



Addendum -I

Advertisement No. 1/2023 in Employment News dated 27-05-2023

1. Submission of more than 1(one) application by a candidate against this advertisement will not be considered. In case of multiple Applications, only the latest valid (completed) application will be retained and the application fee/ intimation charges paid for the other multiple registration(s) will stand forfeited. The scribe arranged by the candidate should not be a candidate for the examination.
2. **Regarding, GUIDELINES FOR PERSONS WITH DISABILITIES USING A SCRIBE- Use of Scribe & Compensatory time (persons having less than 40% disability):** In addition to instructions applicable to PwBD candidates (who have a disability of 40% or more), the following rule will apply for persons with specified disabilities 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:
 - a. The facility of scribe and/or compensatory time shall be granted solely to those having difficulty in writing subject to production of a certificate to the effect that person concerned has limitation to write and that scribe is essential to write examination on his/her behalf from the competent medical authority of a Government healthcare institution as per proforma at [Appendix-I](#).
 - b. The qualification of the scribe should be one step below the qualification of the candidate taking examination. The person opting for own scribe should submit details of the own scribe as per proforma at [Appendix-II](#).The above documents are required to be submitted at the exam center on the day of the examination, based on which the Scribe shall be allowed.
3. Regarding, DOCUMENT SCAN AND UPLOAD, in addition to the instructions applicable, the below-mentioned documents are to be uploaded during the online application: -
 - a. Thumb impression
 - b. Hand-writing Sample
 - c. Educational qualification
 - d. Experience certificate
 - e. Caste certificate
 - f. PWbD Certificate
 - g. CCNA/CCNP certificate (for Assistant Manager System Networking).

Document file type/ size:

- i. All Documents must be in PDF format.
- ii. Page size of the document to be A4.
- iii. Size of the file should not be exceeding 500 KB.
- iv. In case of Document being scanned, please ensure it is saved as PDF and size not more than 500 KB as PDF. If the size of the file is more than 500KB, then adjust the setting of the scanner such as the DPI resolution, no. of colors, etc., during the process of scanning. Please ensure that Documents uploaded are clear and readable.

Appendix-I

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(Vill/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)
Orthopedic / 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:

Appendix-II

Letter of Undertaking by the 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

I _____, a candidate with _____ (nature of disability/condition) appearing for the _____(name of the examination) bearing Roll No. _____ at _____ (name of the centre) in the District _____, _____ (name of the State). My educational qualification is _____.

2. I do hereby state that _____ (name of the scribe) will provide the service of scribe for the undersigned for taking the aforementioned examination.

3. I do hereby undertake that his qualification is _____. In case, subsequently it is found that his qualification is not as declared by the undersigned and is beyond my qualification. I shall forfeit my right to the post or certificate/diploma/degree and claims relating thereto.

(Signature of the candidate)

(counter signature by the parent/guardian, if the candidate is minor)

Place:

Date: