

**GOVERNMENT OF JAMMU AND KASHMIR**  
**JAMMU AND KASHMIR SERVICES SELECTION BOARD (JKSSB)**  
Hema Complex, Sector -3, Channi Himmat, Jammu/ Zamzam Complex Rambagh  
Srinagar.  
[www.jkssb.nic.in](http://www.jkssb.nic.in)

**NOTICE**

**Subject: Facility of scribe 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 the representation along with following documents in the **Office of the J&K Services Selection Board, Hema Complex, Sector -3, Channi Himmat, Jammu or Camp Office of the J&K Services Selection Board, ZumZum Building, Rambagh, Srinagar latest by 16<sup>th</sup> of August, 2021** for availing the facility of Scribe.

- 1. Application on plain paper**
- 2. Person with Disability Certificate (self-attested).**
- 3. Certificate regarding physical limitation to write.**
- 4. Letter of Undertaking for Using Own Scribe**
- 5. Admit Card/Roll Number and Contact Number.**
- 6. Qualification certificate of Scribe (self-attested).**

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.

**(Ashok Kumar) KAS,  
Controller of Examination  
Services Selection Board  
Jammu**

No.SSB/COE/H&ME/2021/5620-28

Dated: 13.08.2021

Copy to the: -

- 1- Additional Chief Secretary, Health & Medical Education Department.
- 2- Principal Secretary to the Hon'ble Lieutenant Governor, J&K
- 3- Commissioner/Secretary to Government, General Administration Department, Civil Secretariat, for information.
- 4- Director Information JK UT with the request to publish the notice in the leading newspapers of Jammu & Kashmir.
- 5- Pvt. Secretary to Chief Secretary for the information of the Chief Secretary.
- 6- Pvt. Secretary to Chairman, JKSSB, for the information of Chairman
- 7- P.A to Secretary, JKSSB, for the information Secretary
- 8- I/c Website.
- 9- Stock file.

**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:-