**12. Guidelines for Persons with Disabilities including use of Scribe**

The visually impaired candidates and candidates whose writing speed is adversely affected permanently for any reason can use their own scribe at their own cost during the online and offline examination.with prior approval of CSIR. In all such cases where a scribe is allowed, the following rules will apply:

(a) In case of persons with benchmark disabilities in the category of blindness. locomotor disability (both arms affected-SA) and cerebral palsy,the facility of scribe is allowed, if desired by the candidate **(Annexure-VII).**

(b) In case of remaining categories of persons with benchmark disabilities, the provision of scribe will be allowed on

production of a certificate at the time of examination to the effect that the person concerned has physical limitation to write and scribe is essential to write examtnation on his/ her behalf. from the Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Government health care institution as per proforma at **Annexure-VII & Annexure** -VIII.

(c) The facility of scribe will also be allowed to PwBD candidates having disability less than 40% and having difficulty in writing in pursuance to OM No. 29-6/2019-DD-111 dated 10.08.2022 issued by Department of Empowerment of Persons with Disabilities,Ministry of Social Justice and Empowerment. The facility will be allowed on production of certificate as per **Annexure-!X and Annexure- X.**

(d) The facility of scribe/ passage reader will be allowed to a PwBD candidate only if he/she has opted for the same in the online application form. The scribe arranged by the candtdate should not be a candidate for the same examination. If violation of the above is detected at any stage of the process, candidature of both the candidate and the scribe will be

cancelled. Candidates eligible for and who wish to use the services of a scribe in the examination should invariably carefully indicate the same in the online application form. Any subsequent request will not be entertained.

(e) The candidate will have to arrange his/her own scribe at his/her own cost. The qualification of the scribe should be one

step below the qualification of the candidate taking the examination.

(f) A person acting as a scribe for one candidate cannot be a scribe for another candidate. (g) The scribe may be from any academic stream.

(h) The candidates with benchmark disabilities (PwBD) allowed for own scribe shall be required to upload the details of the own scribe in the online portal, before the examination as per Annexure-VII, Annexure- VIII, Annexure- IX and Annexure- X,as applicable and detailed at Para 12 (b) & 12 (c) above and submit the originals on the day of examination. In addition,the scribe has to produce a valid ID proof [as per list given at Para-10(c)) 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 be submitted along with relevant Annexures mentioned above. 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.

(i) Both the candidate as well as scribe will have to give a suitable undertaking confirming that the scribe fulfils all the stipulated eligibility criteria for a scribe mentioned above. Further in case it later transpires that he/she did not fulfil any laid down eligibility criteria or suppressed material facts the candidature of the applicant will stand cancelled, irrespective of the result of the online examination.

U) During the exam, at any stage, if it is found that scribe is independently answering the questions,the exam session will be terminated and candidate's candidature will be cancelled. The candidature of such candidates using the services of a scribe will also be cancelled if it is reported after the examination by the test administrator personnel that the scribe independently answered the questions.

(k) Those candidates who use a scribe shall be eligible for compensatory time of 20 minutes for every hour of the examination or as otherwise advised.

(I) Only candidates registered for compensatory time will be allowed such concessions since compensatory time given to candidates shall be system based. It shall not be possible for the CSIR to allow such time if he *I* she is not registered for the same. Candidates not registered for compensatory time shall not be allowed such concessions.

(m) One eyed candidates and partially blind candidates who are able to read the normal Question Paper set with or without magnifying glass and who wish to write/indicate the answer with the help of magnifying glass will be allowed to use the same in the Examination Hall and will not be entitled to a Scribe. Such candidates will have to bring their own magnifying glass to the Examination Hall.

(n) Visually Impaired candidates (who suffer from not less than 40% of disability) may opt to view the contents of the test in magnified font and all such candidates will be eligible for compensatory time of 20 minutes for every hour.

**Letter of Undertaking for Using Own Scribe**

**Annexure-VII**

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/lab assistant 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 *I* 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-VIII**

**Certificate regarding physical limitation in an examinee to write**

This is to certify that, I have examined Mr./Ms./Mrs. \_ (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/Sate) and to state that he/she has physical limitation which hampers his/her writing capabilities owning to his/her disability.

Signature

Chief Medical Officer *I* Civil Surgeon *I* Medical Superintendent of a Government health care Institution

Name & Designation

Name of Government Hospital *I* Health Care Centre with Seal

Place: ------------

Date: -------------

**Note:** Certificate should be given by a specialist of the relevant stream/disability (e.g. Visual impairment­ Ophthalmologist, Locomotor disability -Orthopedic specialist *I* PMR).

**Annexure-IX**

**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 /0/o

........................, a resident of..............................(Viii/PO/PS/District/State), aged........................................years, 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 *I* PMR specialist | Clinical Psychologist *I* RehabiIitation Psychologist/Psychiatrist/  Special Educator | Neurologist  (if available) | Occupational therapist  (if available) | Other Expert. as nominated by 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 -X

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.

------------· 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 ----------

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

2. I do herby undertake that his qualification is . In case, subsequently it is found

that his qualification is not as declared by the undersigned and is beyoOnd my qualification. I shall forfeit my right to the post and claims relating thereto.

(Signature of the candidate) (Counter signature by the parent/guardian, if the candidate is minor)

Place: Date:

**Annexure** - XI

Form-V

Certificate of Disability

(In cases of amputation or completer permanent paralysis of limbs or dwarfism and in cases of blindness)

[See rule 18(1))

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent Passport Size Attested Photograph (Showing face only) of the person with disability

Certificate No...........................................

This is to certify that I have carefully examined Shri/Smt/Kum................................. Son/Wife/Daughter of Shri.............................................. Date of Birth.............................(DD/MM/YY) Age................ years, male/female.................................. Registration No....................................Permanent resident of House No........................................................................................... Ward/Village/Street..................................... Post Office........................District.........................................................State.................................................... Whose photograph

is affixed above, and am satisfied that: (A) he/she is a case of:

• Locomotor disability

• Dwarfism

• Blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is...........................................................................................

(A) He/she has........................................ % (in figure) ....................................................... percent (in words) permanent Locomotor Disability/dwarfism/blindness in relation to his/her ........................... (part of body) as per guidelines (...................................................number and date of issue ofthe guidelines to be specified).

2. The applicant has submitted the following document as proof of residence: -

|  |  |  |
| --- | --- | --- |
| Nature of  Document | Date of Issue | Details of authority issuing certificate |
|  | |  |

(Signature and seal of Authorised Signatory of

Notified Medical Authority)

Signature/Thumb impression of the person in whose favour certificate of disability certificate is issued.

**Annexure** - XII

Form-VII Certificate of Disability

{In cases other than those mentioned in Forms V and VI)

(Name and Address of the Medical Authority issuing the Certificate) [See rule 18(1))

Recent passport size attested photograph (Showing face only) of the person with disability.

Certificate No. Date:

This is to certify that have carefully

Shri/Smt/Kum son/Wife/daughter

examined

of

Shri Date of Birth (DDD/MM/YY)

Age years, male/female

Registration

No. \_\_

permanent resident of House No. Ward/Village/Street Post Office District State \_,whose photograph is affixed above, and am satisfied that he/she is a case of Disability. His/her extent of percentage physical impairment/disability has been evaluated as per guidelines (.................................number and date of issue of the guidelines to be specified) and is shown against the relevant disability in the table below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S. No. | Disability | Affected par of body | Diagnosis | Permanent physical impairment/mental disability (in%) |
| 1. | Locomotor disability |  |  |  |
| 2. | Muscular Dystrophy |  |  |  |
| 3. | Leprosy cured |  |  |  |
| 4. | Cerebral Palsy |  |  |  |
| 5. | Acid attack Victim |  |  |  |
| 6. | Low vision | # |  |  |
| 7. | Deaf | ( |  |  |
| 8. | Hard of Hearing | ( |  |  |
| 9. | Speech and Language disability |  |  |  |
| 10. | Intellectual Disability |  |  |  |
| 11. | Specific learning Disability |  |  |  |
| 12. | Autism Spectrum Disorder |  |  |  |
| 13. | Mental illness |  |  |  |
| 14. | Chronic Neurological Conditions |  |  |  |
| 15. | Multiple sclerosis |  |  | ...., |
| 16. | Parkinson's disease |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 17. | Haemophilia |  | |  |
| 18. | Thalassemia |  |  |
| 19. | Sickle Cell disease |  |

(Please strike out the disabilities which are not applicable.)

2. The above condition is progressive/non-progressive/likely to improve/ not likely to improve.

3. Reassessment of disability is : (i) not necessary

Or

(ii) is recommended/ after.............................................. years.................................months,and therefore this certificate shall be valid till.................................. (DD)/(MM)/(YY)

@ - eg. Left/Right/both arms/legs

#- eg. Single eye /both/eyes

€- eg. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

|  |  |  |
| --- | --- | --- |
| Nature of Document | Date of Issue | Details of authority issuing certificate |
|  |  | |

(Authorised Signatory of notified Medical Authority)

(Name and Seal)

Signature/Thumb

Impression of the person in whose favour certificate

of disability is issued.

Countersigned

(Countersignature and seal of the Chief Medical Officer/Medical Superintendent/ Head of Government Hospital,in case the Certificate is issued by a medical

Authority who is not a government

Servant (With Seal))

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.