



NATIONAL BOARD OF EXAMINATIONS IN MEDICAL SCIENCES NEW DELHI

Dated: 15.01.2024

NOTICE

Attention: Exemption from passing the Typewriting Test on Computer for Skill test scheduled to be held on 22.01.2024 for the post of Junior Assistant and verification of original certificates for PwBD candidates - regarding

PwBD candidates are hereby informed that as already indicated in the advertisement notice no. A.12022/2/2023-Estt. dated 21.09.2023, the Computer Knowledge/Skill Test will include Data Entry, Word Processing and Computer Operation etc. No exemption shall be granted to any candidate.

2. In terms of OM no. 14020/1/2014-Estt dated 22.04.2015, such PwBD candidates may be allowed exemption only from Typewriting Test subject to the following: –

- a) Physically handicapped persons who are otherwise qualified to hold clerical post and who are certified as being enable to type by the Medical Board attached to Special Employment Exchanges for the Handicapped (or by a Civil Surgeon where there is no such Board) may be exempted from passing the typing test.
- b) The term 'physically handicapped persons' does not cover those who are visually handicapped or who are hearing handicapped but cover only those whose physical disability permanently prevents them from typing.

3. In view of the above, candidates seeking exemption are required to report at the venue of Skill Test and to produce undertaking as per [Annexure – I](#) along with the following documents while appearing for the Skill Test: –

- a) Medical Certificate for exemption from appearing in Typewriting Test from Civil Surgeon as per [Annexure-II](#);
- b) PwBD Certificate from notified Medical Authority.

4. The candidates are required to produce all these documents in original at the time of document verification before the Skill Test. Candidate who fail to produce [Annexure-II](#), shall not be exempted from Typewriting Test. Failure to produce the original PwBD certificate during document verification shall lead to cancellation of candidature and such candidate(s) shall not be allowed to appear in the Skill Test.

5. Facility of Scribe or compensatory time shall only be permitted to such PwBD candidates upon request. The candidates have to arrange Scribe at their own end and ensure that qualification of the scribe should be one step below the qualification of the candidate taking examination. The undertaking for using scribe as per [Annexure – III](#) should be signed and submitted in the presence of Exam Coordinator.



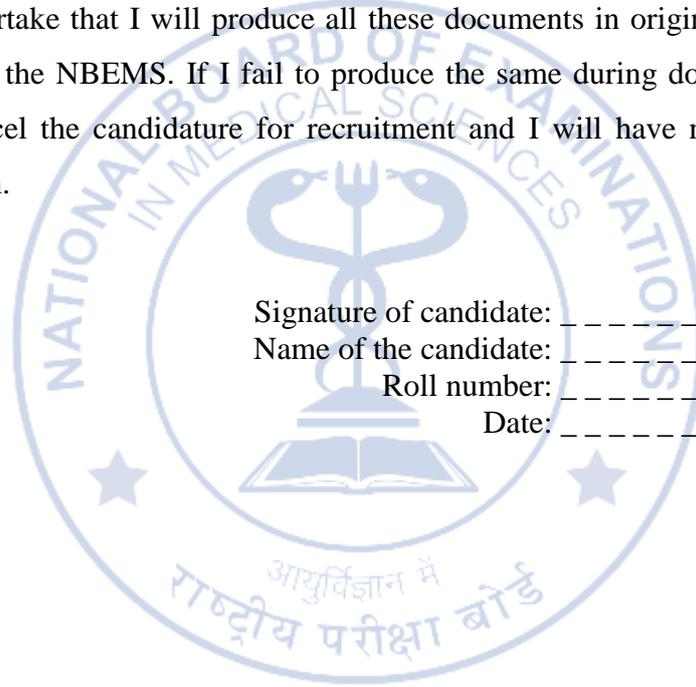
NBEMS

UNDERTAKING

I _____, Roll No. _____
____ am an OH candidate of NBEMS Recruitment Test 2023 and would like to avail exemption from passing in the Typewriting Test for the post of _____, as I am permanently unfit to take the Typing Test because of physical disability. I am attaching a copy of each of following documents: –

- a) Medical Certificate for exemption from appearing in Typewriting Test from Civil Surgeon as per Annexure-II;
- b) PwBD Certificate from notified Medical Authority.

2. I also undertake that I will produce all these documents in original during document verification before the NBEMS. If I fail to produce the same during document verification, NBEMS may cancel the candidature for recruitment and I will have no claim against the NBEMS's decision.



Signature of candidate: _____
Name of the candidate: _____
Roll number: _____
Date: _____

ANNEXURE – II

Medical certificate to be produced by the Persons with Benchmark Disabilities (PwBD) candidates who seek exemption from appearing in the Typewriting Test conducted by NBEMS

This is to certify that Mr/Ms/Mrs _____
_____ son/daughter/wife of Shri _____, a resident of _____

(Village/District/State), is suffering from _____
_____.

2. Clinical diagnosis as a result of which he/she has the following disabilities. (Brief description of his/her disability) _____

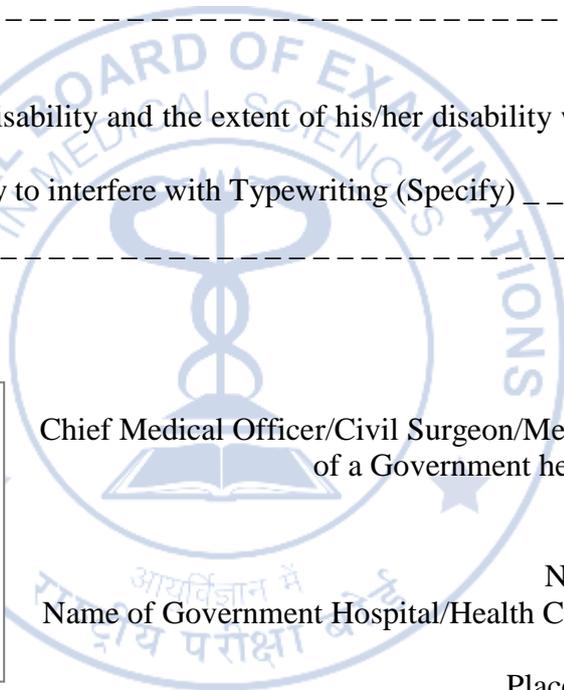
_____.

3. This is a permanent disability and the extent of his/her disability works out to _____ % of disability.

4. This disability is likely to interfere with Typewriting (Specify) _____

_____.

Photograph of the candidate clearly showing face with affected portion of the body



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: _____

Signature of candidate: _____
Name of the candidate: _____
Roll number: _____

Note: Certificate should be given by a specialist of the relevant stream/disability (eg. Visual Impairment-Ophthalmologist, Locomotor disability-Orthopaedic specialist/PMR). Recent passport size Photograph of the candidate clearly showing face with affected portion of the body APPEND

DECLARATION/UNDERTAKING BY PERSON WITH DISABILITIES (PWD) CANDIDATES WHO WISH TO USE SCRIBE (Letter of Undertaking for Using Own Scribe)

I _____ a candidate with _____
 _____ (name of the disability) appearing for the _____
 (name of the examination) bearing Application/Roll No. _____
 _____ at MRS Online Testing Services Pvt Ltd. Opp. Metro Station Dwarka Pillar No. 811 Hari
 Vihar, New Delhi - 110078. My highest qualification is _____
 _____ and scribe's highest qualification is _____ We (Candidate &
 Scribe) together hereby declare that _____ (name of the scribe)
 will provide the service of scribe/reader for the candidate for taking the aforesaid examination
 and also undertake that we (Candidate & Scribe) have read/been read out the instructions of
 'Guidelines regarding Persons with Disabilities (PWD) using the services of a Scribe' issued
 by GoI and hereby undertake to abide by them. It is also stated that the Scribe arranged by the
 candidates should not be a candidate for the same examination and also cannot be a Scribe for
 another candidate. We also understand that in case it is detected at any stage of recruitment and
 even after recruitment that we do not fulfil the eligibility norms and/or that the information
 furnished by us is incorrect/false or that we have suppressed any material fact(s), or that scribe's
 qualification is not as declared and I Shall forfeit my right to the post and claims relating
 thereto.

Given under our signature: –

 Signature and Left-Hand Thumb Signature
 and Left-Hand Thumb Impression of the
Scribe

 Signature and Left-Hand Thumb Signature
 and Left-Hand Thumb Impression of the
Candidate

 Correspondence Address

 Roll No.:

 Post Name:

 Date of Exam.:

 Exam Centre:

 Correspondence address:

 Mobile No.:

ID Proof Type:*

Recent passport size
 Photograph of the
 Scribe. To be signed
 by Scribe and
 candidate across.

 Signature of Test Administrator (TA)

 Signature of Centre Coordinator/ Observer

*Scribe is required to carry his ID proof in original at the time of Examination.