**Candidates under PwD / PwBD**

Provision of Compensatory Time and assistance of scribe:

- In case of persons with benchmark disabilities (PwBD) in the category of blindness, locomotor disability (both arms affected-BA) and cerebral palsy, the facility of scribe is provided, if desired by the candidate.
- The facility of scribe will also be provided to PwD candidates having disability less than 40% and having difficulty in writing in pursuance to OM No. 29-6/2019- DD-III dated 10.08.2022 issued by Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment. The facility will be provided on production of certificate as per Annexure-1.
- The facility of scribes/ passage reader will be provided to the PwBD/ PwD candidates only if he has opted for the same by communicating to the respective ICMR Institute.
- The candidate will have the discretion of opting for his own scribe or to avail the facility of scribe provided by the Institute. Appropriate choice in this regard will have to be given by the candidate by way of communication.
- In case the candidate opts for his own scribe, the qualification of the scribe should be one step below the qualification of the candidate taking the examination. The candidates with benchmark disabilities (PwBD) opting for own scribe shall be required to submit details of the own scribe at the time of examination as per Proforma at Annexure-2 (A & B). In addition, the scribe has to produce a valid ID proof in original at the time of examination. A photocopy of the ID proof of the scribe signed by the candidate as well as the scribe will also be submitted. If subsequently it is found that the qualification of the scribe is not as declared by the candidate, then the candidate shall forfeit his right to the post and claims relating thereto.
- If a candidate opts for his own scribe, in that case, that scribe should not be a candidate of this examination. If a candidate is detected as assisting another PwBD/ PwD candidate as scribe in this examination, then the candidatures of both the candidates will be cancelled.
- A compensatory time of 20 minutes per hour of examination will be provided to the persons who are allowed use of scribe as per above paras.
- The candidates referred at paras above, who are eligible for use of scribe but not availing the facility of scribe will also be given compensatory time of 20 minutes per hour of examination.
- No attendant other than the scribe for eligible candidates will be allowed inside the Examination Hall.
- The PwBD/ PwD candidates who have availed the facility of scribes/ passage reader and/ or compensatory time must produce relevant documents for the eligibility of scribe/ compensatory time at the time of Document Verification. Failure to produce such supporting documents will lead to cancellation of their candidature for the examination.

The PwBD / PwD candidate requires scribe either by the nomination of examination Institute or by own, he/she should submit the prior intimation of the request / relevant certificates prescribed above to the Institute address by email to nirthrecruitmentcell@gmail.com for making appropriate arrangements.

ANNEXURE-1

**Certificate for person with specified disability covered under the definition of Section 2 (s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing.**

This is to certify that, we have examined Mr/Ms/Mrs.....(name of the candidate), S/o /D/o ....., a resident of ..... (Village/PO/PS/District/State), aged ..... yrs, a person with ..... (nature of disability/condition), and to state that he/she has limitation which hampers his/her writing capability owing to his/her above condition. He/she requires support of scribe for writing the examination.

2. The above candidate uses aids and assistive device such as prosthetics & orthotics, hearing aid (name to be specified) which is /are essential for the candidate to appear at the examination with the assistance of scribe.

3. This certificate is issued only for the purpose of appearing in written examinations conducted by recruitment agencies as well as academic institutions and is valid upto _____ (it is valid for maximum period of six months or less as may be certified by the medical authority)

Signature of medical authority

| (Signature & Name) | (Signature & Name) | (Signature & Name) | (Signature & Name) | (Signature & Name) |
|---|---|---|---|---|
| Orthopaedic PMR specialist | Clinical Psychologist/ Rehabilitation Psychologist/Psychiatrist / Special Educator | Neurologist (if available) | Occupational therapist (if available) | Other Expert, as nominated by the Chairperson (if any) |
| (Signature & Name) | | | | |
| Chief Medical Officer/Civil Surgeon/Chief District Medical Officer.....Chairperson | | | | |

Name of Government Hospital/Health Care Centre with Seal

Place
Date

ANNEXURE-2(A)

**Letter of Undertaking for Using Own Scribe**

1 a candidate with _____(name of _____ the disability) appearing for the_____ (name of the examination) bearing Roll _____No at (name of the centre) in the District _____ _____ (name of the State/ UT) My qualification is _____

I do hereby state _____ that(name of the scribe) will provide the service of scribe/reader for the undersigned for taking the aforesaid examination

I do hereby undertake that his/ her qualification is _____In case, subsequently it is found that his/ her qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims relating thereto

(Signature of the candidate with Disability)

Place:
Date:

ANNEXURE- 2 (B)

# LETTER OF UNDERTAKING FOR USING SCRIBE

NOTE: Candidates who are Visually Impaired (Vl)/candidates whose writing speed is affected by Cerebral Palsy / muscular dystrophy / candidates with locomotor disability (one arm)/intellectual disability (Autism, specific learning disability and mental illness) are eligible for Scribe.

Paste here recent colour Passport Size Photograph of the SCRIBE of size 3.5 x 4.5 cm (The cotour photograph should not be more than 3 months old.

PARTICULARS OF SCRIBE PROPOSED
TO BE ENGAGED BY THE CANDIDATE

1. Name of the Candidate
2. Roll No
3. Name of Examination Centre
4. Qualification of Candidate
5. Disability Type
6. Name of the Scribe
7. Date of Birth of the Scribe
8. Fathers Name of the Scribe
9. Address of the Scribe .
   (a) Permanent Address:
   (b)
   (c) Present Address:

10. Educational Qualification of the Scribe
11. Relationship, if any, of the Scribe to the Candidate
12. DECLARATION:
    i) We hereby declare that the particulars furnished above are true and correct to the best of our knowledge and belief. We have read/ been read out the instructions of the ICMR-<Name of Institute> regarding conduct of the candidates assisted by Scribe/Scribes at this examination and hereby undertake to abide by them.
    ii) We do hereby undertake that the qualification of scribe is mentioned correctly and the qualification of the scribe is one step below qualification of candidate. In case, subsequently it is found qualification of scribe is not as declared by the candidate, I (the candidate) shall forfeit my right to the post and claims relating thereto.
    iii) We declare that the Scribe himself/herself is not a candidate in this examination. We understand that in case it is found otherwise the candidature of both of us will be rejected.
    iv) We declare that the scribe has not acted/will not act as Scribe to any other candidate of this examination.

| | |
|---|---|
| | |
| Signature of the candidate | ( Signature of the scribe) |
| | |
| Left thumb impression of the Candidate in the box given above | Left thumb impression of the Scribe in the box given above |

Signature of the Observer/Office Supdt. of the Examination Centre