

**Staff Selection Commission (CR), Prayagraj**  
**F.No.E-E.11011/1/2026-DD\_EXAM**

**IMPORTANT NOTICE**

**Subject: Exemption from appearing in DEST of CGLE-2025 Examination for PwD-OH candidates - regarding.**

As per Para No. 13.8.10.6 of Recruitment Notice of CGLE-2025, "PwBD-OH candidates are eligible for exemption from attempting DEST, provided such candidates submit a Certificate in the prescribed format (Annexure-XV) to the Commission from 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. However, such exemption is not available for the posts where either Computer Proficiency is prescribed (as mentioned at Para 13.8.9 of CGLE 2025 Notice) or where DEST is prescribed (as mentioned at Para 13.8.10.4 of CGLE 2025 Notice) except for the post of the Tax Assistant in CBDT, for which exemption from attempting DEST is available. **All other PwD candidates are not eligible for exemption from DEST.**"

2. In terms of above provisions, the PwD-OH candidates qualified from Southern Region seeking exemption from appearing in DEST may, in their own **interest**, send a request along with scanned copies of following documents to the email address: **ssccrcgle2025@gmail.com**, latest by **10.01.2026**:

- (i) Medical Certificate seeking exemption in prescribed format (Annexure XV of the notice of Examination) from the Competent Medical Authority, i.e., the Civil Surgeon of a Government Health Care Institution. It is again reiterated that candidates submitting Annexure-XV should ensure that the certificate has the following:
  - (a) Issued by Civil Surgeon.
  - (b) Clearly indicate how the disability interfere with Typewriting.
  - (c) Brief description of disabilities.
  - (d) Percentage of disabilities
- (ii) Undertaking as per the format annexed to this notice.

3. The decision of the competent authority on grant of exemption will be conveyed to the candidate on or before the day of DEST.

4. The candidates are required to produce all these documents in original before the Commission/ Indenting User Department, as and when sought during Document Verification or otherwise.

5. PLEASE NOTE:

- (i) PwD-OH candidates opting for posts where either Computer Proficiency is prescribed (as mentioned at Para 13.8.9 of CGLE 2025 Notice) or where DEST is prescribed (as mentioned at Para 13.8.10.4 of CGLE 2025 Notice), except for the post of Tax Assistant in CBDT, are not exempted from DEST.
- (ii) HH and VH candidates are not eligible for exemption from the Skill Test.
- (iii) No exemption from Computer Knowledge Test is allowed for any category of PwD candidates.

## **UNDERTAKING**

I \_\_\_\_\_ Roll No. \_\_\_\_\_ am a candidate of CGLE 2025 Examination and would like to avail exemption from the requirement of appearing and qualifying in DEST, in accordance with Para13.8.10.6 of examination notice, as I am permanently unfit to take the DEST because of physical disability. I am attaching herewith a copy of requisite certificate in prescribed format (Annexure XV) of notice of examination, issued by competent medical authority i.e. a civil surgeon of a Government Health Care Institution.

2. I also undertake that I will produce all these documents in original during Document Verification or any other time before the Commission/ Indenting User Department, as and when called by the Commission/ Indenting User Department. If I fail to produce the same, the Commission/ Indenting User Department may cancel my candidature for this examination and I will have no claim against the Commission's decision.

SIGNATURE.....

NAME.....

ROLL NO.....

DATE.....

**ANNEXURE - XV**

**FORM OF MEDICAL CERTIFICATE TO BE PRODUCED BY OH CANDIDATES WITH  
BENCHMARK DISABILITY WHO SEEK EXEMPTION FROM APPEARING IN THE SKILL  
TEST (DEST) FOR CGLE – .**

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) -----  
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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)

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Signature of Civil Surgeon:

Name:

(Official Stamp)

Place:

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

Date:

Signature of candidate:

Name: