



मि. सं. 1-2/2015-P&P-I(Vol.II)

दिनांक 09/01/2019

IMPORTANT NOTICE

Subject:– Facility of scribe and compensatory time for Persons with Benchmark Disabilities - regarding.

Candidates may note that compensatory time of 20 minutes per hour of examination (with or without scribe) will be provided to the following eligible Persons with Disability (PwD) candidates:

- (a) *Visually Handicapped.*
- (b) *Cerebral Palsy.*
- (c) *Both Arms Affected.*
- (d) *In addition to above, with regard to a candidate with benchmark disability who has physical limitation to write and scribe is essential to write examination on his/ her behalf, such candidates **will be required to submit a certificate at the examination venue, obtained from the Chief Medical Officer/ Civil Surgeon/ Medical Superintendent of a Government health care Institution. Proforma of the Certificate is attached as Annex-I.***

2. Candidates opting for own scribe would require to submit details of own scribe **at the examination venue as per proforma provided at Annex-II.**

(A.K. Dadhich)
Under Secretary (P&P-1)

Annex-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 _____,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 (e.g. Visual impairment-Ophthalmologist, Locomotor disability-Orthopedic specialist/ PMR).

Annex-II

Letter of Undertaking for Using Own Scribe

I _____, a candidate with _____ (name of the disability) appearing for the _____ (name of the examination) bearing Roll No. _____ at _____ (name of the examination venue) in the District _____ (name of the State/UT). My qualification is _____.

I do hereby state that _____ (name of the scribe) will provide the service of scribe/ reader/ lab assistant for the undersigned for taking the aforesaid examination.

I do hereby undertake that his/ her qualification is _____. In case, subsequently it is found that his/ her qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims relating thereto.

(Signature of the candidate with Disability)

Place:

Date: