

STAFF SELECTION COMMISSION (NORTH EASTERN REGION)

IMPORTANT NOTICE

Attention: Candidates of Combined Higher Secondary Level (Tier-II) Examination, 2025 seeking exemption from appearing in the Typing Test.

PWD candidates qualified in Tier-I of Combined Higher Secondary Level Examination, 2025 and seeking exemption from appearing in the Typing Test for the post of LDC/JSA are required to send the following documents on email ID: **sscner.candidatecontact@gmail.com** latest by 30.03.2026:

- a) Undertaking as per Annexure
- b) Medical Certificate from the competent Medical Authority, i.e. the Civil Surgeon of a Government Health Care Institution as per **Annexure-XIV** of the notice of examination
- c) PWD Certificate from notified Medical Authority as per **Annexure-XI (Form V) to Annexure-XIII (Form VII)**, whichever is applicable, as per the notice of the examination.

2. Persons with Disability (PwD), who are otherwise qualified to hold the post(s) and who are certified as being unable to type by the competent Medical Authority, i.e., the Civil Surgeon of a Government Health Care Institution, may be exempted from passing the typing test. Such certificate shall be submitted in the prescribed format (**Annexure-XIV**). The term 'Persons with Disability (PwD)', in this case, does not cover those who are visually handicapped or who are hearing handicapped but covers only those whose physical disability permanently prevents them from typing. 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.

3. However, as per para 13.8.13.6 (i) of the notice of the examination, Skill Test is mandatory for Data Entry Operators and no candidate is exempted from appearing in the Skill Test.

4. Alternatively, the candidates may also report at the venue on the date of Tier-II examination along with aforementioned documents (original & photocopy) for seeking exemption from appearing in the Typing Test.

5. The candidates are required to produce all these documents in original at the time of Typing Test. If any candidate fails to produce the same during the Typing Test, their candidature for the Combined Higher Secondary Level Examination, 2025 shall be treated as cancelled and shall forfeit their right to the post and claim relating thereto.

Deputy Director
Staff Selection Commission
(North Eastern Region)
Date: 23.03.2026

UNDERTAKING

I _____, Roll No. _____ am a PWD candidate of Combined Higher Secondary Level Examination, 2025 and would like to avail exemption from appearing in the Typing Test in accordance with Para 13.8.13.7 (vii) of the Notice of the Examination as I am permanently unfit to take the typing test because of physical disability. I am attaching a copy of each of the following documents:

- a) Medical Certificate from the competent Medical Authority, i.e. the Civil Surgeon of a Government Health Care Institution as per Annexure-XIV of the notice of examination
- b) PWD Certificate from notified Medical Authority as per Annexure-XI (Form V) to Annexure-XIII (Form VII), whichever is applicable, as per the notice of the examination

I also undertake that I will produce all these documents in original during the Typing Test as per Para 13.8.13.7 (vii) of the notice of the examination. If I fail to produce the same, my candidature for the Combined Higher Secondary Level Examination, 2025 shall be treated as cancelled and shall forfeit my right to the post and claim relating thereto.

SIGNATURE_____

NAME OF THE CANDIDATE_____

ROLL NO_____

DATE_____

ANNEXURE-XI**Form-V****Certificate of Disability**

(In cases of amputation or complete permanent paralysis of limbs or dwarfism
and in case of blindness)

[See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport size
attested photograph
(Showing face only) of
the person with
disability.

Certificate No. _____

Date: _____

This is to certify that I have carefully examined Shri/Smt./Kum.
_____ son/wife/daughter of Shri _____
Date of Birth (DD/MM/YY) _____ Age _____ years.
male/female _____ registration No. _____ permanent
resident of House No. _____ Ward/Village/Street _____ Post
Office _____ District _____ State _____, whose
photograph is affixed above, and am satisfied that:

(A) he/she is a case of:

- locomotor disability
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is _____

(C) he/she has _____ % (in figure) _____ percent (in words)
permanent locomotor disability/dwarfism/blindness in relation to his/her
_____ (part of body) as per guidelines (.....number and date of issue
of the guidelines to be specified).

2. The applicant has submitted the following document as proof of residence:-

Nature of Document	of Issue	Is of authority issuing certificate

(Signature and Seal of Authorised Signatory of
notified Medical Authority)

Signature/thumb impression of the person
in whose favour certificate of disability is issued

ANNEXURE-XII

Form - VI
Certificate of Disability
(In cases of multiple disabilities)
[See rule 18(1)]
(Name and Address of the Medical Authority issuing the Certificate)

Recent passport size
attested photograph
(Showing face only) of
the person with
disability.

Certificate No. _____

Date: _____

This is to certify that we have carefully examined Shri/Smt./Kum.
_____ son/wife/daughter of Shri
_____ Date of Birth (DD/MM/YY) _____
Age _____ years, male/female _____.

Registration No. _____ permanent resident of House No.
_____ Ward/Village/Street _____ Post Office
_____ District _____ State _____, whose photograph is
affixed above, and am satisfied that:

(A) he/she is a case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid attack Victim			
7.	Low vision	#		
8.	Blindness	#		
9.	Deaf	£		
10.	Hard of Hearing	£		
11.	Speech and Language disability			
12.	Intellectual Disability			
13.	Specific Learning Disability			

14.	Autism Spectrum Disorder			
15.	Mental illness			
16.	Chronic Neurological Conditions			
17.	Multiple sclerosis			
18.	Parkinson's disease			
19.	Haemophilia			
20.	Thalassemia			
21.	Sickle Cell disease			

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (.....number and date of issue of the guidelines to be specified), is as follows :

In figures ----- percent

In words :----- percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is :

(i) not necessary,

or

(ii) is recommended/after years months, and therefore this certificate shall be valid till -----

(DD)

(MM)

(YY)

@ e.g. Left/right/both arms/legs #

e.g. Single eye

£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:

Nature of document	Date of issue	Details of authority
		issuing certificate

5. Signature and seal of the Medical Authority.

Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson

Signature/thumb impression of the person in whose favour certificate of disability is issued.

ANNEXURE-XIII**Form – VII****Certificate of Disability**

(In cases other than those mentioned in Forms V and VI) (Name
and Address of the Medical Authority issuing the Certificate) (See rule
18(1))

Recent passport size
attested photograph
(Showing face only) of the
person with disability

Certificate No. _____

Date: _____

This is to certify that I have carefully examined Shri/Smt./Kum____
son/wife/daughter of Shri _____ Date
of Birth (DD/MM/YY) _____ Age _____ years, male/female
_____ Registration No. _____ permanent resident of House No.
_____ Ward/Village/Street _____ Post Office
_____ District _____ State _____, whose
photograph is affixed above, and am satisfied that he/she is a case of
_____ disability. His/her extent of percentage physical
impairment/disability has been evaluated as per guidelines (.....number and date
of issue of the guidelines to be specified) and is shown against the relevant
disability in the table below:

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	€		
8.	Hard of Hearing	€		
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological Conditions			
15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Haemophilia			

18.	Thalassemia			
19.	Sickle Cell disease			

(Please strike out the disabilities which are not applicable)

2. The above condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) not necessary, or

(ii) is recommended/after _____ years _____ months, and therefore this certificate shall be valid till (DD/MM/YY) _____

@ - eg. Left/Right/both arms/legs # -

eg. Single eye/both eyes

€ - eg. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:

Nature of document	Date of issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)
(Name and Seal)

Countersigned

{Countersignature and seal of the Chief Medical Officer/Medical Superintendent/ Head of Government Hospital, in case the Certificate is issued by a medical authority who is not a Government servant (with seal)}

Signature/thumb impression of the person in whose favour certificate of disability is issued

Note: In case this certificate is issued by a medical authority who is not a Government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District

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) _____

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)

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

Signature of Civil Surgeon:

Name:

(Official Stamp)

Place:

Date:

Signature of candidate:

Name:

Roll Number: