

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. 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 shall be allowed compensatory time of 20 minutes per hour.
- 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.
- Any candidate who is not eligible to use scribe as per the guidelines, 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 Steel Authority of India Ltd.
- 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 Admit Card.

DECLARATION

We, the undersigned, Shri/Smt./Kum. _____ **eligible candidate** for the Online Examination for the Post of _____ in Steel Authority of India Ltd. to be held on __.__.2024 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 shall be allowed compensatory time of 20 minutes per hour, 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. Guidelines for Recruitment of Persons with Benchmark Disability.
(Name of the candidate)

I, _____ the candidate for this recruitment certify that I have ensured that the above scribe
(Name of the candidate) 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:-

Details of the candidate:	
SAIL MTT Application No.:	Name: _____ Signature: _____
_____	_____

Scribe Details:	
Mobile No.:	Date of Birth (dd/mm/yyyy):
_____	_____
Gender : M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	
Name:	<div>Photo of Scribe</div>

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)