

Guidelines regarding Persons with Disability using the services of a Scribe

Candidates are advised to refer OM dated 29 Aug 2018 issued by Department of Empowerment of Persons with Disability (Divyangian), Ministry of Social Justice and Empowerment and read the complete instructions carefully. These guidelines are applicable to all PwD candidates applying for CEPTAM recruitment cycles. Following points are also to be followed for CEPTAM examination.

- 1) Candidates are eligible to use a scribe as defined under section 2(r) of the Rights of PwD Act, 2016 and other Government of India rules governing the recruitment of Persons with Disabilities.
- 2) The scribe is identified by the candidate at own cost and as per own choice.
- 3) The scribe arranged by the candidate should not be a candidate for the same examination.
- 4) A person acting as a scribe for one candidate cannot be a scribe for another candidate.
- 5) The candidate shall be responsible for any misconduct on the part of the scribe brought by him during Computer Based Test (CBT)
- 6) As per the rules, the candidate availing services of a scribe is eligible for compensatory time of at least 20 minutes for every hour of the examination.
- 7) **Candidates are advised to refer point no. IV of OM dated 29 Aug 2018 issued by Departmental of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice and Empowerment and required to produce a certificate (wherever applicable) to the effect that the person concerned has physical limitation to write and scribe is essential to write examination on his/her behalf as per attached format from Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Government health care institution (Appendix-A1).**
- 8) **Candidates as well as the scribe will have to give a suitable undertaking in the prescribed format “Letter of undertaking for using own Scribe” (Apeendix-A2) with passport size photograph of the scribe.**
- 9) In case it later transpires that he/she did not fulfil any laid down eligibility criteria or suppressed material facts the candidature of the applicant will stand cancelled, irrespective of the result of the online examination.
- 10) Guidelines are subject to change in terms of GOI guidelines/clarifications, if any, from time to time.

DECLARATION/ UNDERTAKING BY PERSON WITH DISABILITIES (PWD)
CANDIDATES WHO WISH TO USE SCRIBE
(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 _____ (centre name) in the _____ (City), _____ (name of State). My highest qualification is _____ and scribe's highest qualification is _____ We (Candidate & Scribe) together hereby declare that _____ (name of the scribe) will provide the service of scribe/reader/lab assistant for the candidate for taking the aforesaid examination and also undertake that we (Candidate & Scribe) have read/been read out the instructions of '**Guidelines regarding Persons with Disabilities (PWD) using the services of a Scribe**' issued by GoI and CEPTAM, DRDO and hereby undertake to abide by them. It is also stated that the scribe arranged by the candidate should not be a candidate for the same examination and also cannot be a scribe for another candidate. We also understand that in case it is detected at any stage of recruitment and even after recruitment that we do not fulfil the eligibility norms and /or that the information furnished by us is incorrect/ false or that we have suppressed any material fact(s), or that scribe's qualification is not as declared and/or is equal or higher than candidate's qualification, I Shall forfeit my right to the post and claims relating thereto.

Given under our signature:-

 Signature and Left Hand Thumb
 Impression of the **Scribe**

 Signature and Left Hand Thumb
 Impression of the **Candidate**

Correspondence Address

Roll No.:.....
 Seat No.....
 Post Code, Post Name &
 Subject.....

ID Proof Type:
 ID Number:

Date of Exam.:.....
 Shift.....
 Exam Centre:.....
 Exam City:

STD Code: Phone No.....
 Mobile No., if any

Correspondence address:

 STD Code:..... Phone No.....
 Mobile No., if any

Recent
 passport size
 Photograph of
 the Scribe.
 To be signed
 by Scribe and
 candidate

 Signature of Invigilator

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-Prthopaedic specialist/PMR).