

Staff Selection Commission (Eastern Region)

Important Notice

Attention: Candidates of CGL-2019 examination seeking exemption from appearing in the skill Test (DEST)

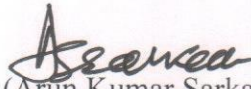
OH candidates qualified in Tier-III of CGL Examination, 2019 and seeking exemption from appearing in Skill Test (DEST) for the post of Tax Assistant in CBBDT, are required to send Undertaking as per Annexure-I along with following documents on email ID: contact@sscrr.org, **latest by 08-09-2021:**

- (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-XI (Form-V) or Annexure – XIII (Form-VII) whichever is applicable** as per notice of the Examination.

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.**

Alternatively, the candidates may also report at the venue of 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 CBBDT.

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, Commission shall cancel the candidature of such candidate for this exam and such candidates will have no claim against the Commission's decision.


(Arun Kumar Sarkar)

Deputy Director
Staff Selection Commission
(Eastern Region)

Dated: 31-08-2021

UNDERTAKING

I _____, Roll No. _____ am an OH candidate of Combined Graduate Level Examination, 2019 Examination and would like to avail exemption from appearing in the Skill Test (DEST), in accordance with Para 11.13.1 of the Notice of Examination, as I am permanently unfit to take the typing test because of physical disability. I am attaching a copy each of following documents:

- (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-XI (Form-V) or Annexure – XIII (Form-VII) whichever is applicable 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-II

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, 2019

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: _____

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	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 certificate of disability is issued

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