HIGH COURT OF DELHI: NEW DELHI

EXAMINATION BRANCH – NON JUDICIAL

No. 84/Exams-NJ/DHC
Date: 15.09.2026

NOTICE

It is hereby notified for information of all concerned PwBD candidates eligible to appear in the Stage-II Main (Descriptive) Exam of Junior Judicial Assistant/Restorer (Open) Examination – 2026, scheduled to be held on 04.10.2026 (Sunday), that the candidates intending to avail the facility of scribe/compensatory time shall intimate their requirement and submit the requisite Certificate (Annexure-A/Annexure-A1) regarding difficulty in writing and Affidavit (Annexure-B) through e-mail at **arexam.dhc@nic.in** by 29.09.2026.

The requisite Certificate and Affidavit shall be submitted/ produced in original by the candidates at the Examination Centre on the date of examination, i.e., 04.10.2026.

Candidates failing to furnish the requisite documents within the prescribed time shall not be allowed to avail the facility of scribe and/or compensatory time, as applicable.

(Dalip Kumar Bajaj)
Deputy Registrar
Examination Branch (Non-Judicial)

Annexure-A

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 – Prthopacdic specialist/ PMR).

Annexure-A1

Certificate for person with specified disability covered under the definition of Section 2 (s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing.

This is to certify that, we have examined Mr/Ms/Mrs ..... (name of the candidate), S/o /D/o ....., a resident of .....(Vill/PO/PS/District/State), aged ..... yrs, a person with ..... (nature of disability/condition), and to state that he/she has limitation which hampers his/her writing capability owing to his/her above condition. He/she requires support of scribe for writing the examination.

2. The above candidate uses aids and assistive device such as prosthetics & orthotics, hearing aid (name to be specified) which is /are essential for the candidate to appear at the examination with the assistance of scribe.

3. This certificate is issued only for the purpose of appearing in written examinations conducted by recruitment agencies as well as academic institutions and is valid upto _____ (it is valid for maximum period of six months or less as may be certified by the medical authority)

Signature of medical authority

(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)
Orthopaedic / PMR specialist	Clinical Psychologist/ Rehabilitation Psychologist/Psychiatrist / Special Educator	Neurologist(if available)	Occupational therapist (if available)	Other Expert, as nominated by the Chairperson(if any)
(Signature & Name)				
Chief Medical Officer/Civil Surgeon/Chief District Medical Officer.....Chairperson				

Name of Government Hospital/Health Care Centre with Seal

Place:

Date:

Annexure-B

Specimen of Affidavit (to be submitted on a non-judicial stamp paper of Rs.10/- duly attested by Notary)

I, _____, Son/Daughter of _____, resident of _____, a candidate with _____ (name and extent of the disability) appearing for Junior Judicial Assistant/ Restorer Examination - 2026 vide Application No. _____ hereby declare as under:

1. That my qualification is _____.

Note. 1. A scribe shall not give assistance to more than one candidate in the same examination.

Note. 2. The qualification of the scribe shall be one step below the qualification of the candidate taking the examination.

CHOOSE ONLY ONE OPTION FROM 2 OR 3:-

2. That I do not wish to avail the facility of scribe but require Compensatory Time.

OR

3. That I wish to bring my own scribe, the particulars of whom are given as below:

(i)	Name of the Scribe	:
(ii)	Father's Name	:
(iii)	Residential Address	:
(iv)	Educational Qualifications	:
(v)	Mobile no. of the scribe	:

SPACE FOR FIXING OF PHOTOGRAPH OF SCRIBE

I do hereby undertake that the qualification of my scribe is _____. In case, subsequently, at any stage, it is found that his/her qualification is not as declared by the undersigned and is equal or above my qualification or is otherwise as disclosed, my candidature and claims relating thereto shall be forfeited.

That I further state that the scribe whose assistance I would be taking during Junior Judicial Assistant/ Restorer Examination - 2026 is not a Graduate.

4. That I understand that in case of any malpractice adopted by me or my scribe, I shall be fully responsible for that and such act would render my candidature cancelled for the aforesaid examination besides attracting appropriate legal action against me.

5. That I further understand that my scribe would read out the questions and the answer options to me and the option chosen by me shall be marked by him in the answer sheet.

6. That I undertake that after the distribution of question paper I will not be allowed to forego the facility of scribe.

DEPONENT

Verification:

Verified on _____ day of _____, 2026 that the contents of above affidavit are true and correct to the best of my knowledge and belief.

DEPONENT