राष्ट्रीय प्रौद्योगिकी संस्थान कालीकट
NATIONAL INSTITUTE OF TECHNOLOGY CALICUT

NITC/RECT/2023/02

तारीख: 11 जून 2024
Date: 11 June 2024

APPLICANTS WITH DISABILITIES: GUIDELINES FOR WRITTEN EXAMINATION & SCRIBE

(1) It is informed that the eligible PwD applicants who are authorized for scribe as per the applicable notifications of Ministry of Social Justice & Empowerment, Department of Empowerment of Persons with Disabilities (Divyangjan), Government of India are requested to bring their own scribe for the exam as Institute is not in position to provide scribe.

(2) The facility of scribe may be availed in case of persons with benchmark disabilities in the category of blindness, locomotor disability (both arms affected -BA) and cerebral palsy on production of valid certificate of disability at the time of examination on production of certificate from the appropriate authority.

(3) In case of other category of persons with disabilities, the provision of scribe may be allowed on production of a certificate to the effect that the person concerned has physical limitation to write and that a scribe is essential to write examination on his behalf. The certificate must be from competent medical authority as per proforma at Appendix – I*. Applicants are to produce certificate for each exam they are appearing (where appearing for more than one exam).

(4) The eligible PwD applicants availing the use of own scribe for exam should ensure that the qualification of the scribe is one step below the qualification of the applicant taking the examination. [F.No.34-02/2015-DD-III dated 29th August 2018 & F.No.29-6/2019-DD-III dated 10th August 2022]

(5) The person with disabilities opting for scribe should submit details of their scribe as per the proforma at Appendix – II*. The scribe should also give a declaration as given in Appendix–III*.

(6) In case, subsequently if it is found that the qualification of Scribe is not one step below the minimum qualification of the applicant, the candidature of the applicant is liable to be summarily cancelled.

(7) Reasonable flexibility in accommodating change in scribe in case of emergency will be given as per the discretion of the competent authority (Registrar).

(8) The applicants who are allowed the scribe will be given "compensatory time" (earlier termed as "extra time or additional time") of 20 minutes for the 60 minutes of examination.

(9) All the applicants with benchmark disability and not availing the facility of scribe will also be allowed compensatory time of 20 minutes for the 60 minutes of examination.

(10) The applicants with disability may contact the designated Institute staff for assistance.

APPENDIX – 1

CERTIFICATE REGARDING PHYSICAL LIMITATION IN AN EXAMINEE TO WRITE

This is to certify that; I have examined Mr/M/s/Mrs _____ (name of the applicant 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 & Visual impairment – Ophthalmologist, Locomotor disability – Orthopaedic specialist/PMR).

APPENDIX-II

LETTER OF UNDERTAKING FOR USING OWN SCRIBE

I _____an applicant with _____ _____ (name/nature of the disability) appearing for the _____ (name of the examination) for the post(s) of _____bearing Roll No. _____ in Category _____.

My qualification is _____. I have applied for the post of _____.

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 applicant with Disability)

Roll no.

Place:

Date:

Appendix III

DECLARATION BY SCRIBE

I _____S/o,W/o,D/o_____ resident of _____holder of identification no. _____ (preferably Aadhaar/Pan Card) have agreed to act as scribe for Mr./Ms. _____ (Applicant's name) having Roll No. _____ in Category ____for the examination for the post(s) of _____. I declare that my educational qualification as on date _____ is

Below SSC	SSLC	10+2

If the above declaration is found false, I shall be solely responsible for the consequences and loss suffered by the applicant.

Signature of Scribe