File No: A-12011/53/2026-R&A-IITR **Date: 09.09.2026**

सूचना/NOTICE

Subject: Provision of Scribe for candidates with Benchmark Disabilities as defined under section 2(r) and specified disability as defined under the definition of Section 2(s) of the RPwD Act, 2016 appearing in Written Examination for the post of Multi-Tasking Staff (MTS) – reg.

1. उपर्युक्त विषय के संदर्भ में, दिनांक 12.09.2026 (शनिवार) को आयोजित होने वाली मल्टी-टास्किंग स्टाफ (एमटीएस) के पद हेतु लिखित परीक्षा में सम्मिलित होने वाले सभी बेंचमार्क दिव्यांगता वाले व्यक्तियों (PwBD) एवं विनिर्दिष्ट दिव्यांगता वाले अभ्यर्थियों जो क्रमशः RPwD Act, 2016 की धारा 2(r) एवं धारा 2(s) में यथा परिभाषित हैं 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, जो सीएसआईआर के परिपत्र संख्या 5-1(39)/2008-PD दिनांक 15.03.2019 एवं 19.10.2022 द्वारा पृष्ठांकित है, में निहित दिशा-निर्देशों के अनुसार स्क्राइब (Scribe) की सुविधा प्रदान करने के संदर्भ में एतद्द्वारा सूचित किया जाता है कि:
   With reference to the subject cited above, all Persons with Benchmark Disabilities (PwBD) as defined under section 2(r) & Persons with specified disability as defined under the of Section 2(s) of the RPwD Act, 2016 found eligible for appearing in the Competitive Written Exam for the post of Multi-Tasking Staff (MTS) scheduled to be held on 12.09.2026 (Saturday) are hereby informed regarding the facility of Scribe that in compliance 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 19.10.2022 that:

   a) The facility of Scribe/Reader should be allowed to any person with benchmark disability as defined under section 2(r) of the RPwD Act,2016 and has limitation in Writing including that of speed if so desired by him/her.
   b) In case of 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.
   c) 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**.
   d) 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 RPwD Act,2016, i.e. persons having less than 40% disability and 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 health care institution as per proforma at **APPENDIX-II.**
   e) **Candidate bringing his own scribe are informed that 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**.
   f) Compensatory time not less than 20 minutes per hour of the examination should be allowed for persons who are allowed use of 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 दिनांक 12.09.2026 को आयोजित लिखित परीक्षा में सम्मिलित होने हेतु स्क्राइब (Scribe) की आवश्यकता है, वे इस संबंध में अपना आवेदन को निर्धारित प्रारूप के अनुसार Appendix-I,II या III (जो भी लागू हो) में भरकर संस्थान को ई-मेल के माध्यम से so.recruit.iitr@csir.res.in पर दिनांक 11.09.2026 को अपराह्न 05:00 बजे तक अनिवार्य रूप से प्रस्तुत करें।**
Candidates with Benchmark Disabilities / specified disability who require Scribe for appearing in the Written Examination, in view of their disability, are required to submit an application in the desired proforma at Appendix-I, II or III (whichever may be applicable) to the Institute through e-mail at so.recruit.iitr@csir.res.in on or before 11.09.2026 up to 05:00 PM.

3. अभ्यर्थियों को सलाह दी जाती है कि वे निर्धारित समय-सीमा के भीतर अपना अनुरोध प्रस्तुत करें ताकि आवश्यक व्यवस्था एवं अग्रिम कार्रवाई सुनिश्चित की जा सके। दिनांक 11.09.2026 को अपराह्न 05:00 बजे के पश्चात प्राप्त किसी भी अनुरोध पर विचार नहीं किया जाएगा।
Candidates are advised to submit their request within the stipulated time for necessary action & arrangements. Any request received after 05:00 PM on 11.09.2026 shall not be entertained.

4. अभ्यर्थियों को यह भी निर्देशित किया जाता है कि वे मल्टी-टास्किंग स्टाफ (एमटीएस) के पद हेतु लिखित परीक्षा की निर्धारित तिथि एवं परीक्षा स्थल पर संलग्न दस्तावेज Appendix-I, II या III (जो भी लागू हो) तथा दिव्यांगता प्रमाण-पत्रों की मूल प्रतियाँ अनिवार्य रूप से साथ लेकर उपस्थित हों।
The candidates are also directed to carry the attached document Appendix-I, II, or III (whichever may be applicable) and Disability Certificates, in original, at the specified venue on the respective date of Written Examination for the post of Multi-Tasking Staff (MTS).

Sd/-
Administrative Officer
CSIR-IITR

संलग्नक: यथोपरि
Enclosures: As mentioned above

APPENDIX-I

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/State) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Signature

Chief Medical Officer/Civil Surgeon/ Medical Superintendent of a Government health care institution

Name & Designation.

Name of Government Hospital/Health Care Centre with Seal

Place:

Date:

Note:

Certificate should be given by a specialist of the relevant stream/disability (eg. Visual impairment – Ophthalmologist, Lcomotor disability – Prthopaedic specialist/PMR).

APPENDIX-II

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-III

Letter of Undertaking for Using Own Scribe

I _____, 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). 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 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 and claims relating thereto.

(Signature of the candidate with Disability)

Place:

Date: