

Staff Selection Commission

(Northern Region)

Important Notice

Attention: Candidates of CGL-2020 examination seeking exemption from appearing & qualifying in DEST

OH Candidates who have qualified in Tier-III of CGL Exam, 2020 and who opted for exemption from appearing in Skill Test (DEST) for the post of Tax Assistant in CBDT, are required to send scanned copies of duly filled Annexure-XIV, Undertaking (mentioned as annexures) and their medical certificate from notified Medical Authority (as mentioned in Annexure-XIV of Notice of the examination) on email ID: sscnrskilltest@gmail.com, **latest by 29-07-2022**.

OH Candidates opting for post of Tax Assistant in CBEC are not exempted from Skill Test (DEST). HH and VH candidates are 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 for Skill Test (DEST) on the date of their Skill Test (DEST) along with aforementioned documents (original & photocopy) for seeking exemption from DEST only for Tax Assistant in CBDT.

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 : 18/07/2022

Enclosures:- As under

UNDERTAKING

I _____, Roll No. _____ am a candidate of CGL 2020 Examination and would like to avail exemption from the requirement of appearing and qualifying in DEST, in accordance with Para 12.12.1.4 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**), issued by competent medical authority i.e. a civil surgeon of a Government health care institution along with relevant medical certificate in prescribed format.

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.....

FORM OF MEDICAL CERTIFICATE TO BE PRODUCED BY OH CANDIDATES WITH BENCHMARK DISABILITY WHO SEEK EXEMPTION FROM APPEARING IN THE SKILL TEST (DEST) FOR CGLE, 2020.

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: