



# অসম লোকসেৱা আয়োগ

ASSAM PUBLIC SERVICE COMMISSION

Jawaharnagar, Khanapara, Guwahati-781022

No.82PSC/E-11/2021-2022

Dated Guwahati, the 16<sup>th</sup> December, 2022

## NOTIFICATION

In connection with the conduct of Forest Ranger Examination, 2021 under Environment & Forest Department, to be held from 08.01.2023 to 22.01.2023, all those PWBD candidates in the categories of **blindness (VI), Locomotor Disability( Both arm affected-BA) and Cerebral Palsy** who will require scribe for appearing in the examination are directed to apply to the Commission. In case of other category of Persons with Benchmark Disabilities as defined under section 2(r) of the Rights of Persons with Disabilities Act, 2016, the facility of scribe will be provided to such candidates to the effect that the person concerned has physical limitation to write, and scribe is essential to write examination on behalf of the candidate on submission of a certificate from the Chief Medical Officer/ Civil Surgeon/ Medical Superintendent of a Government Health Care institution as per proforma at **Appendix - I**.

All candidates who will require scribe for appearing in the examination are requested to apply for Scribe within **23.12.2022** during **office hours**.

Those PwBD candidates who will make their own arrangement for scribes are also required to intimate the Commission's office along with the names and addresses of the scribes on or before **23.12.2022** during **office hours**.

This may be treated as urgent and important. **No more time shall be allowed beyond the specified extended time.**

The candidate may intimate the Commission through e-mail from their personal e-mail ids at **apsc-asm@nic.in**

Sd/-  
Secretary

Assam Public Service Commission  
Jawaharnagar, Khanapara, Guwahati-22

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 benchmark disability), a person with ..... (nature and percentage of disability as mentioned in the certificate of disability), S/o/D/o....., a resident of ..... (Village/Town/City),.....(District), .....(State), Pin Code..... 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.**

**Note:** Certificate should be given by a specialist of the relevant stream/disability (eg. Visua Impairment – Ophthalmologist, Locomotor disability – Orthopaedic specialist/PMR).