

कार्मिक लोक शिकायत एवं पेशन मंत्रालय
5वां तल, निवेश भवन, एलआईसी परिसर-II
पंडरी, रायपुर (छ.ग.)-492 004.

विशेष सूचना-संयुक्त स्नातक स्तरीय परीक्षा-2024 ::दक्षता परीक्षण (DEST) में छूट के संबंध में।

संयुक्त स्नातक स्तरीय परीक्षा-2024 के भर्ती के नोटिस के पैरा 13.8.10.6 के अनुसार, CBDT में कर सहायक के पद के लिए दक्षता परीक्षण (DEST) में छूट चाहने वाले ओएच (OH) अभ्यर्थी दक्षता परीक्षण से छूट के पात्र हैं, वषर्ते कि ऐसे अभ्यर्थी, सक्षम चिकित्सा प्राधिकारी, अर्थात स्वास्थ्य देख-रेख संस्थान के सिविल सर्जन से हस्ताक्षरित निम्नलिखित दस्तावेज/ प्रमाणपत्र दिनांक **13.01.2025** तक इस क्षेत्रीय कार्यालय के ईमेल sscraipurchsltier2@gmail.com में भेजें कि वे शारीरिक दिव्यांगता के कारण टंकण परीक्षा देने के लिए स्थाई रूप से अनफिट हैं। अभ्यर्थी को निम्नलिखित दस्तावेज (मूल और फोटोकॉपी) के साथ टियर-II परीक्षा की तिथि में परीक्षा स्थल में रिपोर्ट करना अनिवार्य होगा।

01. कौशल परीक्षा (DEST) में उपस्थित होने से छूट प्राप्त करने के लिए सिविल सर्जन से चिकित्सा प्रमाण पत्र (अनुलग्नक XV)। किसी अन्य प्राधिकारी द्वारा जारी प्रमाण पत्र पर विचार नहीं किया जाएगा।
02. भर्ती सूचना के अनुसार विकलांगता का प्रमाण पत्र (अनुलग्नक XII से XIV), परीक्षा की सूचना के अनुसार, जो भी लागू हो।
03. कौशल परीक्षा (DEST) में उपस्थित होने से छूट प्राप्त करने के लिए अनुबंध के अनुसार वचनबद्धता।
04. परीक्षा केन्द्र पर प्रमाणपत्रों के सत्यापन के लिए उपस्थित नहीं होने वाले अभ्यर्थियों को (DEST) में अनुपस्थित चिन्हित किया जाएगा।

02. हालाँकि, ऐसी छूट उन पदों के लिए उपलब्ध नहीं है जहाँ या तो कम्प्यूटर दक्षता निर्धारित है (जैसा कि पैरा 13.8.9) में उल्लिखित है) या जहाँ DEST निर्धारित है (जैसा कि पैरा 13.8.10.4 में उल्लिखित है) सीबीडीटी में कर सहायक के पद को छोड़कर, जिसके लिए DEST में सम्मिलित होने से छूट उपलब्ध है। अन्य सभी श्रेणी के PwD अभ्यर्थी DEST से छूट के पात्र नहीं हैं।

03. अभ्यर्थी को संयुक्त स्नातक स्तरीय परीक्षा 2024 (टियर- II) की परीक्षा एवं दस्तावेज सत्यापन (DV) के समय इन सभी दस्तावेजों की मूल प्रति प्रस्तुत करना आवश्यक है। यदि कोई अभ्यर्थी इसे प्रस्तुत करने में विफल रहता है, तो ऐसे अभ्यर्थियों की अभ्यर्थिता रद्द कर दी जाएगी और उनके पास किसी भी पद के लिए कोई दावा नहीं होगा।

अभ्यर्थी दक्षता परीक्षण में छूट के लिए आवेदन केवल sscraipurchsltier2@gmail.com पर ही भेजें और टियर-II (पेपर-I) के परीक्षा केन्द्र पर सभी दस्तावेजों की मूल और फोटोकॉपी अवश्य प्रस्तुत करें। अन्य किसी ईमेल पर भेजे गए आवेदन स्वीकार नहीं किया जाएगा।

कर्मचारी चयन आयोग, रायपुर
दिनांक 01.01.2025



भारत सरकार
कर्मचारी चयन आयोग,
(मध्य प्रदेश क्षेत्र)



Government of India
Staff Selection Commission (MPR)
M/o-Personnel, Public Grievances
& Pensions, 5th Floor, Investment
Building, LIC Campus-2, Pandri,
Raipur (C.G.)-492 004
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Important Notice: Candidate of Combined Graduate Level Examination, 2024 seeking exemption from appearing in Paper I (Session II-DEST).

As per para 13.8.10.6 of Recruitment Notice of CGLE 2024, OH candidates seeking exemption from DEST for the post of Tax Assistant in CBDT, are eligible for exemption from attempting DEST, provided such candidates submit the following documents/certificates issued by 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 to this Regional Office of SSC on e-mail sscraipurchsltier2@gmail.com only latest by **13.01.2025**. The candidates are also required to report at the venue of Tier-II examination on the date of their Paper-I along with the following documents for Verification (Original & Photocopies).

01. Medical Certificate (Annexure XV) for seeking exemption from appearing in Skill Test (DEST) from Civil Surgeon. Certificate issued by any other authority will not be considered.
02. Certificate of Disability as per Recruitment Notice (Annexure XII to XIV), whichever is applicable, as per Notice of Exam.
03. Undertaking as per Annexure for seeking exemption from appearing in Skill Test (DEST)
04. Candidate not appearing at the venue for verification of certificate will be marked ABSENT in DEST.

02. 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 Para 13.8.10.4) except for the post of the Tax Assistant in CBDT, for which exemption from attempting DEST is available. All other category of PwD candidates is not eligible for exemption from DEST.

03. The candidates are required to produce all these documents in original at the time of Computer Based Test (CGL 2024 Tier-II) at Examination Center and Document Verification (DV). If any candidate fails to produce the same, candidature of such candidates will be cancelled and they will have no claim against any posts.

Candidates should send their application for exemption in DEST with applicable certificate only on e-mail sscraipurchsltier2@gmail.com. Also submit all the above documents at the Tier-II Examination venue on the date of Tier-II (Paper-I). Application sent to any other email Id will not be entertained.

SSC (MPR), Raipur
Dated 01.01.2025

UNDERTAKING

I Roll No.....
am an OH candidate of Combined Graduate Level Examination, 2024 and would like to avail exemption from appearing in the Paper I (Session II-DEST) of Tier II for the post of Tax Assistant in CBDT, in accordance with Para 13.8.10.6 of Notice of Examination dated 24.06.2024, as I am permanently unfit to take the typing test because of my physical disability, I am herewith attaching a following documents:-

- a. Copy of Medical Certificate for exemption from appearing in Paper I (Session II-DEST) of Tier II issued by Civil Surgeon as per Annexure-XV.
- b. PwD certificate from notified Medical Authority as per Annexure XII to XIV of examination notice (as applicable).

02. I also undertake that I will produce all these documents in original at the time of Computer Based Test (CGLE-2024 Tier-II) & Document Verification. If any candidate fails to produce the same, candidature of such candidates will be cancelled and they will have no claim against any posts.

Signature :
Name of Candidate :
Roll No. :
Date :

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	Date of Issue	Details of authority issuing certificate
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(Signature and Seal of Authorised Signatory of
notified Medical Authority)

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

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. Thalassaemia
21. Sickle Cell disease

(B) In the light of the above, his/her overall 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
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5. Signature and seal of the Medical Authority.

Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson
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Signature/thumb impression of the person in whose favour certificate of disability is issued.

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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

(Authorized 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

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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 – .**

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:

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

Date:

Signature of candidate:

Name: