



Notice

Ref: C/HR/Rectt/DT (Electrical/Civil/Electronics)/Notice-13

Date: 2nd February, 2024

Recruitment for the post of Diploma Trainee
(Electrical/Civil/Electronics) Advt. No. CC/06/2023 Dated: 01/09/2023

Sub: Scribe & Compensatory Time for Computer Based Test for the post of Diploma Trainee (Electrical/Civil/Electronics)

This is with reference to the Written Test through Computer Based Test mode for the post of Diploma Trainee (Electrical/Civil/Electronics) which is scheduled on 8th February 2024 (Thursday).

In this regard, it is to inform that a PwBD/ PwD candidate possessing a valid Disability Certificate is considered eligible for the benefits of Scribe/Compensatory Time for the test as detailed below –

Scribe/ Compensatory Time - PwBD/ PwD				
Clause under RPWD Act, 2016	Clause 2(r)		Clause 2(s)	
PwBD/ PwD	PwBD (not less than 40% disability)		PwD (less than 40% disability)	
Disability	Scribe	Compensatory Time	Scribe	Compensatory Time
Blindness	Allowed	Allowed	To 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 a Competent Medical Authority of a Government Healthcare Institution as per proforma	
LD (Both Arms)				
Cerebral Palsy				
Other PwBD/ PwD	Allowed – on production of certificate *	Allowed – on production of certificate *		
	* 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			

All the best!!
Corporate Recruitment Group
Power Grid Corporation of India Limited

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 (eg. Visual impairment – Ophthalmologist, Locomotor disability – Prthopaedic specialist/PMR).

APPENDIX- II

Letter of Undertaking for Using Own Scribe

I _____, a candidate with _____ (name of the disability) appearing for the _____ (name of the examination) bearing Roll No. _____ at _____ (name of the centre) in the District _____, _____ (name of the State). My qualification is _____.

I do hereby state that _____ (name of the scribe) will provide the service of scribe/reader/lab assistant for the undersigned for taking the aforesaid examination.

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 and claims relating thereto.

(Signature of the candidate with Disability)

Place:

Date:

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

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:

SCRIBE DECLARATION FORMAT

Format of undertaking to be given by Candidates Using Scribe and the Person operating as Scribe

DECLARATION

1. We, _____ the _____ undersigned, Shri/Smt./Kum. _____ eligible candidate for the written examination for recruitment of _____ (Post name) to be held on _____ (Exam date), PG ID _____, Roll Num _____, AND

Shri/Smt./Kum. _____ scribe for the eligible candidate, do hereby declare that:

- i) The above mentioned eligible candidate is blind/ low vision or affected with Locomotor Disability /Cerebral Palsy where dominant (Writing) extremity is affected to the extent of slowing the performance of function (minimum of 40% impairment) and that she/he needs a scribe as permissible under Govt. of India rules governing the recruitment of Physically Challenged persons.
 - ii) The above mentioned scribe is identified by the candidate at her/his own cost and is as per own choice.
2. We jointly understand that the Scribe shall only record the answer as suggested by the eligible candidate and shall not import her/his knowledge/ make any gesture/ sound or movement to indicate correctness or otherwise of any answer option.
3. We also undertake to comply with the directions of the invigilator at the center and try not to disturb other examinees.
4. We understand that any misconduct committed by the above mentioned scribe shall amount to a misconduct committed by the above mentioned eligible candidate and is liable for disciplinary action as may be deemed appropriate.

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5. 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 the recruitment or after that the information furnished by us incorrect/false/misleading or that we have suppressed any material facts, the candidature of the applicant shall stand cancelled, irrespective of the results of the written test. In such case, both signatories shall be liable for criminal prosecution.

Given Under Our Signature:

Signature of the Scribe

Signature of the Candidate

Postal
Address:

Roll No: -----

Mobile -----

PG ID: -----

Number:

Photo ID Passport/ Aadhar Card/
Submitted: Driving License/ PAN Card

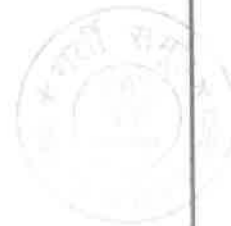
Photograph
of scribe



To be signed by Exam Officials

Signature of the Invigilator : -----

Signature of POWERGRID CTC : -----



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