



অসম লোকসেৱা আয়োগ

ASSAM PUBLIC SERVICE COMMISSION

Jawaharnagar, Khanapara, Guwahati-22.

No.110PSC/E-03/2020-21

Dated Guwahati, the 10th August, 2021

NOTIFICATION

In connection with the Combined Competitive (Prelim.) Examination, 2020 to be held on 12/09/2021, all those PWBD candidates in the categories of **blindness (VI), Locomotor Disability(Both arm affected-BA) and Cerebral Palsy** who will require scribe for appearing in the examination are requested to apply to the Commission for Scribe within **17th August, 2021** along with their **name** and **application ID** during office hours. The claim of other category of Persons with Benchmark Disabilities must be supported with valid certificates of disability issued by Chief Medical Officer/Civil Surgeon/ Medical Superintendent of Govt. Health Care Institution as per performa at *Appendix I*.

Those PWBD candidates who will make their own arrangement for scribes are also required to intimate the Commission's office along with the names and addresses of the scribes on or before **30th August, 2021** during **office hours** along with the letter of undertaking as per performa at *Appendix II*.

This may be treated as urgent and important. **No more time shall be allowed beyond the specified extended time.**

The candidate may intimate the Commission through e-mail from their personal e-mail ids at apsc-asm@nic.in.

Secretary

Assam Public Service Commission

Jawaharnagar, Khanapara, Guwahati-22

Handwritten mark

Certificate regarding physical limitation in an examinee to write

This is to certify that, I have examined Mr./Ms./Mrs.....
(Name of the candidate with benchmark disability), a person with
(nature and percentage of disability as mentioned in the certificate of disability),
S/o/D/o....., a resident of
(Village/Town/City),.....(District),(State), Pin
Code..... and to state that he/she has physical limitation which hampers
his/her writing capabilities owing to his/her disability.

(Signature)

Chief Medical Officer/Civil Surgeon /

Medical Superintendent of a Government Health Care

Institution.

Note: Certificate should be given by a specialist of the relevant
stream/disability (eg. Visua Impairment – Ophthalmologist, Locomotor disability
– Orthopaedic specialist/PMR).

Letter of Undertaking for using of Own Scribe

I....., a candidate with(name of the disability) appearing for the C.C.(Prelim.) Exam., 2020, 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: