

HIGH COURT OF PUNJAB & HARYANA AT CHANDIGARH
SOCIETY FOR CENTRALIZED RECRUITMENT OF STAFF IN SUBORDINATE COURTS
(S.S.S.C)

[Office : S.S.S.C. Office, 4th Floor, High Court Extension Building, Sector 17, Chandigarh]

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No. 27/S.S.S.C.
Dated: 10/ 01/2023

NOTICE

ADVT.NO. 30C/SSSC/PB/2022
AND 32C/SSSC/HR/2022.

It is for the information of all the concerned candidates for the posts of Clerk in the Subordinate Courts of Punjab as well as Haryana that if he/she has benchmark disability of Low Vision and Orthopedically Handicapped of 40% or more and has physical limitation in typing then he/she has to submit an application for exemption from Computer Proficiency Test along with photocopy of his/her disability certificate and original medical certificate (proforma attached as annexure-'A') issued by the competent authority to the effect that he/she has physical limitation in typing speed at 30 W.P.M. The said application along with requisite certificates should be submitted on or before 20.01.2023 till 04:00 P.M. in the office of S.S.S.C. 4th Floor, High Court Extension Building, Sector 17, Chandigarh. Application received after due date and time shall not be entertained.

Note:- If at any stage, the medical certificate is found inappropriate/ incorrect/ false/ fabricated/ tampered with or if it is found that the candidate was not eligible as per the eligibility criteria, his/her candidature/ appointment will be cancelled.

Sd/-
MEMBER SECRETARY
S.S.S.C.

Certificate regarding physical limitation in an examinee to type

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 mention 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 typing capabilities @ 30 W.P.M. 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: