

GOVERNMENT OF JAMMU AND KASHMIR
J&K SERVICES SELECTION BOARD
Hema Complex, Sector -3, Channi Himmat, Jammu
www.jkssb.nic.in

IMPORTANCE NOTICE

Subject: Facility of scribe and compensatory time for Persons with Benchmark Disabilities - regarding.


Candidates appearing in various examinations conducted/scheduled by the J&K Services Selection Board are hereby informed that compensatory time of 20 minutes per hour of examination (with or without scribe) will be provided to the following eligible candidates belonging to the Persons with Disability (PWD) category:

- a) Visually Handicapped.
- b) Cerebral Palsy.
- c) Both Arms Affected.

d) In addition to above, with regard to a candidate with benchmark disability who has physical limitation to write and scribe is essential to write examination on his/ her behalf, such **candidates will be required to submit a certificate at the examination venue**, obtained from the Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Government health care Institution. **Proforma of the Certificate is attached as Annexure-A.**

Candidates opting for own scribe **would require to submit details of own scribe at the examination venue as per proforma provided at Annexure-B.**

It is further clarified that the candidate shall have to remain personally present in the Examination Centre and if a candidate opts for his/ her own scribe, the qualification of the scribe should be one step below the minimum qualification required for the post of the candidate taking the examination. The candidates with benchmark disabilities opting for own scribe shall be required to submit details of the own scribe. 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. In case, subsequently it is found that the qualification of the scribe is not as declared by the candidate, then the candidate shall forfeit his/ her right to the post and claims relating thereto.


16.02.2021
Controller of Examinations
J&K Services Selection Board
Jammu
Dated: 16 /02/2021

No. SSB/COE/Class-IV/1474-82

Copy to the:

1. Principal Secretary to the Hon'ble Lieutenant Governor for information.
2. Commissioner/Secretary to Government, General Administration Department, Civil Secretariat, Jammu.
3. Director Information, J&K, Jammu for publication of Notice in all leading dailies of Kashmir/Jammu for wider publicity.
4. _____ Member, J&K Services Selection Board.
5. Secretary, J&K Services Selection Board.
6. Administrative Officer, Services Selection Board, Jammu/Srinagar.
7. Private Secretary to Chief Secretary, J&K for information of the Chief Secretary.
8. Private Secretary to Chairman, J&K Services Selection Board, Jammu.
- ✓ 9. In-charge Website, Services Selection Board, Jammu.

Annexure "A"

Certificate regarding physical limitation in an examinee to write.

This is to certify that, I have examined Mr/Mrs/Ms _____ (name of the candidate with disability), a person with _____ (nature and percentage of disability as mention 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 of the Specialist

Name, Designation of the Specialist.

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)

Annexure "B"

Letter of Undertaking for Using Own Scribe

I _____, a candidate with _____
(name of the disability) appearing for the _____ (name of
the centre) in the District _____ of UT of
J&K. 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:-