

Staff Selection Commission(NER)
Guwahati
File No.E-E.11011/2/2024.EXAM_NER
Skill Test for Combined Graduate Level Examination,2024

IMPORTANT NOTICE

Subject: OH candidates of Combined Graduate Level Examination-2024 seeking exemption from appearing in DEST-regarding.

As per Para No. 13.8.10.6 of Recruitment Notice CGLE-2024, "PwBD-OH candidates are eligible for exemption from attempting DEST, provided such candidates submit a Certificate in the prescribed format (Annexure-XV) 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. However, such exemption is not available for the posts where either Computer Proficiency is prescribed (as mentioned at Para 13.8.9) or where DEST is prescribed (as mentioned at Para13.8.10.4) except for the post of the Tax Assistant in CBDT, for which exemption from attempting DEST is available. **All other PwD candidates are not eligible for exemption from DEST.**"

2. In terms of above provisions, the Orthopedically Handicapped (OH) candidates qualified for Tier-II from North Eastern Region seeking exemption from appearing in DEST may, in their own **interest** may send a request along with scanned copies of following documents on email ID: **sscner.candidatecontact@gmail.com**, latest by **11.01.2025**.

- (i) Medical Certificate seeking exemption in prescribed format (Annexure XV 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 Annexure-XV should ensure that the certificate has the following:
 - (a) Issued by Civil Surgeon.
 - (b) Clearly indicate how the disability interfere 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 decision of the competent authority on grant of exemption will be conveyed to the candidate on or before the day of Skill Test.

4. The candidates are required to produce all these documents in original before the Commission, as and when sought that is during Document Verification or otherwise.

5. PLEASE NOTE:

- (i) **OH candidates opting for post of Tax Assistant in CBIC, UDC/SSA in CBN are not exempted from DEST.**
- (ii) **HH and VH candidates are not eligible for exemption from the Skill Test.**
- (iii) **No exemption from CPT is allowed for any category of PwD candidates.**

UNDERTAKING

I _____ Roll No. _____ am a candidate of CGLE 2024 Examination and would like to avail exemption from the requirement of appearing and qualifying in DEST, in accordance with Para13.8.10.6 of examination notice, as I am permanently unfit to take the DEST because of physical disability. I am here with attaching a copy of requisite certificate in prescribed format (Annexure XV) of notice of examination, issued by competent medical authority i.e. a civil surgeon of a Government Health Care Institution.

2. I also undertake that I will produce all these documents in original during Document Verification or any other time before the Commission as and when called by 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.....

ROLLNO.....

DATE.....

ANNEXURE-XV

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-2024

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:
