



File No: A-12024/6/2025-R&A-IITR

Date: 05.06.2025

सूचना/Notice

विषय:- कनिष्ठ आशुलिपिक की लिखित परीक्षा में अर्ह (eligible) बेंचमार्क विकलांग (दिव्यांगजन) अभ्यर्थियों के लिए दिशानिर्देश।

Sub: Guidelines for eligible persons with Benchmark disabilities (PwBDs) candidates appearing for written examination of Junior Stenographer.

उपर्युक्त विषय के संदर्भ में दिनांक 18.06.2025 को आयोजित होने वाली कनिष्ठ आशुलिपिक की लिखित परीक्षा हेतु पात्र पाये गए सभी दिव्यांगजन अभ्यर्थियों को सीएसआईआर के पत्र संख्या 5-1(39)/2008-पीडी दिनांक 15.03.2019 तथा 19.10.2002 द्वारा पृष्ठांकित डी. ई. पी. डी. कार्यालय, भारत सरकार के कार्यालय ज्ञापन संख्या: F. No. 34-02/2015-DD-III दिनांक 29.08.2018 तथा F. No. 29-6/2019-DD-III दिनांक 10.08.2022 में वर्णित दिशा-निर्देशों के संदर्भ में सूचित किया जाता है कि:

1. 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 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)
2. 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)
3. 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.

साथ ही सभी दिव्यांगजन अभ्यर्थियों से अनुरोध है कि वे डी. ई. पी. डी. कार्यालय, भारत सरकार के कार्यालय ज्ञापन संख्या: F. No. 34-02/2015-DD-III दिनांक 29.08.2018 तथा F. No. 29-6/2019-DD-III दिनांक 10.08.2022 में उल्लिखित अन्य दिशा-निर्देशों का भी अनुपालन करना सुनिश्चित करें।

Sd/-

प्रशासनिक अधिकारी / Administrative Officer
सीएसआईआर- आईआईटीआर/ CSIR-IITR

संलग्नक: यथोपरि

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.....	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:

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 the post and claims relating thereto.

(Signature of the candidate)

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

Place:

Date: