File No: A-12011/53/2026-R&A-IITR **Date: 14.08.2026**

सूचना/NOTICE

Subject: Provision of Scribe / Special Assistance to candidates with Benchmark Disabilities and specified disability appearing in Trade Test for the post of Multi-Tasking Staff (MTS) – reg.

1. उपर्युक्त विषय के संदर्भ में, दिनांक 17.08.2026 से आयोजित किए जाने वाले मल्टी-टास्किंग स्टाफ (एमटीएस) के पद हेतु ट्रेड टेस्ट में सम्मिलित होने के लिए पात्र पाए गए सभी बेंचमार्क दिव्यांगता वाले व्यक्तियों (PwBD) एवं विनिर्दिष्ट दिव्यांगता वाले अभ्यर्थियों को, MoSJ&E, Department of Empowerment of Persons with Disabilities (Divyangjan), GOI के कार्यालय ज्ञापन संख्या: 34-02/2015-DD-III दिनांक 29.08.2018 तथा 29-6/2019-DD-III दिनांक 10.08.2022 में निहित दिशा-निर्देशों, जिन्हें सीएसआईआर द्वारा अपने पत्र संख्या 5-1(39)/2008-PD दिनांक 15.03.2019 एवं 19.10.2002 के माध्यम से पृष्ठांकित किया गया है, के संदर्भ में एतद्द्वारा सूचित किया जाता है कि:

   With reference to the subject cited above, all Persons with Benchmark Disabilities (PwBD) & Persons with specified disability candidates found eligible for appearing in the Trade Test for the post of Multi-Tasking Staff (MTS) scheduled to commence w.e.f. 17.08.2026 are hereby informed, with reference to the guidelines contained in the MoSJ&E, Department of Empowerment of Persons with Disabilities (Divyangjan), GOI OM No: 34-02/2015-DD-III dated 29.08.2018 and 29-6/2019-DD-III dated 10.08.2022, as endorsed by CSIR vide its letters No. 5-1(39)/2008-PD dated 15.03.2019 and 19.10.2002, that:

   a) Persons with benchmark disabilities in the category of blindness, locomotor disability (both arm affected-BA) and cerebral palsy, the facility of scribe shall be allowed, if so desired by the person. In case of other category of persons with benchmark disabilities, the provision of scribe can be allowed on production of a certificate to the effect that the person concerned has physical limitation to write, and scribe is essential to write examination on his behalf, from the Chief Medical Officer/Civil Surgeon/ Medical Superintendent of a Government health care institution as per proforma at Appendix- I& II (Copy enclosed)

   b) The qualification of the scribe should be one step below the qualification of the candidate taking examination i.e., below the minimum essential qualification for appearing in the examination. The person opting for own scribe should submit details of the own scribe as per proforma at Appendix-III. (Copy attached)

   c) Compensatory time not less than 20 minutes per hour of the examination should be allowed for persons who are eligible for getting scribe. In case the duration of the examination is less than an hour, then the duration of the compensatory time should be allowed on pro-rata basis. Compensatory time should not be less than 5 minutes and should be in the multiple of 5.

2. **ऐसे बेंचमार्क दिव्यांगता वाले अभ्यर्थी / विनिर्दिष्ट दिव्यांगता वाले अभ्यर्थी, जिन्हें अपनी दिव्यांगता के कारण ट्रेड टेस्ट में सम्मिलित होने हेतु स्क्राइब (Scribe) / विशेष सहायता, उचित सुविधा अथवा किसी अन्य विशिष्ट व्यवस्था की आवश्यकता है, वे इस संबंध में अपना आवेदन संस्थान को ई-मेल के माध्यम से so.recruit.iitr@csir.res.in पर दिनांक 16.08.2026 को पूर्वाह्न 10:00 बजे तक अनिवार्य रूप से प्रस्तुत करें।**
   Candidates with Benchmark Disabilities / specified disability who require any Scribe / special assistance, reasonable need or other specific arrangements for appearing in the Trade Test, in view of their disability, are required to submit an application in this regard to the Institute through e-mail at so.recruit.iitr@csir.res.in on or before 16.08.2026 up to 10:00 AM.

3. आवेदन में अपेक्षित सहायता की प्रकृति का स्पष्ट रूप से उल्लेख करना अनिवार्य है तथा आवश्यक दस्तावेज/प्रमाण-पत्र आवेदन के साथ संलग्न करें, ताकि संस्थान द्वारा दस्तावेजों के सत्यापन के पश्चात आवश्यक व्यवस्था की जा सके।
   The request should clearly indicate the nature of assistance required along with relevant supporting documents/certificate, wherever applicable, in order to enable the Institute to examine and make necessary arrangements.

4. अभ्यर्थियों को सलाह दी जाती है कि वे निर्धारित समय-सीमा के भीतर अपना अनुरोध प्रस्तुत करें, ताकि संस्थान द्वारा निर्धारित समय सीमा के भीतर आवश्यक व्यवस्था की जा सके। दिनांक 16.08.2026 को पूर्वाह्न 10:00 बजे के पश्चात् प्राप्त किसी भी अनुरोध पर सामान्यतः विचार नहीं किया जाएगा।
   Candidates are advised to submit their request within the stipulated time so that necessary arrangements, wherever admissible and feasible, may be made by the Institute. No request for such assistance received after 10:00 AM on 16.08.2026 shall ordinarily be entertained/considered.

5. अभ्यर्थियों को यह भी निर्देशित किया जाता है कि वे मल्टी-टास्किंग स्टाफ (एमटीएस) के पद हेतु ट्रेड टेस्ट की निर्धारित तिथि को परीक्षा स्थल पर संलग्न दस्तावेज तथा दिव्यांगता प्रमाण-पत्रों की मूल प्रतियाँ अनिवार्य रूप से साथ लेकर उपस्थित हों।
   The candidates are also directed **to carry the attached document and Disability Certificates, in original, at the specified venue on the respective date of Trade Test for the post of Multi-Tasking Staff (MTS).**

Sd/-
Administrative Officer
CSIR-IITR

संलग्नक: यथोपरि
Enclosures: As mentioned above

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:

Appendix-III

Letter of Undertaking for Using Scribe

1. I _____, a candidate with _____ (name of disability) 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/reader/lab assistant 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 thepost and claims relating thereto.

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

Place:
Date: