

SCRIBE DECLARATION FORM

GUIDELINES REGARDING PERSONS WITH DISABILITIES

Those candidates who are visually impaired or affected by cerebral palsy with loco-motor impairment and whose writing speed is affected can use own scribe at own cost during the online examination. In all such cases where a scribe is used, the following rules will apply:

- * Please ensure you are eligible to use a scribe as per the Government of India rules governing the recruitment of Persons with Disabilities.
- * The candidate will have to arrange his/her own scribe at his/her own cost
- * The scribe can be from any academic discipline.
- * Both, the candidate as well as the scribe, will have to give a suitable undertaking, in the prescribed format with passport size photograph of the scribe, confirming that the scribe fulfils all the stipulated eligibility criteria for a scribe as mentioned above. Further, in case it later transpires that s/he did not fulfill any of the laid-down eligibility criteria or suppressed material facts, the candidature of the applicant will stand cancelled, irrespective of the result of the examination.
- * **Such candidate who uses a scribe shall be eligible for compensatory time of 20 minutes for every hour of the examination. (Visually Impaired candidates who do not use scribe will also be eligible for compensatory time of 20 minutes for every hour of the examination.)**
- * **Visually Impaired candidates under Blind/Low Vision, who use scribe, may skip the non-verbal questions, if any, in Test of Reasoning and questions on Table/Graph, if any, in Test of Numerical Ability. The candidates will be awarded marks for such Section based on the overall average obtained in other Sections of the respective test.**

Please fill up the **DECLARATION** and submit along with the call letter.

DECLARATION

We, the undersigned, Shri/Smt/Kum. _____ **eligible candidate** for the

_____ examination and Shri/Smt/Kum. _____

eligible writer (scribe) for the eligible candidate, do hereby declare that :

1. The scribe is identified by the candidate at his/her own cost and as per own choice.
The candidate is **blind/low vision** or affected by **cerebral palsy** with **loco-motor impairment and his/her writing speed is affected** and s/he needs a writer (scribe) as permissible under the Government of India rules governing the recruitment of Physically Challenged persons.
2. As per the rules, the candidate availing services of a scribe is eligible for compensatory time of 20 minutes for every hour of the examination.
3. In view of the importance of the time element and the examination being of a competitive nature, the candidate undertakes to fully satisfy the Medical Officer of the Organization that there was necessity for use of a scribe as his/her writing speed is affected by the disabilities mentioned in Paragraph '1' above.
4. In view of the fact that multiple appearance / attendance in the examination are not permitted, the candidate undertakes that he/she has not appeared / attended the examination more than once and that the scribe arranged by him/her is not a candidate for the examination and has not appeared as a Scribe for more than one candidate. If violation of the above is detected at any stage of the process, candidature of both the candidate and the scribe will be cancelled.

5. We hereby declare that all the above statements made by us are true and correct to the best of our knowledge and belief. We also understand that in case it is detected at any stage of recruitment that we do not fulfill the eligibility norms and/or that the information furnished by us is incorrect/false or that we have suppressed any material fact(s), the candidature of the applicant will stand cancelled, irrespective of the result of the examination. If any of these shortcoming(s) is/are detected even after the candidate's appointment, his/her services are liable to be terminated. In such circumstances, both signatories will be liable to criminal prosecution.

Given under our signature:-

Signature of the Scribe: _____

Signature of the Candidate: _____

Postal address:

Registration No:

Roll No:

**Educational Qualification
of the Scribe:**

Postal address:

STD Code Phone No.....

STD Code Phone No.....

Cell No, if any.....

Cell No, if any.....

**PHOTO
OF
THE SCRIBE**

Signature of Invigilator