



HIGH COURT OF MADHYA PRADESH: JABALPUR

NOTIFICATION

No.17/Exam/ CJ/2019(Phase-II)

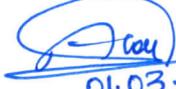
Jabalpur, dt. 01.03.2021

As directed, it is to inform all candidates of Civil Judge Class-II (Entry Level) Exam-2019 (Phase-II), who have applied under PH (persons with disability) category, in response to Advertisement No. 325/Exam/ CJ/2019(Phase-II) dt. 05.09.2020, that if any of such candidate(s) want to avail the facility of own Scribe/Reader due to their specific disability like blindness/low vision etc, then eligible candidate may send their written request/application via email till 04.03.2021 to (regexamhcjbp@mp.gov.in) mentioning their name, application number, category of disability (blindness/low vision etc.), percentage of disability along with certificate to that effect that the person concerned has physical limitation to write and scribe is essential for examination on his/her behalf from Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Govt. Health Care Institution as per proforma at APPENDIX-I and/or certificate of permanent disability issued by competent Authority.

Candidate(s) with disability are advised to make sure before applying that they are eligible for availing the facility of scribe/reader under the guidelines issued by Govt. of India in this behalf unless their case comes as an exception in which case they should state full facts of their case, so that appropriate decision may be taken on their application. If any application/request is found frivolous or based on mis-information or concealment of the facts then appropriate action will be taken against such candidates which may include rejection of candidature.

After considering the merits of application/request concern candidate will be intimated about the result thereof and in case permission is granted, further course of action will also be communicated to him/her.

Applications/requests via e-mail received in Exam Cell on or before 4th March, 2021, shall only be processed.


01.03.2021
(Alok Mishra)
Registrar (Exam)



APPENDIX- I

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 (eg. Visual impairment – Ophthalmologist, Locomotor disability – Orthopaedic specialist/PMR).