

Staff Selection Commission (SR), Chennai
F.No. E-E.11012/3/2026-Admn_SR

IMPORTANT NOTICE

Subject: Exemption from appearing in Typing Test of CHSL- 2025 Examination (Tier-II) for PwD candidates – regarding.

Pursuant to Corrigendum No.HQ-C1102/9/2025-C-1 dated 25.03.2026 (copy attached) partially amending the Notice dated 23.06.2025 of the Combined Higher Secondary (10+2) Level Examination (CHSLE), 2025, it is hereby informed that amendments have been carried out in Para No.13.8.13.7 (vii) of the said Notice regarding exemption from appearing in the Typing Test (Tier-II) for PwD candidates.

2. Accordingly, the earlier Notice issued by this Regional Office vide file of even number dated 20.03.2026 on the above subject stands withdrawn and shall be treated as cancelled.

3. In terms of the revised provisions, PwD candidates qualified from Southern Region whose physical disability permanently prevents them from typing (candidates under the categories of Visually Handicapped and Hearing Handicapped are not covered for exemption from the Typing Test) are advised, in their own interest, to submit their request along with scanned copies of the following documents to the email ID: sscsr.pwd@gmail.com latest by **09.04.2026 (12:00 noon)**:

- (i) Certificate of Disability, as applicable, in the prescribed format as per Annexure-XI to Annexure-XIII.
- (ii) Medical Certificate seeking exemption in prescribed format (Annexure XIV of the Examination Notice) issued by the Competent Medical Authority, i.e., the Civil Surgeon of a Government Health Care Institution. Candidates submitting Annexure XIV must ensure that the certificate clearly contains the following:
 - (a) Issued by Civil Surgeon.
 - (b) Clearly indicate how the disability interferes with Typewriting.
 - (c) Brief description of disabilities.
 - (d) Percentage of disabilities
- (iii) Revised Undertaking as per the format annexed to this notice.

4. The decision of the Competent Authority regarding the grant of exemption will be communicated to the candidates on or before the date of the Typing Test. However, as per para 13.8.13.6 (i) of the notice of the examination, Skill Test is mandatory for Data Entry Operators and no candidate is exempted from appearing in the Skill Test. Candidates who have already applied for exemption based on the earlier Notice dated 20.03.2026 issued by this Regional Office are requested to re-submit the revised undertaking along with the Certificate of Disability and Annexure-XIV.

5. The candidates are required to produce all these documents in original at the time of Typing Test. If any candidate fails to send the documents through email to the concerned Regional Offices or fails to produce the same during the Typing Test, his/her candidature for the Combined Higher Secondary Level Examination, 2025 shall be treated as cancelled and he/she shall forfeit his/her right to the post and claim relating thereto.



भारत सरकार,
कार्मिक, लोक शिकायत तथा पेंशन मंत्रालय,
कार्मिक एवं प्रशिक्षण विभाग,
कर्मचारी चयन आयोग,
ब्लॉकसं-12, केन्द्रीय कार्यालय परिसर,
लोधी रोड, नई दिल्ली-110003

Government of India,
Ministry of Personnel, Public Grievances
& Pensions,
Department of Personnel and Training,
Staff Selection Commission,
Block No. 12, CGO Complex, Lodhi Road,
New Delhi – 110003

COMBINED HIGHER SECONDARY (10+2) LEVEL EXAMINATION-2025

CORRIGENDUM

F. No. HQ-C1102/9/2025-C-1: Candidates may refer to the Notice dated 23.06.2025 of the Combined Higher Secondary (10+2) Level Examination (CHSLE) -2025. Para 13.8.13.7 (vii) of the said Notice stands amended and may be read as under:

“Para 13.8.13.7 (vii) Persons with Disability (PwD), who are otherwise qualified to hold the post(s) and who are certified as being unable to type by the competent Medical Authority, i.e., the Civil Surgeon of a Government Health Care Institution, may be exempted from passing the typing test. Such certificate shall be submitted in the prescribed format (**Annexure-XIV**). The term ‘Persons with Disability (PwD)’, in this case, does not cover those who are visually handicapped or who are hearing handicapped but covers only those whose physical disability permanently prevents them from typing. In addition, such candidates must substantiate their claim by furnishing the relevant Medical Certificate, as applicable, in the prescribed format as per **Annexure-XI** to **Annexure-XIII** of the Notice of Examination, alongwith an Undertaking as per the format attached, on the email IDs of their respective Regional Offices, as mentioned below, by 09.04.2026 (12:00 noon):

S. No	Region Name	Email ID
1.	Northern Region (NR)	ssceanrskilltest@gmail.com
2.	Central Region (CR)	ssccrchsl2025@gmail.com
3.	Eastern region (ER)	contactssc-er-dopt@gov.in
4.	North Eastern Region (NER)	sscner.candidatecontact@gmail.com
5.	Madhya Pradesh Region (MPR)	sscraipurchsltier2@gmail.com
6.	Western Region (WR)	examinqurysscwr@gmail.com
7.	North Western Region (NWR)	sscnwrgoi@gmail.com
8.	Karnataka Kerala Region (KKR)	rdssckkr@nic.in
9.	Southern Region (SR)	sscsr.pwd@gmail.com

The candidates are also required to produce all these documents in original at the time of Typing Test. If any candidate fails to send the documents through email to the concerned Regional Offices or fails to produce the same during the Typing Test, his/her candidature for the Combined Higher Secondary Level Examination, 2025 shall be treated as cancelled and he/she shall forfeit his/her right to the post and claim relating thereto.”

Under Secretary (C-I)
25.03.2026

UNDERTAKING

I _____, Roll No. _____ am a PWD candidate of Combined Higher Secondary Level Examination, 2025 and would like to avail exemption from appearing in the Typing Test in accordance with Para 13.8.13.7 (vii) of the Notice of the Examination as I am permanently unfit to take the typing test because of physical disability. I am attaching a copy of each of the following documents:

- a) Medical Certificate from the competent Medical Authority, i.e. the Civil Surgeon of a Government Health Care Institution as per Annexure-XIV of the notice of examination
- b) PWD Certificate from notified Medical Authority as per Annexure-XI (Form V) to Annexure-XIII (Form VII), whichever is applicable, as per the notice of the examination

I also undertake that I will produce all these documents in original during the Typing Test as per Para 13.8.13.7 (vii) of the notice of the examination. If I fail to produce the same, my candidature for the Combined Higher Secondary Level Examination, 2025 shall be treated as cancelled and shall forfeit my right to the post and claim relating thereto.

SIGNATURE.....

NAME OF THE CANDIDATE.....

ROLL NO.....

DATE.....

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 over all 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

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: