<u>Staff Selection Commission</u> <u>Karnataka – Kerala Region</u> <u>Bangalore</u> <u>No.04/11/2019-SSC (KKR) Vol.III</u>

Important Notice

Attention: PWD candidates of CHSL-2019 of Karnataka Kerala Region seeking exemption from appearing & qualifying in Typing Test to be held on 03.11.2021

KKR Candidates qualified in Tier-II of CHSL Exam, 2019, who are 'Persons with benchmark disability 'and who claim to be permanently unfit to take the Typing Test because of Physical disability and seek exemption from appearing in Typing Test are required to send scanned self-attested copies of following documents on email ID: <u>adexam.kkr.ssc@gov.in</u>, preferably by <u>20-10-2021.</u> Please use this email ID only correctly.

- Medical Certificate seeking exemption in prescribed format (Annexure XIII of the notice of Examination) from the competent Medical Authority, i.e., the Civil Surgeon of a Government Health Care Institution (as per para 13.9.7.7 of the notice of the exam)
- 2. Relevant certificate of Disability in the prescribed format (Annexure –X/XI/XII) of the notice of Examination, as applicable.
- 3. Undertaking as per the format enclosed.

This will enable the Commission to process the requests well in advance and if clear, to communicate the prior approval for exemption from Typing Test to the candidates.

IMPORTANT

Please note that these candidates are required to produce all these documents in original before the Commission at the time of document verification. If any candidate fails to produce the same during document verification, Commission would cancel the candidature of such candidate for this recruitment and such candidates.

Encls:- Undertaking.

Undertaking by candidates while seeking exemption from Skill test of CHSL-2019

I______, Roll No. ______ am a candidate of CHSLE 2019 Examination and would like to avail exemption from the requirement of appearing and qualifying in type test, in accordance with Para 13.9.7.7 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 XIII) 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 X to annexure XII 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	 	
Date	 	
Name	 	
Roll No.		