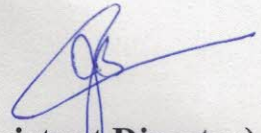


Staff Selection Commission
(Northern Western Region)
Important Notice

Attention: Candidates of CGL-2018 examination seeking exemption from appearing in the Skill Test (DEST)

OH candidates, with Benchmark Disabilities, qualified in Tier-III of CGL Examination, 2018 and seeking exemption from appearing in Skill Test (DEST) for the post of Tax Assistant in CBDT, are required to send Undertaking as per **Annexure-I** along with following documents on email ID: **sscnowrgoi@gmail.com**, latest *by 15-12-2020*:

- a) Medical Certificate for exemption from appearing in Skill Test (DEST) from Civil Surgeon as per **Annexure-II**.
 - b) PwD Certificate from notified Medical Authority as per **Annexure-VIII (Form-II or Form-IV as applicable) of the Notice of Examination**.
 - c)
2. OH Candidates opting for the post of Tax Assistant in CBEC are not exempted from Skill Test (DEST). Other PwD candidates are also not eligible for exemption from the Skill Test (DEST). **No exemption from CPT is allowed for any category of PwD candidates.**
3. **Alternatively**, the candidates may also report at the venue of the Skill Test (DEST) on the date of their Skill Test (DEST) along with aforementioned documents (original & photocopy) for seeking exemption from appearing in Skill Test (DEST) for the Post of Tax Assistant in CBDT.
4. The candidates are required to produce all these documents, in original, before the Commission at the time of document verification. If any candidate fails to produce the same during document verification, the Commission would cancel the candidature of such candidate for this exam and such candidates will have no claim against the Commission's decision.


(Assistant Director)
Dated: 10/12/2020

Annexure-I

FORM OF MEDICAL CERTIFICATE TO BE PRODUCED BY **OH**
CANDIDATES WITH BENCHMARK DISABILITY WHO SEEK
EXEMPTION FROM APPEARING IN THE DATA ENTRY SPEED TEST
(DEST) FOR CGLE, 2018

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)

Signature of Civil Surgeon

Name: _____

(Official Stamp)

Place: _____

Date: _____

UNDERTAKING

I _____, Roll No. _____ am a candidate of Combined Graduate Level Examination, 2018 and would like to avail exemption from the requirement of appearing and qualifying in Data Entry Skill Test (DEST), in accordance with **Note – I of Para 9.6.1 of the notice of examination dated 05.05.2018**, as I am permanently unfit to take the DEST (Typing Test) because of physical disability. I am attaching a copy of requisite certificate in prescribed format (**Annexure – I to the Notice No. 3/10/2020 dated 09-12-2020**), issued by competent medical authority i.e. a Civil Surgeon of a Government health care institution along with relevant medical certificate in prescribed format as per the notice of examination.

I also undertake that I will produce all these documents in original during document verification before the Commission. If I fail to produce the same, the Commission may cancel my candidature for this examination and I will have no claim against the Commission's decision.

SIGNATURE.....

NAME OF CANDIDATE.....

ROLL NO.....

DATE.....

DISABILITY CERTIFICATE
(IN CASE OF AMPUTATION OR COMPLETE PERMANENT PARALYSIS OF
LIMBS AND IN CASES OF BLINDNESS)

(See rule 4)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent PP 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 _____ Age
_____ years, male/Female _____

(DD/ MM/ YY)

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
- blindness

(Please tick as applicable)

(B) The diagnosis in his/her case _____

(A) He/She has _____ % (in figure) _____ percent (in words)
permanent physical impairment/blindness in relation to his/her _____ (part of
body) as per guidelines (to be specified).

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

Nature of Document	Date of Issue	Details of authority issuing certificate.

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

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

DISABILITY CERTIFICATE
(In case other than those mentioned in Forms II and III)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

(See rule 4)

Recent PP 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 (to be specified) for the disabilities (to be
specified) and is shown against the relevant disability in the table below:-

S.No.	Disability	Affected part of the body	Diagnosis	Permanent physical impairment/mental disabilities (in %)
1.	Locomotor disability	@		
2	Low vision	#		
3.	Blindness	Both Eyes		
4.	Hearing impairment	\$		
5.	Mental retardation	X		
6.	Mental-illness	X		

(Please strike out the disabilities which are not applicable)

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

3. Reassessment of disability is:

(i) not necessary

Or

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

@ e.g. Left/Right/both arms/Legs

e.g. Single eye/both eyes

\$ 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 issuing certificate

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

{ (Countersignature and seal of the
CMO/Medical Superintendent /Head
of Government Hospital, in case the
certificates issued by a medical authority who is not a
permanent servant (with seal)) }

Signature/Thumb impression of
the person in whose favour
disability certificate 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 on the District.”