GUIDELINES FOR ORTHOPEADICALLY CHALLENGED & VISUALLY IMPAIRED CANDIDATES USING SCRIBE

Those candidates who are blind / low vision or affected by cerebral palsy with loco-motor impairment and whose writing speed is affected are allowed to use the services of scribe of their choice. In such case 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 Physically Challenged.
- * The scribe can be from any academic discipline.
- * The academic qualification of the scribe should be one grade lower than the stipulated eligibility criteria. If candidate and scribe belong to different faculty of education qualification, then condition of one grade lower will not be applicable to scribe.
- * 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 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 written test.
- * Such candidate who uses a scribe shall be eligible for extra time of 20 minutes for every hour of the examination.
- * Visually Impaired candidates under Blind/Low Vision may skip the non-verbal questions, and questions based on Graph and Table, if any. The candidates will be awarded marks for such Sections based on the overall average obtained in other Sections of the respective test.

Please fill up the DECLARATION form attached herewith and submit it along-with the call letter to the Invigilator at the time of Written Examination

DECLARATION FORM

	We, the	undersigned, Shri/Smt/Kum	eligible candidate for	or the	
written	examina	ation for the post of	to be held on <u>01.01.2012</u> and Shri/Sm	nt/Kum	
		eligible w	riter (scribe) for the eligible candidate, do hereby	declare	
that : -					
	i.	The scribe is identified by the candidate	as per his own choice		
	ii.	The scribe fulfils the following criteria:			
		a) He/She is one grade lower than the	stipulated eligibility criteria.		
		Grade (whether graduate	e, post graduate etc.)		
		Candidate	Scribe		
	iii.	The candidate is blind/low vision or aff	fected by cerebral palsy with loco-motor impairme	ent and	
		his/her writing speed is affected and	he/she needs a writer (scribe) as permissible und	der the	
		= -	e recruitment of Persons with Disability.		
2.	(a)	As per the rules, the candidate availing	-		
	. ,	extra time of 20 minutes for every hour			
	(b)		ates under Blind/Low Vision may skip the non	ı-verba	
	` '	questions, and questions based on Graph and Table, if any. The candidates will be awarded			
		•	he overall average obtained in other Sections		
		respective test.	· ·		
3.	In view	•	nt, the examination being of a competitive natu	ire, the	
	candidate undertakes to fully satisfy the Medical Officer of the Concerned Organization that there wa				
	necessity for use of a scribe as his/her writing speed is affected by the disabilities mentioned in Paragraph				
	1, clause (iii) above.				
4.	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 o				
	the result of the written test(s). If any of these shortcomings is/are detected even after the candidate'				
		ment, his/her services are liable to be te			
	• •	<i>,</i> ,			
		Given under	our signature:-		
Signatu	re of the	Scribe	Signature of the Candidate		
			Roll No.:		
Postal a	address:		Postal address:		
CTD Co.	da. D	hone No	STD Code: Phone No		
310 000	ue:	none No	31D Code Phone No	••••••	
Pl	ното				
	OF		Signature of Invigilator		
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,	THE				
SO	CRIBE				