



No. Rectt/Admin Posts/2024-Pers

May 13, 2025

Advt. No. 01/2025: अधिसूचना / NOTIFICATION

**GUIDELINES FOR PERSONS WITH DISABILITIES INCLUDING USE OF SCRIBE FOR TYPING
TEST/PROFICIENCY TEST IN STENOGRAPHY/WRITTEN TEST**

The visually impaired candidates and candidates whose writing speed is adversely affected permanently for any reason can use their own scribe at their own cost during the examination/proficiency test, with prior approval of CSIR-IIP. In all such cases where a scribe is allowed, the following rules will apply:

- (i) In case of persons with benchmark disabilities in the category of blindness, locomotor disability (both arms affected-BA) and cerebral palsy, the facility of scribe is allowed, if desired by the candidate (Annexure-I).
- (ii) In case of remaining categories of persons with benchmark disabilities, the provision of scribe will be allowed on production of a certificate at the time of examination to the effect that the person concerned has physical limitation to write and scribe is essential to write examination on his/her behalf, from the Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Government health care institution as per proforma at Annexure-I & Annexure-II.
- (iii) The facility of scribe will also be allowed to PwBD candidates having disability less than 40% and having difficulty in writing in pursuance to OM No. 29-6/2019-DD-III dated 10.08.2022 issued by Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment. The facility will be allowed on production of certificate as per Annexure-II and Annexure-III.
- (iv) The facility of scribe/ passage reader will be allowed to a PwBD candidate only if he/she opts for the same. The scribe arranged by the candidate should not be a candidate for the same examination. If violation of the above is detected at any stage of the process, candidature of both the candidate and the scribe will be cancelled. Candidates eligible for and who wish to use the services of a scribe in the examination should invariably inform the same.
- (v) The candidate will have to arrange his/her own scribe at his/her own cost. The qualification of the scribe should be one step below the qualification of the candidate taking the examination.
- (vi) A person acting as a scribe for one candidate cannot be a scribe for another candidate.
- (vii) The scribe may be from any academic stream.
- (viii) The candidate shall be responsible for any misconduct on the part of the scribe/Passage dictator brought by him during the tests.
- (ix) The candidates with benchmark disabilities (PwBD) allowed for own scribe shall be required to submit the details of the own scribe, before the examination as per Annexure-I, Annexure- II and Annexure-III, and submit the originals on the day of examination. In addition, the scribe has to produce a valid ID proof in original at the time of examination. A photocopy of the ID proof of the scribe signed by the candidate as well as the scribe will be submitted along with relevant Annexures mentioned above. If subsequently it is found that the qualification of the scribe is not as declared by the candidate, then the candidate shall forfeit his right to the post and claims relating thereto.
- (x) Both the candidate as well as scribe will have to give a suitable undertaking confirming that the scribe fulfils all the stipulated eligibility criteria for a scribe mentioned above. Further in case it later transpires that he/she did not fulfill any laid down eligibility criteria or suppressed material facts the candidature of the applicant will stand cancelled, irrespective of the result of the examination.

- (xi) 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.
- (xii) 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 CSIR-IIP 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.
- (xiii) One eyed candidates and partially blind candidates who are able to read the normal Question Paper set with or without magnifying glass and who wish to write/indicate the answer with the help of magnifying glass will be allowed to use the same in the Examination Hall and will not be entitled to a Scribe. Such candidates will have to bring their own magnifying glass to the Examination Hall.
- (xiv) Visually Impaired candidates (who suffer from not less than 40% of disability) may opt to view the contents of the test in magnified font and all such candidates will be eligible for compensatory time of 20 minutes for every hour.
- (xv) VI Candidates are eligible for scribe/passage dictator.
- (xvi) The Scribe/ Passage dictator is identified by the candidate at own cost and as per own choice.
- (xvii) The scribe/Passage dictator will read out the passage to VI candidates only within the allotted time.
- (xviii) Passage will not be provided in Brail for the VI candidates.
- (xix) Persons with Disabilities candidates who claim to be permanently unfit to take the Typing test because of a physical disability may, with the prior approval of the CSIR-IIP be exempted from the requirement of appearing and qualifying at such test, provided such a candidate submits in the attached format (Annexure-IV) to CSIR-IIP from the Competent Medical Authority, i.e. Chief Medical Officer/Civil Surgeon/Medical superintendent of a Government health care institution, declaring him/her to be permanently unfit for the typing test because of a physical disability.
- (xx) PwD candidates who are exempted from the typing skill test, must attend venue of Typing skill test on the day of test with admit card, Valid Photo Id, One Passport size colour photograph, duly approved Proforma (Annexure-IV) for attendance and biometric etc.
- (xxi) In case it later transpires that he/she did not fulfill any laid down eligibility criteria or suppressed material facts, the candidature of the applicant will stand cancelled, irrespective of the result of the examination.
- (xxii) Guidelines are subject to change in terms of GOI guidelines/clarifications, if any, from time to time.

Such candidate may send their request through email on recruitment@iip.res.in along with requisite certificates/annexures for examination and for conveying approval latest by 23rd May, 2025.

(Anjum Sharma)
Sr. Controller of Administration

Copy : (i) Head-IT – for uploading the notification on CSIR-IIP website (ii) All Notice Boards

Letter of Undertaking for Using Own Scribe

I _____, a candidate with _____ (name of the disability) appearing for the _____ (name of the examination) bearing Application No/Roll No. _____ at _____ (name of the centre) in the District _____, _____ (name of the State/UT). 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/her qualification is _____. In case, subsequently it is found that his / her 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: _____

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/Sate)
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 – Orthopedic specialist / PMR).

Annexure –III

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 _____ years, 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 up to _____ (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)	(Signature & Name)
Orthopedic / PMR specialist	Clinical Psychologist / Rehabilitation Psychologist/Psychiatrist/ Special Educator	Neurologist (if available)	Occupational therapist (if available)	Other Expert, as nominated by 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: _____

Medical certificate to be produced by the Persons with Benchmark Disabilities candidates who seek exemption from appearing in the Typewriting/Proficiency Test

This is to certify that Mr/Ms/Mrs _____ son/daughter/wife of Shri _____, a resident of _____ (Village/District/State), is suffering from _____. Clinical diagnosis as a result of which he/she has the following disabilities. (Brief description of his/her disability) _____.

This is a permanent disability and the extent of his/her disability works out to _____% of disability. This disability is likely to interfere with Typewriting

(Specify): _____

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

Recent passport size
photograph of the
candidate clearly
showing face with
affected portion of
the body

Place : _____

Date: _____

Signature of the Candidate: _____

Name of the Candidate: _____

Application Number : _____