SCRIBE DECLARATION FORM

GUIDELINES REGARDING PERSONS WITH DISABILITIES

Those candidates who have disability certificate (40% or more) can opt for scribe under the following:

a. Locomotive disability (OA, OL, BL, OAL),

b. Hard of Hearing (H.H.)

c. Multiple Disabilities from amongst (a) to (b) except deaf blindness and whose writing speed is affected can use own scribe at own cost during the 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
- 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. Further, in case it later transpires that She/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.

Please fill up the **DECLARATION** and submit along with the Admit Card.

DECLARATION

We, the undersigned, Shri/Smt./Km. _____ eligible candidate for the _____examination and Shri/Smt./Km._____ qualification_____ 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 (a)Locomotive disability (OA/OL/OLA/BL) / (b) Hard of Hearing(HH) /MD (a & b except deaf-blindness) and his/her writing speed is affected and she/he needs a writer (scribe) as permissible under the Government of India rules governing the recruitment of Physically Challenged persons. (Attach copy of Certificate at Annexure-I)
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.
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 . Also, the same scribe cannot be used by 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 admission, his/her admission is liable to be cancelled. In such circumstances, both signatories will be liable to criminal prosecution.

Given under our signature:-

_____	_____
Signature of the Scribe	**Signature of the Candidate**
Name of the Scribe:	**Name of the Candidate**:
Aadhaar No. :_____	**Roll No.:** _____
Postal address:	**Postal address:**
Mobile No: ……	**Mobile No.: ……**

Photograph of the Scribe

Signature of Invigilator _____

Annexure-I

Certificate Regarding Physical Limitation in an examinee to write

This is to certify that, I have examined Shri/Smt./Km. _____ (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 owning to his/ her disability.

Signature

Chief Medical Officer/Civil Surgeon/ Medical Superintendent of a Government Health Care Institution

Name and 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 Locomotive disability (OA, OL, BL, OAL), Hard of Hearing (H.H.). Multiple Disabilities from amongst (a) to (b) except deaf blindness.