

GUIDELINES FOR CONDUCTING WRITTEN EXAMINATION FOR PERSONS WITH BENCHMARK DISABILITY

1. **Definition of PwBD:** According to Section 2(r) of the Rights of Persons with Disabilities Act, 2016, a "person with benchmark disability" means a person with not less than forty percent of a specified disability, as certified by the certifying authority.
2. The facility of scribe is allowed to any person with benchmark disability under Section 2(r) of the RPwD Act 2016 and has limitation in writing including that of speed if so desired by him/her.
3. In case of a person with benchmark disabilities (Above 40%) in the category of **blindness, locomotor (both arm affected-BA) and cerebral palsy**, the facility of scribe + additional time of 01 hr shall be given, if so desired by the candidate.
4. 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**
5. **Candidate bringing own scribe:** In case the candidate wishes to bring his own scribe, the qualification of the scribe should be one step below than the minimum qualification criteria of the candidate's post. The persons with benchmark disabilities opting for own scribe should submit details of the own scribe as per proforma **Appendix-II**.
6. **Granting of Addl time:** Candidate with benchmark disability will be permitted **01 hr** extra for the examination (**20 minutes extra for every one hour of examination**) Any Candidate with benchmark disability who does not opt to use the facility of scribe is still allowed to have additional time.

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, Locomotor disability - Orthopedic specialist/ PMR).

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: