



**THE ADMINISTRATION OF UNION TERRITORY OF LADAKH  
OFFICE OF THE SECRETARY LADAKH AUTONOMOUS HILL DEVELOPMENT COUNCIL KARGIL  
SUB-ORDINATE SERVICE RECRUITMENT BOARD**

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**Subject: Facility of Scribe and/or Compensatory Time for the Eligible PwD Candidates- reg.**

## **NOTICE**

It is for the information of all Persons with Disability (PwD) Candidates who require the facility of scribe and/or compensatory time for the LAHDC-KSSRB Matric Level Examinations scheduled on **10.11.2024** for the respective posts advertised vide Advertisement Number: 01 of 2024 Dated: 21.02.2024 that they shall submit the requisite Certificate(s) whichever is applicable, as per the Annexures A, B & C to this Notice in the Office of the Deputy Commissioner/CEO, LAHDC Kargil by or before **Saturday 09.11.2024, 04:00 PM** for availing such facility under rules.

This is issued with the approval of Chairman LAHDC-KSSB (DC/CEO, LAHDC Kargil).

**Enclrs: Annexures A, B & C**

  
**Secretary,  
LAHDC-KSSRB.**

No: KSSRB/PwD-Scribe-CT/2024/ 1440-1448

Dated 02.11.2024.

**Copy to the;**

1. Deputy Commissioner/CEO (Chairman, LAHDC-SSRB) Kargil for kind information.
2. All Board Members, LAHDC-KSSRB for favor of kind information.
3. SDM Zanskar/Drass/Sankoo/Shaker-Chiktan for information and wide publicity under their jurisdiction.
4. Assistant Director, DIPR, Kargil for information and wide publicity through media.
5. District Informatics Officer, NIC-Kargil with the request to upload this notification on the official website of the District.
6. OSD to Principal Secretary, L&E Department UT Ladakh for kind information of the Principal Secretary.
7. Programme Head, All India Radio, Kargil with the request to broadcast the notification on AIR for wide publicity.
8. Pvt. Secretary to Hon'ble Chairman/CEC for information of the Hon'ble Chief Executive Councillor, LAHDC, Kargil.
9. Office record file.

Certificate regarding physical limitation in an examinee to write

This is to certify that, I have examined Mr/Ms/Mrs \_\_\_\_\_ (name of the candidate with disability), a person with \_\_\_\_\_ (nature and percentage of disability as mentioned in the certificate of disability), S/o / D/o \_\_\_\_\_ a resident of \_\_\_\_\_ Village/District/State) and to state that he/ she has physical limitation which hampers his/ her writing capabilities owing to his/ her disability.

Signature Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Government health care institution

Name & Designation

Name of Government Hospital/Health Care Centre with Seal

Place:

Date:

Note:

Certificate should be given by a specialist of the relevant stream/ disability (e.g. Visual impairment-Ophthalmologist, Locomotor disability-Orthopaedic specialist/ PMR).

Annexure-~~A~~ B)

**Letter of Undertaking for Using Own Scribe**

I \_\_\_\_\_ a candidate with \_\_\_\_\_ (name of the disability) appearing for the \_\_\_\_\_ (name of the examination) bearing Roll No. \_\_\_\_\_ at \_\_\_\_\_ (name of the centre) in the District \_\_\_\_\_, (name of the State/ UT). My qualification is \_\_\_\_\_.

I do hereby state that \_\_\_\_\_ (name of the scribe) will provide the service of scribe/reader/ lab assistant for the undersigned for taking the aforesaid examination.

I do hereby undertake that his/ her qualification is \_\_\_\_\_. In case, subsequently it is found that his/ her qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims relating thereto.

(Signature of the candidate with Disability)

Place:

Date:

**ANNEXURE-XIV (C)**

**Certificate for person with specified disability covered under the definition of Section 2 (s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing**

This is to certify that, we have examined Mr/Ms/Mrs ..... (name of the candidate), S/o /D/o ....., a resident of .....(Vill/PO/PS/District/State), aged ..... yrs, a person with ..... (nature of disability/condition), and to state that he/she has limitation which hampers his/her writing capability owing to his/her above condition. He/she requires support of scribe for writing the examination.

2. The above candidate uses aids and assistive device such as prosthetics & orthotics, hearing aid (name to be specified) which is /are essential for the candidate to appear at the examination with the assistance of scribe.

3. This certificate is issued only for the purpose of appearing in written examinations conducted by recruitment agencies as well as academic institutions and is valid upto .....(it is valid for maximum period of six months or less as may be certified by the medical authority)

Signature of medical authority

|  |  |                            |                                       |  |
|--|--|----------------------------|---------------------------------------|--|
| (Signature & Name)   | (Signature & Name)   | (Signature & Name)         | (Signature & Name)                    | (Signature & Name)                                     |
| Orthopedic/PMR specialist  | Clinical Psychologist/ Rehabilitation Psychologist/Psychiatrist / Special Educator | Neurologist (if available) | Occupational therapist (if available) | Other Expert, as nominated by the Chairperson (if any) |
| (Signature & Name)   |  |                            |                                       |  |
| Chief Medical Officer/Civil Surgeon/Chief District Medical Officer.....Chairperson |  |                            |                                       |  |

Name of Government Hospital/Health Care Centre with Seal

Place:

Date: