



पंडित दीनदयाल उपाध्याय शेखावाटी विश्वविद्यालय
Pandit Deendayal Upadhyaya Shekhawati University

IMPORTANT INSTRUCTIONS

FOR PERSON WITH BENCHMARK DISABILITIES (PwBD)

IN CONNECTION WITH WRITTEN EXAMINATIONS

SCHEDULED TO BE HELD ON

26TH MAY 2024 (SUNDAY) & 27TH MAY 2024 (MONDAY)

Dated: 21st May 2024

1. The University shall follow the guidelines of Government of India/Department of Personnel & Training/Ministry of Social Justice and Empowerment/Government of Rajasthan issued from time to time regarding conduct of Written Examinations for Persons with Benchmark Disabilities (PwBD).
2. The minimum degree of disability should be 40% (Benchmark Disability) to be eligible for availing reservation for persons with specified disability.
3. **Use of Scribe:**
 - a) The Persons with Benchmark Disabilities (PwBD) (above 40%) in the categories of blindness, locomotor disability (both arms affected – BA) and cerebral palsy shall be allowed to use the facility of scribe, if desired by the person.

In case of other category of Persons with Benchmark Disabilities as defined under section 2(r) of the RPWD Act, 2016, the facility of scribe is allowed to such candidates on production of a certificate to the effect that the person concerned has physical limitation to write, and scribe is essential to write examination on behalf, from the Chief Medical Officer/Civil Surgeon/ Medical Superintendent of a Government Health Care institution in the prescribed proforma (**APPENDIX – 1**).

- b) The candidate will have to arrange their own scribe/writer at their own cost.
- c) **The qualification of the scribe should be one step below than the minimum qualification criteria of the candidate's post.** The candidate with benchmark disabilities opting for own scribe should submit details of the own scribe as per proforma attached at **APPENDIX – 2**.

- d) The scribe will help the Candidate in reading the questions and/or keying in the answers as per the directions of the Candidate. A scribe will NEITHER explain the questions NOR suggest any solutions.
- e) If it is found at any stage that a candidate has availed the services of a scribe and/or availed the compensatory time but does not possess the extent of disability that warrants the use of a scribe and/or grant of compensatory time, the candidate will be excluded from the process of recruitment.
- f) During the examination, at any stage, if it is found that scribe is independently answering the questions, the examination session for such candidate 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 Invigilator that the scribe independently answered the questions.

4. **Provision related to Compensatory Time:**

The PwBD candidates in the category of blindness, locomotor disability (both arms affected - BA) and cerebral palsy are allowed **Compensatory Time** of **twenty minutes per hour** of the examination, whether such candidate (*having a physical limitation to write*) uses the facility of Scribe or not.

In case of other PwBD categories, this facility is provided on production of a certificate to the effect that the person concerned has physical limitation to write from the Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Government Health Care institution as per the prescribed proforma.

5. **IMPORTANT:**

Candidates must note that the benefit of reservation will be given to them subject to verification of documents. If it is discovered at any stage that a candidate has used a false/fake/incorrect document, or has furnished false, incorrect, or incomplete information, to avail the benefit of reservation, then such a candidate shall be excluded from all recruitment processes. In case such a candidate has already been selected, the selection shall stand cancelled.

6. The aforementioned Instructions are subject to change in terms of GOI guidelines/clarifications, if any, issued from time to time.

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 (eg.
Visual impairment - Ophthalmologist, Locomotor disability - Orthopedic specialist/ PMR).

APPENDIX – 2

UNDERTAKING FOR USING OWN SCRIBE

1. I _____, a candidate with _____ (*name of the disability/condition*) appearing for the _____ (*name of the examination*) bearing Roll No. _____ at _____ (*name of the Center*) in the District Sikar, Rajasthan. My educational qualification is _____.
2. I do hereby state that _____ (*name of the Scribe*) S/o D/o _____ a resident of _____ (*Village/District/State*) will provide the service of scribe for the undersigned for taking the aforementioned examination.
3. I do hereby undertake that Scribe's educational qualification is _____. In case, subsequently it is found that his/her educational qualification is not as declared by the undersigned and as decided by the University, I shall forfeit my right to the post and claims relating thereto.
4. I am not debarred in any examination from the University or any other examination body.
5. In case any of the above information is found wrong then I will be responsible for all consequence as per rule.

(Signature of the Candidate)

VERIFICATION

I _____ verify that the information provided by the candidate has been checked as per the original document of the candidate.

(Signature of Centre Superintendent)

Place:

Date:

Note: *Kindly attach self-attested copies of Medical Certificate and scribe qualification with this Undertaking*