Staff Selection Commission (WR)
Mumbai

F.No. E.E. 1011/17/2022/Exam/SSCWR

Skill Test for Combined Higher Secondary Level Examination, 2022

Important Notice

Subject: OH candidates of CHSL-2022 examination seeking exemption from appearing in Typing Test-reg

As per Para No. 14.9.7.6.7 of Recruitment Notice CHSL-2022, "Persons with Disabilities candidates who claim to be permanently unfit to take the Typing Test because of a physical disability may, with the prior approval of the Commission, be exempted from the requirement of appearing and qualifying at such test, provided such a candidate submits a Certificate in the prescribed format (Annexure-XIV) to the Commission 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. In addition, such candidates must substantiate their claim by furnishing the relevant Medical Certificate in the prescribed format as per Annexure-XI to Annexure-XIII of the Notice of Examination, as applicable, at the time of Typing Test. Otherwise their claim for seeking exemption from Typing Test will not be entertained by the Commission.".

2. In terms of above provisions, the OH candidates qualified for Tier-II from Maharashtra, Gujarat and Goa Region seeking exemption from appearing in Typing Test may, in their own interest send a request along with scanned copies of following documents on email ID: contactsscwr@gmail.com , ***latest by 21.06.2023.***

(i) **Medical Certificate** seeking exemption in prescribed format (**Annexure XIV** of the notice of Examination) from the competent Medical Authority, i.e., the Civil Surgeon of a Government Health Care Institution. It is again reiterated that candidates submitting from Annexure-XI to Annexure-XIII and Annexure-XIV should ensure that the certificate has the following:

- **(a)** Issued by Civil Surgeon.
- **(b)** Clearly indicating how the disability interferes with Typewriting.
- **(c)** Brief description of disabilities.
- **(d)** Percentage of disabilities

(ii) ***Undertaking*** *as per the format annexed to this notice (Copy enclosed).*

3. The OH candidates are required to produce all these documents at the center of his/her examination. **Candidates are not supposed to absent themselves from this exam.**

SSC (WR)
05.06.2023

Annexure

UNDERTAKING

I_____, Roll No. _____ am a candidate of CHSLE 2022 Examination and would like to avail exemption in typing test, in accordance with Para 14.9.7.6.7 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 certificate in prescribed format as per **Annexure XI** to **Annexure XIII** of 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.....

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)

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

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

Signature of candidate:
Name:
Roll Number:

Staff Selection Commission (WR)
Mumbai

F.No. E.E. 1011/17/2022/Exam/SSCWR

संयुक्त उच्चतर माध्यमिक स्तर परीक्षा, **2022**
के लिए कौशल परीक्षण महत्वपूर्ण सूचना

विषय: सीएचएसएल-**2022** परीक्षा के ओएच उम्मीदवार जो टाइपिंग टेस्ट में उपस्थित होने से छूट चाहते हैं.

भर्ती नोटिस सीएचएसएल-2022 के पैरा संख्या 14.9.7.6.7 के अनुसार, "विकलांग उम्मीदवार जो शारीरिक विकलांगता के कारण टाइपिंग टेस्ट देने के लिए स्थायी रूप से अयोग्य होने का दावा करते हैं, उन्हें आयोग के पूर्व अनुमोदन के साथ, इस तरह की परीक्षा में उपस्थित होने और अर्हता प्राप्त करने की आवश्यकता से छूट दी जा सकती है, बशर्ते कि ऐसा उम्मीदवार सक्षम चिकित्सा प्राधिकरण से आयोग को निर्धारित प्रारूप (अनुबंध-XIV) में प्रमाण पत्र प्रस्तुत करता है, यानी, एक सरकारी स्वास्थ्य देखभाल संस्थान के सिविल सर्जन ने उसे शारीरिक विकलांगता के कारण टाइपिंग टेस्ट के लिए स्थायी रूप से अयोग्य घोषित कर दिया। इसके अलावा, ऐसे उम्मीदवारों को टाईपिंग टेस्ट के समय परीक्षा की सूचना के अनुबंध-XI से अनुबंध-XIII के अनुसार निर्धारित प्रारूप में प्रासंगिक चिकित्सा प्रमाण पत्र प्रस्तुत करके अपने दावे को प्रमाणित करना होगा।"

3. उपरोक्त प्रावधानों के अनुसार, टाइपिंग टेस्ट में उपस्थित होने से छूट पाने के लिए महाराष्ट्र, गुजरात और गोवा क्षेत्र से टियर -***2*** के लिए अर्हता प्राप्त ***OH*** उम्मीदवार अपने हित में ईमेल आईडी पर निम्नलिखित दस्तावेजों की स्कैन की गई प्रतियों के साथ एक पुर्व अनुरोध दिनांक ***21.06.2023*** तक भेज सकते हैं। ***email ID: contactsscwr@gmail.com*** ।

(i) सक्षम चिकित्सा प्राधिकारी अर्थात सरकारी स्वास्थ्य परिचर्या संस्थान के सिविल सर्जन से निर्धारित प्रारूप (परीक्षा की सूचना का अनुलग्नक XIV) में छूट की मांग करने वाला चिकित्सा प्रमाण पत्र। यह फिर से दोहराया जाता है कि अनुबंध-XI से अनुबंध-XIII और अनुबंध-XI प्रस्तुत करने वाले उम्मीदवारों को यह सुनिश्चित करना चाहिए कि प्रमाण पत्र में निम्नलिखित हैं:

(a) सिविल सर्जन द्वारा जारी।
(b) स्पष्ट रूप से इंगित होना चाहिए कि उसकी विकलांगता टाइपराइटिंग में कैसे बाधित करती है।
(c) विकलांगता का संक्षिप्त विवरण।
(D) विकलांगता का प्रतिशत

(II) इस नोटिस के संलग्न प्रारूप के अनुसार वचन (प्रति संलग्न)।

3. OH **उम्मीदवारों को अपनी परीक्षा के केंद्र पर इन सभी दस्तावेजों को प्रस्तुत करना आवश्यक है, उम्मीदवारों को इस परीक्षा से खुद को अनुपस्थित नहीं करना चाहिए।**

SSC (WR)
05.06.2023

वचनपत्र

मै ..... रोल नंबर _____ CHSLE 2022 परीक्षा का उम्मीदवार हूँ और परीक्षा के नोटिस के पैरा 14.7.7.7 के अनुसार, टाइप टेस्ट से छूट का लाभ लेना चाहता हूँ, क्योकि मै क्योंकि मैं शारीरिक विकलांगता के कारण टाइपिंग देने में स्थायी रूप से अनफिट हूं। मैं परीक्षा के नोटिस के निर्धारित प्रारूप **(अनुबंध - XIV)** में अपेक्षित प्रमाण पत्र की एक प्रति जो की सक्षम चिकित्सा प्राधिकारी जो की सरकारी स्वास्थ्य देखभाल संस्थान का सिविल सर्जन हो, के द्वारा जारी किया गया हो, साथ ही निर्धारित प्रारूप में प्रासंगिक चिकित्सा प्रमाण पत्र परीक्षा विज्ञप्ति के अनुलग्नक **XI** से **XIII** के अनुसार संलग्न कर रहा हूँ|

मैं यह भी वचन देता हूं कि मैं आयोग के समक्ष दस्तावेज सत्यापन के दौरान इन सभी दस्तावेजों को मूल रूप में प्रस्तुत करूंगा। यदि मैं इनको प्रस्तुत करने में विफल रहता हूं, तो आयोग इस परीक्षा के लिए मेरी उम्मीदवारी रद्द कर सकता है और आयोग के फैसले के खिलाफ मेरा कोई दावा नहीं होगा।

हस्ताक्षर .....

अभ्यर्थी का नाम.....

अनुक्रमांक .....

दिनांक .....

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.	Mentalillness			
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

		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