



**सीएसआईआर-भारतीय विषविज्ञान अनुसंधान संस्थान**  
**CSIR-INDIAN INSTITUTE OF TOXICOLOGY RESEARCH**

वैज्ञानिक तथा औद्योगिक अनुसंधान परिषद् | COUNCIL OF SCIENTIFIC & INDUSTRIAL RESEARCH  
(विज्ञान एवं प्रौद्योगिकी मंत्रालय, भारत सरकार | MINISTRY OF SCIENCE & TECHNOLOGY, GOVT. OF INDIA)



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

**Date: 12.06.2025**

**सूचना/NOTICE**

**Subject: Declaration of Scribe facility by the candidates for persons with specified disabilities.**

1. In continuation of this office Notice of even No: A-12024/6/2025-R&A-IITR dated 05.06.2025, for recruitment to the post of Junior Stenographer advertised vide Advt. No. IITR/2/2025, It is notified that the Persons with benchmark disabilities in the category of blindness, locomotor disability (both arms 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.
2. The candidates must submit their application annexed with the copy of Disability Certificate and in case of other than blindness, locomotor disability (both arms affected-BA) and cerebral palsy, the certificate issued by the Chief Medical Officer/Civil Surgeon/ Medical Superintendent of a Government health care institution as per proforma at Appendix- I & II.
3. The candidates are directed to bring their own scribe and are requested to ensure 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.
4. **The candidate eligible & desirous to avail the facility of scribe shall have to submit application in this regard to this office through e-mail [so.recruit@iitr.res.in](mailto:so.recruit@iitr.res.in) on or before 16.06.2025 till 10:00 AM, failing which no such request shall be considered thereafter.**
5. The candidates are also directed to carry the above-mentioned Certificates, in original, at the examination centre on the date of Written Examination.

Sd/-  
Administrative Officer  
CSIR-IITR

## 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: