



ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI- 110608
EXAMINATION SECTION

IMPORTANT NOTICE NO: 96/2020

F.No./AIIMS/Exam.Sec/Group-A-B&C/2019

Dated: 25.07.2020

IMPORTANT NOTICE FOR PWBD CANDIDATES APPLIED FOR VARIOUS GROUP 'B' & 'C' POSTS FOR AIIMS, NEW DELHI/ NCI JHAJJAR, HARYANA.

This refers to advertisement F.No. 7-1/2019-Estt (RCT) published by Recruitment Cell in the leading newspapers on dated 12.02.2020 as well as uploaded on the AIIMS websites www.aiimsexams.org and www.aiims.edu including subsequent corrigendums / notices for filling up of various Group 'A'(Non-Faculty), 'B' & 'C' posts at AIIMS, New Delhi/ NCI Jhajjar, Haryana.

Candidates who have applied under **PWBD category** against the above advertisement for various posts of Group 'B' & 'C' posts are hereby informed that if they require a Scribe for Recruitment Examination due to inability in clicking the Mouse and / or reading the question as well as require Compensatory time are required to submit the following details:

1.	Candidate ID:	
2.	Name of the post applied for:	
3.	Do you want Scribe	Yes/ No
4.	If Yes:	submit the ' <u>Certificate regarding physical limitation in an examinee to take Computer Based Test</u> ' (attached <u>APPENDIX-1</u>)

Candidates are required to submit the above details along with the certificate through their registered e-mail id on aiims.recruitmentexam2020@gmail.com between **25.07.2020 to 01.07.2020(upto 5:00 p.m.)**.

Those candidate who will not send their certificate by the above mentioned date and time they may not be given Scribe and Compensatory Time as well as no correspondence will be entertained in this regard.



Sd/-
Assistant Controller (Examinations)

Certificate regarding physical limitation in an examinee to take Computer Based Test

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 capability to take Computer Based Test.

Signature

Chief Medical Officer/ Civil Surgeon/ Medical
Superintendent of a Government health care institution.

Name of Government Hospital / Health Care Centre with Seal

Place:

Date:

Note:

Certificate should be given by a specialist of the relevant stream / disability (e.g. Visual impairment- Ophthalmologist, Locomotor disability- Prthopaedic specialist/ PMR)