

SCRIBE DECLARATION FORM

GUIDELINES REGARDING PERSONS WITH BENCHMARK DISABILITIES USING THE SERVICES OF A SCRIBE

(This form will be collected during the examination)

1. The facility of Scribe / Reader would be allowed to candidates having less than 40% disability and having difficulty in writing and who are eligible to use the services of scribe and opted for the same in their online application form. The facility of scribe is meant for only those candidates with disabilities who have physical limitation to write including that of speed. In all such cases where a scribe is used, the following rules will apply:
 - Please ensure that you are eligible to use the services of scribe as per Govt. of India guidelines governing the recruitment of Persons with Benchmark Disabilities.
 - The candidate will have to arrange his/ her own scribe at his/ her own cost.
 - The scribe should be from an academic stream different from that stipulated for the post applied for.
 - Both, the candidate as well as the scribe will have to give a suitable undertaking, in the prescribed format with passport size photograph of the scribe, confirming that the scribe fulfils all the stipulated eligibility criteria for a scribe as mentioned above. Further, in case it later transpires that the candidate/scribe did not fulfill any of the laid down eligibility criteria or has suppressed any material facts, the candidature of the applicant will stand cancelled, irrespective of the result of the test/ examination.
 - The scribe arranged by the candidate should not be a candidate for the online examination. If violation is detected at any stage of the process, candidature for both, the candidate and the scribe will be cancelled.
 - Only candidates registered for compensatory time will be allowed such concessions since compensatory time given to candidates shall be system based, it shall not be possible for the test conducting agency to allow such time if he/ she is not registered for the same. Candidates not registered for compensatory time shall not be allowed such concessions.
 - Any candidate who is not eligible to use scribe as per the guidelines referred to above, but uses scribe in the examination shall be disqualified to participate further in the recruitment process. Any candidate who is using services of scribe should ensure that he/she is eligible to use the services of scribe in the examination as per the above guidelines. Any candidate using the services of a scribe in violation of the above guidelines shall stand disqualified and can be removed from service without notice, if has already joined _____ (Name of the Organization).
 - During the exam, at any stage, if it is found that scribe is independently answering the questions, the exam session will be terminated and candidate's candidature will be cancelled. The candidature of such candidates using the services of a scribe will also be cancelled if it is reported after the examination by the test administrator personnel that the scribe independently answered the questions.
2. Further, the following rule will apply for persons with specified disabilities 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:
 - The facility of scribe and/or compensatory time shall be granted solely to those having difficulty in writing subject to production of a certificate to the effect that person concerned has limitation to write and that scribe is essential to write examination on his/her behalf from the competent medical authority of a Government healthcare institution as per proforma at Appendix-I.
 - The qualification of the scribe should be one step below the qualification of the candidate taking examination. The person opting for own scribe should submit details of the own scribe as per proforma at Appendix-II.

Please fill up the DECLARATION and submit along with the call-letter.

DECLARATION

We, the undersigned, Shri/Smt./Kum. _____ **eligible candidate** for the Online Examination for the Post of _____ in _____ **(Name of the organization)** to be held on __. __. 2026 at _____ (Time) and Shri/Smt./Kum _____ **eligible writer (scribe)** for the eligible candidate, do hereby declare that:-

1. The scribe is identified by the candidate at his/her cost and as per own choice.
2. The candidate has physical limitation to write including that of speed and he/she needs a writer (scribe) as permissible under the Government of India rules governing the recruitment of Persons with Benchmark Disability.
3. Candidates having less than 40% disability and having difficulty in writing and who are eligible to use the services of scribe shall be allowed compensatory time of 20 minutes per hour, if they have opted for the same in their online application form, whether availing the facility of scribe or not.
4. In view of the importance of the time element, the examination being of a competitive nature, the candidate undertakes to fully satisfy the Medical Officer of the Organization that there was necessity for use of a scribe as he/she has physical limitation to write including that of speed by the disabilities as mentioned in guidelines regarding persons with benchmark disability using the services of a scribe.
5. The candidate has ensured that the scribe is not a candidate for this online recruitment exam.
6. The scribe has ensured that he/she has not appeared/ is not appearing as a candidate in this online recruitment exam
7. We hereby declare that all the above statements made by us are true and correct to the best of our knowledge and belief. We also understand that in case it is detected at any stage of recruitment that we do not fulfill the eligibility norms and/or that the information furnished by us is incorrect/false or that we have suppressed any material fact(s), the candidature of the applicant (both the candidate as well as scribe in case he/she has appeared in the same examination) will stand cancelled, irrespective of the result of the written test(s). If any of these shortcomings is/are detected even after the candidate's appointment, his/her services are liable to be terminated. In such circumstances, both signatories will be liable to criminal prosecution.

I, _____ the candidate, certify that I am eligible to use the services of a scribe as per the Govt. **(Name of the candidate)** Guidelines for Recruitment of Persons with Benchmark Disability.

I, _____ the candidate for this recruitment certify that I have ensured that the **(Name of the candidate)** above scribe has not appeared/ is not appearing for this online recruitment exam.

I, _____ (Scribe) certify that I am not a candidate for this online recruitment exam.
(Name of the Scribe) I will not solve the questions on behalf of the candidate.

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.....Chairperson	Officer/Civil	Surgeon/Chief	District	Medical

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:

Given under are our signature and details:-

Details of the candidate:	
Roll No.:	Name:

Scribe Details:	
Mobile No.:	Date of Birth (dd/mm/yyyy):
Gender : M F Other	
Name:	Photo of Scribe
Email_Id :	
Father's Name:	
Address 1	
Address 2	
City:	
State:	
Pincode:	
Highest Educational Qualification:	
Scribe's ID Type : (Tick appropriate box)	
<input type="checkbox"/> Aadhar Card <input type="checkbox"/> Driving License <input type="checkbox"/> PAN Card <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID Card	
Other ID (Specify) _____	
(Enter number of the selected ID below and attach the copy)	
ID No.	
Signature of the Scribe :	

(Signature of Invigilator)