Name:

Roll No.

Date

ANNEXURE-XI

Form-V

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)

[See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport size attested photograph (Showing face only) of the person with disability.

Certificate No. _____

Date: _____

This is to certify that I have carefully examined Shri/Smt./Kum. _____ son/wife/daughter of Shri _____ Date of Birth (DD/MM/YY) _____ Age _____ years, male/female _____ registration No. _____ permanent resident of House No. _____ Ward/Village/Street _____ Post Office _____ District _____ State _____, whose photograph is affixed above, and am satisfied that:

(A) he/she is a case of:

- locomotor disability
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is _____

(C) he/she has _____ % (in figure) _____ percent (in words) permanent locomotor disability/dwarfism/blindness in relation to his/her _____ (part of body) as per guidelines (.....number and date of issue of the guidelines to be specified).

2. The applicant has submitted the following document as proof of residence:-

Nature of Document	of Issue	ls of authority issuing certificate

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Signature/thumb impression of the person
in whose favour certificate of disability is issued

ANNEXURE-XII

Form - VI
Certificate of Disability
(In cases of multiple disabilities)
[See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport size
attested photograph
(Showing face only) of
the person with
disability.

Certificate No. _____

Date: _____

This is to certify that we have carefully examined Shri/Smt./Kum.
_____ son/wife/daughter of Shri
_____ Date of Birth (DD/MM/YY) _____
Age _____ years, male/female _____.

Registration No. _____ permanent resident of House No.
_____ Ward/Village/Street _____ Post Office
_____ District _____ State _____, whose photograph is
affixed above, and am satisfied that:

(A) he/she is a case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
-------	------------	-----------------------	-----------	--------------------------------------------------------

1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid attack Victim			
7.	Low vision	#		
8.	Blindness	#		
9.	Deaf	£		
10.	Hard of Hearing	£		
11.	Speech and Language disability			
12.	Intellectual Disability			
13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			
15.	Mental illness			
16.	Chronic Neurological Conditions			
17.	Multiple sclerosis			
18.	Parkinson's disease			
19.	Haemophilia			
20.	Thalassemia			
21.	Sickle Cell disease			

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (.....number and date of issue of the guidelines to be specified), is as follows :

In figures : - ----- percent

In words :- ----- percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is :

(i) not necessary,

or

(ii) is recommended/after years months, and therefore this certificate shall be valid till -----

(DD) (MM) (YY)

@ e.g. Left/right/both arms/legs

e.g. Single eye

£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:

Nature of document	Date of issue	Details of authority
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		issuing certificate

5. Signature and seal of the Medical Authority.

Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson

Signature/thumb impression of the person in whose favour certificate of disability is issued.

ANNEXURE-XIII

Form – VII

Certificate of Disability

(In cases other than those mentioned in Forms V and VI)

(Name and Address of the Medical Authority issuing the Certificate)

(See rule 18(1))

Recent passport size
attested photograph
(Showing face only) of the
person with disability

Certificate No.

Date:

This is to certify that I have carefully examined

Shri/Smt./Kum _____

son/wife/daughter of Shri _____ Date

of Birth (DD/MM/YY) _____ Age _____ years, male/female

_____ Registration No. _____ permanent resident of House

No. _____ Ward/Village/Street _____ Post Office

_____ District _____ State _____, whose

photograph is affixed above, and am satisfied that he/she is a case of

_____ disability. His/her extent of percentage

physical impairment/disability has been evaluated as per guidelines

(.....number and date of issue of the guidelines to be specified) and is

shown against the relevant disability in the table below:

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
-------	------------	-----------------------	-----------	--------------------------------------------------------

1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	€		
8.	Hard of Hearing	€		
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological Conditions			
15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

(Please strike out the disabilities which are not applicable)

2. The above condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) not necessary, or

(ii) is recommended/after _____ years _____ months, and therefore this certificate shall be valid till (DD/MM/YY) ____ ____ ____

@ - eg. Left/Right/both arms/legs

- eg. Single eye/both eyes

€ - eg. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:

Nature of document	Date of issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)
(Name and Seal)

Countersigned
{Countersignature and seal of the

Chief Medical Officer/Medical Superintendent/
Head of Government Hospital, in case the
Certificate is issued by a medical authority who is
not a Government servant (with seal)}

Signature/thumb impression of the person in
whose favour certificate of disability is issued

Note: In case this certificate is issued by a medical authority who is not a
Government servant, it shall be valid only if countersigned by the
Chief Medical Officer of the District

ANNEXURE-XIV

Form of Medical Certificate to be produced by the Persons with Benchmark Disabilities candidates who seek exemption from appearing in the Typewriting Test

This is to certify that Sh./Smt./Kum _____ son/daughter/wife of Shri _____ is suffering from _____.

Clinical diagnosis as a result of which he/ she has the following disabilities. (Brief description of his/ her disabilities) -----

This is a permanent disability and the extent of his/ her disability works out to ____% of disability. This disability is likely to interfere with Typewriting (specify)

Photograph of candidate clearly showing face with affected portion of the body

Signature of Civil Surgeon:
Name:
(Official Stamp)
Place:
Date:

Signature of candidate:
Name:
Roll Number: