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 – Orthopaedic specialist/PMR).
Appendix-II

SCRIBE DECLARATION FORM

GUIDELINES REGARDING PERSONS WITH BENCHMARK DISABILITIES
USING THE SERVICES OF A SCRIBE
(This form will be collected during the examination)

The facility of Scribe / Reader would be allowed to candidates who have disability of 40 % or more 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 can be from any academic discipline.
- 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.
- Candidates who have disability of 40 % or more and physical limitation to write including that of speed 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.
- 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 the ______ (Bank/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.

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 bank/organization) to be held on __, __, 2023 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 who have disability of 40 % or more and physical limitation to write including that of speed 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 Bank/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.

**Given under are our signature and details:**

<table>
<thead>
<tr>
<th>Details of the candidate:</th>
<th></th>
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<tbody>
<tr>
<td>Roll No.:</td>
<td></td>
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<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Scribe Details:</th>
<th></th>
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<tbody>
<tr>
<td>Mobile No.:</td>
<td></td>
</tr>
<tr>
<td>Date of Birth (dd/mm/yyyy):</td>
<td></td>
</tr>
<tr>
<td>Gender : M F Other</td>
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</tr>
<tr>
<td>Name:</td>
<td></td>
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<tr>
<td>Email_Id :</td>
<td></td>
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<tr>
<td>Father’s Name:</td>
<td></td>
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<tr>
<td>Address 1</td>
<td></td>
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<tr>
<td>Address 2</td>
<td></td>
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<td>City:</td>
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<td>State:</td>
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<tr>
<td>Pincode:</td>
<td></td>
</tr>
<tr>
<td>Highest Educational Qualification:</td>
<td></td>
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</tbody>
</table>

Scribe’s ID Type : (Tick appropriate box)

- [ ] Aadhar Card  
- [ ] Driving License  
- [ ] PAN Card  
- [ ] Passport  
- [ ] 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)