

Staff Selection Commission (WR)

Mumbai

F.No. E.E. 11012/11/2023/CHSL-2023/Exam/SSC(WR)

Skill Test for Combined Higher Secondary Level Examination, 2023

Important Notice

**Subject: OH candidates of CHSL-2023 examination seeking exemption from appearing in Typing Test-reg**

As per Para No. 13.9.7.7.7 of Recruitment Notice CHSL-2023, "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](mailto:contactsscwr@gmail.com), **latest by 26.10.2023**.

- (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)  
16.10.2023

**UNDERTAKING**

I \_\_\_\_\_, Roll No. \_\_\_\_\_ am a candidate of CHSLE 2023 Examination and would like to avail exemption in typing test, in accordance with Para 13.9.7.7.7 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 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) -----  
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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)  
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Signature of Civil Surgeon:

Name:

(Official Stamp)

Place:

Date:

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

Name:

Roll Number: