

National Institute of Electronics and Information Technology

PROVISION OF WRITER/SCRIBES FOR PHYSICALLY HANDICAPPED STUDENTS

(Para 14 of Standard Operating Procedure –Examinations (IT Literacy)-Version-0)

14. Provision of writer/scribes for Physically Handicapped Students:- The Physically handicapped students can apply for scribes as per below:

14.1 Eligibility criteria: The following persons are eligible to avail the services of writer/scribes:

14.1.1. Blind persons whose visual acuity, as determined by competent authority*, is 20/200 or less in the better eye with correcting lenses, or whose widest diameter of visual field subtends an angular distance not greater than 20 degrees.

14.1.2. Other eligible physically handicapped persons are as follows:

(a) Persons whose visual disability, with correction and regardless of optical measurement, is certified by competent authority* as preventing the reading of standard printed material.

(b) Persons certified by competent authority* as unable to read or unable to use standard printed material as a result of physical limitations.

(c) Persons certified by competent authority* as having a reading disability resulting from organic dysfunction and of sufficient severity to prevent their reading printed material in a normal manner.

#14.1.3 Persons who has disability of 40% or more.

14.2 * Competent Authority (Whose certificates are acceptable)

14.2.1. In cases of blindness, visual disability, or physical limitations, “competent authority (*)” shall be doctors of medicine; doctors of osteopathy; ophthalmologists; optometrists of a government hospital.

14.2.2. In the case of reading disability from organic dysfunction, competent authority shall be doctors of medicine or osteopathy of a government hospital who may consult with colleagues in associated disciplines.

14.3 Eligibility criteria for scribes/writer:

14.3.1 Must not be family members.

14.4 Documents to be submitted by the candidate for obtaining permission for scribes/writer:

14.4.1 Submission of request for writer/scribes along with the documents as stated above in 14.1 and 14.2.

14.4.2 An undertaking /affidavit by the writers/ scribes, that they are not a family member of the candidate.

14.4.3 The Suggested Proforma for submission of medical certificate and undertaking by candidate for using own scribe / writer/reader is at Appendix I and Appendix II respectively.

#####14.5 Compensatory Time : Candidates availing services of scribe / reader are eligible for compensatory time of 20 minutes for every hour of examination.

14.6 General

The eligible candidates who desire to use the services of scribe should send a separate application along with the supporting documents as indicated at Para 14.4 about such requirement and obtaining permission at least 15 days before the commencement of the examination cycle at the respective Regional Centre (This application is required to make suitable arrangements at the examination centre, etc.).

Amended as per OM No. 16-110/2003-DD.III dated 26-02-2013 issued by Ministry of Social Justice & Empowerment, Department of Disability Affairs

Added as per the approval of Competent Authority (08-02-2019, F. No. 16(4)99/I-100/NIELIT)

Added as per OM No. 16-110/2003-DD.III dated 26-02-2013 issued by Ministry of Social Justice & Empowerment, Department of Disability Affairs

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).

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 and address of the scribe) will provide the service of scribe/reader/lab assistant for the undersigned for taking the aforesaid examination.

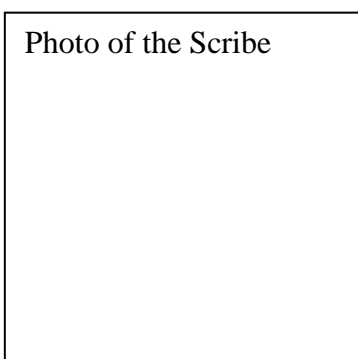
I do hereby undertake that his/her qualification is _____.

I declare that I will abide by the rules and regulations of the NIELIT. In case of any violation of the said guidelines I understand that I will be liable for criminal prosecution.

(Signature of the candidate with Disability)

Place:

Date:



Signature of the Scribe