

Staff Selection Commission

(Northern Region)

Important Notice

Attention: Candidates of CHSL-2019 examination seeking exemption from appearing & qualifying in Typing Test

Candidates qualified in Tier-II of CHSL Exam, 2019, who are '*Persons with benchmark disability*' and who claim to be permanently unfit to take the Typing Test because of Physical disability and seek *exemption* from *appearing* and *qualifying* in Typing Test are required to send scanned copies of following documents on email ID: sscnrskilltest@gmail.com, **latest by 28-10-2021**.

1. **Medical Certificate** seeking exemption in prescribed format (**Annexure XIII** of the notice of Examination) from the competent Medical Authority, i.e., the Civil Surgeon of a Government Health Care Institution
2. **Certificate of Disability** in the prescribed format as per Annexure-X to Annexure-XII of the notice of Examination, as applicable
3. **Undertaking** as per the format annexed to this notice

Alternatively, the candidates may also report at the venue for skill test on 03-11-2021 along with aforementioned documents (original & photocopy) for seeking exemption from Typing Test.

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

Under Secretary (EA)

Dated : 21/10/2021

UNDERTAKING

I _____, Roll No. _____ am a candidate of CHSLE 2019 Examination and would like to avail exemption from the requirement of appearing and qualifying in type test, in accordance with Para 13.9.7.7 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 XIII**) 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 X** to **annexure XII** 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.....