

F.No.04/09/2019-SSC(KKR)-Vol.IV
Staff Selection Commission (KKR)
Bangalore

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Combined Graduate Level Examination, 2019 (Skill Test) to be held on 15th 16th Sept 2021

Attention: OH Candidates with Benchmark disability of CGLE-2019 Skill Test seeking exemption from appearing in DEST

Note:

- I. Exemption is allowed for the Post of Tax Assistant in CBDT only. HH and VH candidates are not eligible for exemption from the DEST.
- II. Exemption is NOT allowed for CPT for any candidate.

Such OH candidates opting for the post of Tax Assistant in CBDT and **seeking exemption** for appearing in **Skill Test i.e, DEST** should submit a Certificate from the competent Medical Authority i.e., Civil Surgeon of a Government Health Care Institution declaring him/her to be **permanently unfit** for the Typing Test because of a physical disability. Such candidates are required to send self attested **scanned copies** of following documents to email ID: adexam.kkr.ssc@gov.in, latest **by 05-09-2021 by 2.00 PM** or submit the same in person during DV schedule. Admit Cards can be downloaded from KKR website.

Medical Certificate as per the attached format (i.e., Annexure-I)

- All the columns must be duly filled in and signed by **Civil Surgeon** of a Health Care Institution only as per the format.
 - The issuing authority **must specify in writing** against the column "This disability is likely to interfere with Typewriting"
2. The candidates are required to produce this certificate **along with the Disability certificate** in the relevant format in original to the Commission at the time of document verification to process the request for exemption.

SSC (KKR)
Bengaluru
Dt. 02.09.2021

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~~ 2019.

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: