

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

विशेष सूचना

संयुक्त हायर सेकण्डरी (10+2) स्तरीय परीक्षा-2025 :: दक्षता परीक्षण में छूट के संबंध में।

संयुक्त हायर सेकण्डरी (10+2) स्तरीय परीक्षा-2025 के भर्ती के नोटिस के पैरा 13.8.13.7(vii) के अनुसार, दिव्यांग अभ्यर्थी जो शारीरिक अक्षमता के कारण टंकण परीक्षा देने के लिए स्थाई रूप से अनुपयुक्त होने का दावा करते हैं, उन्हें आयोग के पूर्व अनुमोदन से ऐसी परीक्षा में उपस्थित होने और अर्हता प्राप्त करने की अनिवार्यता से छूट दी जा सकती है, बशर्ते कि ऐसे अभ्यर्थी, सक्षम चिकित्सा प्राधिकारी, अर्थात् स्वास्थ्य देख-रेख संस्थान के सिविल सर्जन से हस्ताक्षरित निम्नलिखित दस्तावेज/प्रमाण पत्र दिनांक **23.03.2026** 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।

- I. सिविल सर्जन से कौशल परीक्षा में उपस्थित होने से छूट प्राप्त करने के लिए मेडिकल प्रमाणपत्र (अनुलग्नक - XIV). सक्षम चिकित्सा प्राधिकारी, अर्थात् स्वास्थ्य देख-रेख संस्थान के सिविल सर्जन के अलावा किसी अन्य प्राधिकारी द्वारा हस्ताक्षरित/जारी प्रमाणपत्र स्वीकार्य नहीं होगा।
 - II. भर्ती सूचना के अनुसार विकलांगता का प्रमाण पत्र (अनुलग्नक-XI से XIII), परीक्षा की सूचना के अनुसार, जो भी लागू हो।
 - III. कौशल परीक्षा में उपस्थित होने से छूट प्राप्त करने के लिए अनुबंध के अनुसार वचनबद्धता।
 - IV. परीक्षा केन्द्र पर प्रमाणपत्रों के सत्यापन के लिए उपस्थित नहीं होने वाले अभ्यर्थियों को दक्षता परीक्षण में अनुपस्थित चिन्हित किया जाएगा।
02. अभ्यर्थी को संयुक्त हायर सेकण्डरी (10+2) स्तरीय परीक्षा 2025 (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।

नोट- परीक्षा की विज्ञप्ति के पैरा 13.8.13.6.(i) के अनुसार डाटा एन्ट्री आपरेटरों के लिए कौशल परीक्षा अनिवार्य है, किसी भी अभ्यर्थी को कौशल परीक्षा में सम्मिलित होने से छूट नहीं है।



भारत सरकार
कर्मचारी चयन आयोग,
(मध्य प्रदेश क्षेत्र)



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

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
Phone-2960440/41

Important Notice

Combined Higher Secondary (10+2) Level Examination, 2025 (CHSLE): seeking exemption from appearing in Skill Test.

As per para 13.8.13.7(vii) of Recruitment Notice of CHSLE 2025, Persons with Disabilities candidates who claim to be permanently unfit to take the Typing Test because of a physical disability may, with the prior approval of the Commission, be exempted from the requirement of appearing and qualifying at such test, provided such a candidate submits 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 23.03.2026. 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).

- I. Medical Certificate (Annexure XIV) for seeking exemption from appearing in Skill Test from Civil Surgeon. **Certificate issued by any authority other than Civil Surgeon of a Government Health Care Institution will not be accepted.**
- II. Certificate of Disability as per Recruitment Notice (Annexure XI to XIII), whichever is applicable, as per Notice of Exam.
- III. Undertaking as per Annexure for seeking exemption from appearing in Skill Test.
- IV. Candidate not appearing at the venue for verification of certificate will be marked ABSENT in Skill Test.

02. The candidates are required to produce all these documents in original at the time of Computer Based Test (CHSL 2025 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 Skill Test 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.

Note- As per para 13.8.13.6.(i) Skill Test is mandatory for Data Entry Operators. No candidate is exempted from appearing in the Skill Test.

SSC (MPR), Raipur
Dated 16.03.2026

UNDERTAKING

I, Roll No. am a candidate of Combined Higher Secondary (10+2) Level Examination, 2025 and would like to avail exemption from appearing in the Skill/Typing test of Tier II, in accordance with Para 13.8.13.7. (vii) of Notice of Examination dated 23.06.2025, as I am permanently unfit to take the typing test because of my physical disability, I am herewith attaching a following document: -

- A. Copy of Medical Certificate for exemption from appearing in skill/typing test, issued by Civil Surgeon as per Annexure-XIV.

- B. PwD certificate from notified Medical Authority as per Annexure XI to XIII 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 (CHSL 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 :

ANNEXURE-XIV

Form of Medical Certificate to be produced by the Persons with Benchmark Disabilities candidates who seek exemption from appearing in the Typing/Skill Test

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:

Roll Number:

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	of Issue	Is of authority issuing certificate

(Signature and Seal of Authorised Signatory of
notified Medical Authority)

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

ANNEXURE-XII

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.	Thalassemia			
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

5. Signature and seal of the Medical Authority.

Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson

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

ANNEXURE-XIII

**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

(Authorised 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