

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 affect 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.

APPENDIX-I

CERTIFICATE REGARDING PHYSICAL LIMITATION OF AN EXAMINEE TO WRITE

This	is	to	certify	that,	I	have	e examined		Mr/Ms/Mrs		
									(na	ame	
of	the	candidate		with	disability),		а	perso	rson with		
					(nature an	d percent	age of	disability	as	
mentio	oned in th	e certifi	cate of disa	ibility), S/o	D/o						
							,a	resi	dent	of	
					_(Villag	e/District/S	State) and	I to state	e that he	'she	
has ph	nysical lim	itation \	which hamp	ers his/her	writing	capabilitie	es owing to	o his/her	disability	/ .	
									Signa	ture	
			Chi	ief Medical	Officer/	Civil Surge	on/Medica	al superir	ntendent	of a	
	Government health care institution										
									Designat		
				N					_		
				Name of G	overnm	ent Hospita	ai/Heaith (Jare Cen	itre with :	seai	
Place:											
Date:											
Note:											
Certifi	cate shou	ld be giv	ven by a sp	ecialist of t	he relev	ant strean	n/disabilit	y (eg. Vi	sual		

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		_		а	1	candida		ate	ate		with
		(nar	ne	of	the	dis	ability))	appea	aring	for
the		(name	of	the	exam	nination)	bear	ring	Appli	ication	n No.
at							(cer	ntre	name	e) in	n the
(City),			_,(na	me	of S	State).	Му	high	nest	qualif	ication
is		_ aı	nd	S	cribe's	hig	hest	q	ualifica	ation	is
	We (<i>Can</i>	didate	&		Scribe)	tog	ether	ł	nereby	C	declare
that	(nan	ne of the	e scr	ibe)	will pro	vide the	e servi	ce o	f scrib	e/reac	der/lab
assistant for the candidate for taki	ng the aforesaid	examina	ation	and	also un	dertake	that w	e (C	andida	te & 5	Scribe)
have read/been read out the instru	ctions of 'Guide	lines re	gardi	ing F	Persons	with D	isabili	ties	(PWD) usir	ng the
services of a Scribe' issued by Cl	EPTAM, DRDO an	nd hereby	y und	ertal	ke to ab	ide by t	hem. It	t is a	ilso sta	ited th	nat the
Scribe arranged by the candidates	should not be a d	andidate	for t	he s	ame exa	ıminatio	n and a	also d	can not	be a	Scribe
for another candidate. We also un-	derstand that in	case it i	s det	ecte	d at any	/ stage	of recr	uitm	ent and	d evei	n after
recruitment that we do not fulfil the	eligibility norms	and/or	that t	he ir	formation	on furnis	shed by	us i	is incor	rect/fa	alse or
that we have suppressed any mate	rial fact(s), or th	at scribe	's qu	alific	ation is	not as o	declared	d and	d I Sha	all forf	eit my
right to the post and claims relating	thereto.										
Given under our signature: -											
Signature and Left Hand Thumb Impression of the Scribe		0			eft Hand	d Thumb	_				
Correspondence Address	Roll N	o.:									
			No								
			Post Code, Post Name&. Subject								
		Cubje	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
ID Proof Type: *											
ID Number:											
STD Code: Phone No											
Mobile No., if any			•		addres						
Recent											
passport size		STD (Vo					
Photograph of		0.5	ouc.		11101101	•					
the Scribe. To be signed		Mobile	e No.	, if a	าy						
by Scribe and											
candidate											

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.