

NATIONAL INSTITUTE OF TECHNOLOGY CALICUT

NITC/13-3(II)/2022-RO

Date: 29 November 2023

GROUP B & C (01/2023) - GUIDELINES FOR PERSONS WITH BENCHMARK DISABILITIES FOR STAGE 2 AND SKILL TESTS

1. This is in continuation of notice NITC/13-3(II)/2022-RO dated 24 November 2023 regarding tentative schedule of stage 2 and skill tests.
2. In case of persons with benchmark disabilities in the category of low vision, locomotor disability (both arms affected-BA) and cerebral palsy, the facility of using their own Scribe at their own cost is admissible, if opted by the candidate.
3. The candidate will have to arrange his/her own Scribe at his/her own cost.
4. In case of other category of Persons with Benchmark Disabilities as defined under section 2(r) of the RPWD Act, 2016, the facility of scribe is allowed to such candidates 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 behalf, from the Chief Medical Officer/ Civil Surgeon/ Medical Superintendent of a Government Health Care institution in the prescribed proforma at **APPENDIX-I**.
5. The qualification of the Scribe arranged by the candidate should be one step below the qualification of the candidate taking the Exam. The candidates with benchmark disabilities opting for own Scribe shall be required to submit details of the own Scribe at the time of Exam as per proforma at **APPENDIX-II**. In addition, the Scribe has to produce a valid ID proof (Aadhaar Card, Voter's ID Card, Driving License, PAN Card, Passport, Govt./ PSU Employer ID Card , ID Card issued by University/ College/ School, Ex-serviceman Discharge Book issued by Ministry of Defence, Any other photo bearing valid ID card issued by the Central/ State Government.) in original at the time of Exam. A photocopy of the ID proof of the Scribe signed by the candidate as well as the Scribe will be submitted along with the proforma at **APPENDIX-II**. If subsequently it is found that the qualification of the Scribe is not as declared by the candidate, then the candidate shall forfeit his candidature.

6. Own Scribe should not be a candidate of this Exam. If a candidate is detected as assisting another PwBD candidate as Scribe in this Exam, then the candidature of both the candidates will be cancelled.
7. The PwBD candidates in the category of blindness, locomotor disability (both arms affected-BA) and cerebral palsy are allowed Compensatory Time of twenty minutes per hour of the examination. In case of other PwBD categories, this facility is provided on production of a certificate to the effect that the person concerned has physical limitation to write from the Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Government Health Care institution as per the prescribed proforma at **APPENDIX-I**.
8. No attendant other than the Scribe for eligible candidates will be allowed inside the Exam hall.
9. One eyed candidates and candidates with very low vision who are able to read the normal Question Paper set with or without magnifying glass and who wish to write/ indicate the answer with the help of magnifying glass will be allowed to use the same in the Exam hall and will not be entitled to a Scribe. Such candidates will have to bring their own magnifying glass to the Exam Hall.
10. The PwBD candidates who have availed the facility of Scribes and/or compensatory time must produce relevant documents for the eligibility of Scribe/ compensatory time at the time of Examination. Failure to produce such supporting documents will lead to cancellation of their candidature for the Exam.

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 (e.g. 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 Exam) bearing Roll No.
_____ at _____ (name of the centre) in the
District _____, _____ (name of the
State/UT). 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
Exam.

I do hereby undertake that his/her qualification is _____. In case,
subsequently, it is found that his/her 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: