

भारत सरकार, कार्मिक, लोक शिकायत तथा पेंशन मंत्रालय, कार्मिक एवं प्रशिक्षण विभाग, कर्मचारी चयन आयोग, ब्लॉक सं12-,केन्द्रीय कार्यालय परिसर, लोधी रोड, नई दिल्ली-110003. Government of India, Ministry of Personnel, Public Grievances & Pensions, Department of Personnel and Training, Staff Selection Commission, Block No. 12, CGO Complex, Lodhi Road, New Delhi - 110003.

# Procedure of Staff Selection Commission (SSC) regarding Assistance of Scribe to PwD/ PwBD Candidates (SSC's Scribe Procedure)

The Commission provides the facility of compensatory time and assistance of scribe to eligible Persons with Benchmark Disabilities (PwBDs) i.e. disability not less than 40% and Persons with Disabilities (PwD) i.e. disability less than 40%, in its examinations in accordance with guidelines issued vide OM Nos. 34-02/2015-DD-III dated 29.08.2018 and 29-6/2019-DD-III dated 10.08.2022 by Department of Empowerment of Persons with Disabilities (DoEPD), M/o Social Justice & Empowerment.

- 2. In case of persons with benchmark disabilities (PwBD) in the category of blindness, locomotor disability (Both Arms affected-BA) and Cerebral Palsy, the facility of scribe is provided, if desired by the candidate.
- 3. In case of remaining categories of persons with benchmark disabilities (PwBD), the facility of scribe will be provided on production of a certificate at the time of examination 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 **Annexure-I**.
- 4. The facility of scribe will also be provided to PwD candidates having disability less than 40% and having difficulty in writing in pursuance to OM No. 29-6/2019-DD-III dated 10.08.2022 issued by Ministry of Social Justice and Empowerment. The facility will be provided on production of certificate as per **Annexure-IA**.
- 5. The facility of scribe/ passage reader will be provided to the PwBD/ PwD candidate only if he has opted for the same in the Online Application Form.
- 6. The candidate will have the discretion of opting for his own scribe or to avail the facility of scribe provided by the Commission. Appropriate choice in this regard will have to be given by the candidate in the Online Application Form.

#### 7. **Own Scribe:**

- 7.1 In case of own scribe, the following points may be noted –
- (a) A person shall be allowed to act as a scribe only after completing his/her One Time Registration (OTR) on the website of the Commission.
- (b) A scribe shall not assist more than one candidate in the same examination.
- (c) A candidate applying for an examination cannot act as a scribe for another candidate in the same examination.
- (d) The qualification of the scribe shall be one step below the qualification of the candidate taking the examination.

Any violation of above conditions will invite cancellation of candidature, debarment as per rules, relevant action against the scribe and criminal action, if so required.

- 7.2 The candidates with benchmark disabilities (PwBD) opting for own scribe shall be required to submit details of the scribe at the time of examination as per proforma at **Annexure-II**. The candidates with disabilities (PwD) eligible for scribe as per Para 4 above and opting for own scribe shall be required to submit details of the scribe at the time of examination as per proforma at **Annexure-IIA**. In addition, the scribe has to produce the same original ID proof(s) at the time of examination which was mentioned by him during One Time Registration (OTR). A photocopy of the ID proof(s) of the scribe signed by the candidate as well as the scribe will also be submitted along with proforma at **Annexure-IIA**.
- 7.3 The procedure for registration of scribe and opting for the same is as under:-
- (a) Before a candidate can choose a person to act as his/her scribe, the person (scribe) shall be required to complete the OTR on the website of the Commission. The OTR number generated on the scribe's mobile number during registration will be required to be filled up by the candidate so as to choose the person as his/her scribe.
- (b) When the Admission Certificate is live, the candidate will be required to access the same on the website of the Commission and provide the OTR number of the scribe. A one-time password will be generated and sent to the registered mobile number of the scribe. The candidate will need to get the OTP from the scribe and key in the same in the appropriate field on the portal. Requisite arrangements in this regard may be ensured by the candidate and the scribe so that the process of opting for own scribe at the time of Admission Certificate generation goes smoothly.

- (c) After completing the procedure, the Admission Certificate of the candidate as well as the Entry Pass of the scribe will be generated which can be downloaded by the candidate.
- (d) In case at the time of generation of the Admission Certificate, the candidate does not wish to go for own scribe despite having opted for the same in the application form, the candidate can choose to be assisted by a scribe provided by the Commission. After making such a choice the candidate can download the Admission Certificate. Facility of scribe will be provided to the candidate by the Commission at the time of examination.
- (e) In case own scribe chosen by the candidate, whose entry pass has also been generated, does not turn up to assist the candidate during the examination due to any contingency, the Commission will provide the candidate its own scribe at the time of examination.
- 8. In case scribe is provided by the Commission, the qualification of the scribe shall not be more than the minimum qualification criteria of the examination. However, the qualification of scribe shall be matriculate or above.
- 9. A compensatory time of 20 minutes per hour of examination will be provided to the persons who are allowed use of scribe. In case the duration of the examination is less than an hour, then the duration of additional time shall be allowed on pro-rata basis. Additional time shall not be less than 5 minutes and shall be in the multiples of 5.
- 10. The candidates who are eligible for use of scribe but not availing themselves of the facility of scribe will also be given compensatory time as indicated in the previous para.
- 11. No attendant other than the scribe for eligible candidates will be allowed inside the Examination Hall.
- 12. The PwBD/ PwD candidates who have availed themselves of the facility of scribes/ passage reader and/ or compensatory time must produce relevant documents for the eligibility of scribe/ compensatory time at the time of Document Verification. Failure to produce such supporting documents will lead to cancellation of their candidature for the examination.

### Annexure-I

## Certificate regarding physical limitation in an examinee to write

Γ	This	is	to	certify	that,	I	have	examin	ed	Mr/Ms	/Mrs
						_(name	of the	candidate	with	disabilit	y), a
pe	erson	with					(na	ature and	perc	centage	of
di	isability	as	me	ntioned	in	the	certifica	ite of	disab	oility),	S/o/
D	/o			a			resid	dent			of
				Village/l	District/	State) aı	nd to sta	te that h	e/she	has phy	sical
li	limitation which hampers his/her writing capabilities owning to his/her disability.										
										Signa	iture
	Chief Medical Officer/Civil Surgeon/Medical Superintendent of a										
	Government health care institution									ıtion	
	Name & Designation								ation		
				Name	of Gove	ernment ]	Hospital/	Health Car	e Cen	tre with	Seal
Place:											
Date:											
Note:	Certifi	cate s	hould	be given b	y a spe	cialist o	of the rel	evant stre	am/di	sability	(e.g.
	Visua	l i	mpair	ment-Ophtha	almolog	ist, l	Locomoto	or disa	bility-	-Orthopa	edic
	specia	alist/PN	IR)								

•	, 2016 but not covered under the less than 40% disability and havi			said Act, i.e.
a person with limitation which support of scribe	y that, we have examined Mr/Ms/N, a resident of(V	rill/PO/PS/Distri sability/condition owing to his/her e device such as	ct/State), aged  a), and to state the above condition. He approximately a prosthetics & orth	yrs, nat he/she has le/she requires notics, hearing
the assistance of			o uppour ut une onu	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
by recruitment a	tificate is issued only for the purpos agencies as well as academic instituted of six months or less as may be ce	tions and is valid	l upto	
			Signature of me	dical authority
(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)
Orthopaedic / PMR specialist	Clinical Psychologist/ Rehabilitation Psychologist/Psychiatrist / Special Educator	Neurologist (if available)	Occupational therapist (if available)	Other Expert, a nominated by the Chairperson (if any)
	(Signatur	re & Name)		
Chief Medical O	Officer/Civil Surgeon/Chief District	Medical Officer.	Chairperson	
	Name of G	overnment Hosp	ital/Health Care Ce	entre with Seal
Place:				
Date:				

Certificate for person with specified disability covered under the definition of Section 2 (s) of

## **Letter of Undertaking for Using Own Scribe**

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e			<del> </del>	(nan	ne of the
Roll	No				at
of	the	centre)	in	the	District
		(na	ame of t	he State	e/ UT) My
		(	name o	f the so	eribe) will
er/lab a	ssistant	for the ur	ndersign	ed for t	taking the
is/ her	qualific	ation is _			In
t his/ h	er qual	ification i	s not as	s declar	ed by the
alificati	on, I sh	all forfeit	my righ	nt to the	post and
	(Signat	ure of the	candidat	te with I	Disability)
	` U				<b>3</b> /
	e Roll of er/lab as	e Roll No of the er/lab assistant is/ her qualific t his/ her qual alification, I sh	e of the centre)  of the centre)  (name of the centre)  or/lab assistant for the under centre is for the under centre i	of the centre) in	(name of the State

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

Ι	, a	candidate	with _	(nature of
disability/conditi	on) appearing for the	he		(name of the examination)
bearing Roll No.			at	(name of
the centre) in	the District		,	
				·
				(name of the scribe) will g the aforementioned examination.
subsequently it i	s found that his quefication. I shall fort	alification	is not as	In case, declared by the undersigned and is ost or certificate/diploma/degree and
				(Signature of the candidate)
	(Counter si	ignature by	the parent	/guardian, if the candidate is minor)
Place:				
Date:				