



**PERSONS WITH DISABILITIES (PWD)
USING THE SERVICES OF A SCRIBE**

Candidates are advised to refer OM dated 29th Aug, 2018 issued by Department of Empowerment of persons with Disabilities (Divyangjan), 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.

- I. Visually Impaired, cerebral Palsy, Orthopedically handicapped candidates (both arm affected), Orthopedically handicapped candidates who has a locomotor disability wherein the dominant writing extremity is affected to the extent of slowing down the performance of the candidate (such deficiency to be indicated in the medical certificate submitted by the candidate) will be allowed compensatory time of 20 minutes per hour in the examination. Question papers will not be provided in Braille. Candidates who are availing compensatory time will have to arrange scribe on their own
- II. For visually impaired candidates, there will be no component of maps/graph/diagrams/statistical data in the Question paper.
- III. Qualification is not a bar for the scribe (*Refer Guideline of GOI Ministry of Social Justice & Empowerment F NO. 16-110/20013-DD.III dated 26 Feb 2013*).
- IV. 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.
- V. The candidate must produce medical proof of disability in original issued by the competent medical authority and scribe must carry his/her valid proof of Identity, otherwise he/she will not be allowed for the examination.
- VI. The scribe arranged by the candidate should not be a candidate for the same examination.
- VII. The Scribe is identified by the candidate at own cost and as per own choice.
- VIII. A person acting as a scribe for one candidate cannot be a scribe for another candidate.
- IX. The candidate shall be responsible for any misconduct on the part of the scribe brought by him during Computer Based Test (CBT).
- X. As per the rules, the candidates availing services of a Scribe is eligible for compensatory time of at least 20 minutes for every hour of the examination.
- XI. Candidates are advised to refer point No. IV of OM dated 29th Aug, 2018 issued by Department of Empowerment of persons with Disabilities (Divyangjan), Ministry of Social Justice and Empowerment referred above 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 (**Appendix-I**) from Chief Medical Officer/Civil Surgeon/Medical superintendent of a Government health care institution.
- XII. Candidate as well as the scribe will have to give a suitable undertaking, in the prescribed format 'Letter of Undertaking for Using Own Scribe' as **Appendix-II**.
- XIII. 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.
- XIV. Guidelines are subject to change in terms of GOI guidelines/clarifications, if any, from time to time.

CERTIFICATE REGARDING PHYSICAL LIMITATION OF 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-Orthopaedic specialist/PMR).

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 Application 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 CEPTAM, DRDO and hereby undertake to abide by them. It is also stated that the Scribe arranged by the candidates should not be a candidate for the same examination and also can not 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 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**

Correspondence Address

ID Proof Type: *
 ID Number:

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

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

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

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

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

STD Code: Phone No.....

Mobile No., if any

Signature of Test Administrator (TA)

Signature of Centre Coordinator Cum Observer

***Scribe is required to carry his ID proof in original at the time of Examination.**