

Differently-abled (Divyangjan) friendliness:									
7.1.7: The Institution has disabled-friendly, barrier-free environment									
<b>Built environment with ramps/lifts with easy access to classrooms</b>		<b>Disabled-friendly washrooms</b>		<b>Signage including tactile paths, lights, display boards and signposts</b>		<b>Assistive technology and facilities for persons with disabilities (Divyangjan), accessible website, screen-reading software, mechanized equipment</b>		<b>Provision for enquiry and information: Human assistance, reader, scribe, soft copies of reading material, screen reading</b>	
Yes		Yes		Yes			No	Yes	


**Through Schools, Architects' contribution to the nation**



**Madras, U.T., India**  
 City of Madras, Government of Madras  
 1960-1962, 1963-1964

Rama Sankar

**Madras, U.T., India**  
 City of Madras, Government of Madras  
 1960-1962, 1963-1964

A.R. Joshi



**Through Schools, Architects' contribution to the nation**

**Through Schools, Architects' contribution to the nation**



**Through Schools, Architects' contribution to the nation**



**Madras - Madras branch**



**Through Schools, Architects' contribution to the nation**



**Madras, U.T., India**  
 City of Madras, Government of Madras  
 1960-1962, 1963-1964



**Madras, U.T., India**  
 City of Madras, Government of Madras  
 1960-1962, 1963-1964



**Through Schools, Architects' contribution to the nation**



**Madras, U.T., India**  
 City of Madras, Government of Madras  
 1960-1962, 1963-1964



**Madras, U.T., India**  
 City of Madras, Government of Madras  
 1960-1962, 1963-1964





Otis Elevator Company (India) Limited  
 (Northern Region)  
 Himalaya House, 11th Floor  
 23, Kasturba Gandhi Marg  
 New Delhi 110 001  
 Tel: (011) 51606847  
 Fax: (011) 51504380  
 www.otis.com

No. 52NM0884:ST:LKO.

November 24, 2005

M/s. Seema Dental College & Hospital  
 Dr. B.S. Gupta Medical Charitable Society,  
 Rishikesh – 249 203  
 (Uttanchal)

Dear Sir,

**Sub.: OTIS Lift for Your Girls Hostel at Rishikesh (Uttanchal).**

**Ref.: Our Contract No. 52NM0884**

1. We are pleased to advice you that:

- ❖ Materials are ready for dispatch/ dispatched.  
 Erection is nearing completion.  
 Installation is ready for handing over/ handed over.

2. In term of our contract with you, we are, therefore, submitting herewith the following Invoice/s:

	dt	for Rs.	Part/ Material Payment
52NM0884	dt 24/11/2005	for Rs. 1,05,000.00p	Part Final Payment/S. Tax
	dt	for Rs	Excise/ Octoroi Duty
	dt.	for Rs	Price Adjustment

Please therefore, send us the **cheque for a total of Rs. 1,05,000.00p in settlement of all dues against the contract, as of date.**

Please note that the interest is payable @ 21% per annum in the event of delay in making payment from the due date till the date of payment.

Thanking you and assuring you of best OTIS attention at all times.

Yours faithfully,  
 OTIS Elevator Company (I) Ltd.

(Accounts Department)

*Received (S. R. Gupta)*  
 07-12-05

*Check no - 019553*

# OTIS ELEVATOR COMPANY (INDIA) LIMITED

TERMS : NET CASH  
UPON PRESENTATION  
MAKE ALL CHEQUES PAYABLE  
TO THIS COMPANY

## INVOICE

M/s. Seema Dental College & Hospital Dr. B.S. Gupta Medical Charitable Society, Rishikesh – 249 203 (Uttanchal)	Dated : November 24, 2005 Invoice No. : D2NM0884 Nego. No. : 52NM0884 State : 38 (U.P.)
--	--

OTIS LIFT(S) AT YOUR GIRLS HOSTEL AT BAIKARJ ROAD – RISHIKESH (UTTRANCHAL)

CONTRACT PRICE FOR SUPPLY AND INSTALLATION  
OF 1 LIFT(S) IN ACCORDANCE WITH OUR CONTRACT  
NO.: 52NM0884

RS. 10,50,000.00

LESS: PAID TO DATE #

RS. 9,45,000.00

**BALANCE DUE AND PAYABLE**

**RS. 1,05,000.00**

**# PAYMENTS RECEIVED :**

CH. # 016112 DT. 28/05/2005 RS 3,90,000.00

CH. # 016140 DT. 24/07/2005 RS 5,55,000.00

**TOTAL RECEIVED RS 9,45,000.00**

*(Rupees One Lakh Five Thousand Only)*

OTIS ELEVATOR CO. (I) LTD.

(ACCOUNTS DEPARTMENT)

Seema Dental College & Hospital  
Rishikesh  
Uttanchal  
Amount has been received  
in working condition  
24/11/05

OTIS ELEVATOR COMPANY (INDIA) LIMITED

HIMALAYA HOUSE 11th FLOOR, 23, KASTURBA GANDHI MARG, NEW DELHI-110001. PHONE : 51606847  
CABLE : LYNDENTREE NEW DELHI-110001 TELEFAX : 011-51504380



**OTIS ELEVATOR COMPANY (INDIA) LIMITED**

(Registered & Head office)  
9th Floor, Magnus Towers, Mindspace,  
Link Road, Malad (West), Mumbai 400 064, Maharashtra  
CIN: U29150MH1953PLC009158 PAN: AAACO0481E  
Ph.: (91-22) 6679 5151 Fax: (91-22) 2844 9791  
Email: billingsupport.india@otis.com Website: www.otis.com

**TAX INVOICE**

ORIGINAL FOR RECIPIENT

OTIS ELEVATOR COMPANY (INDIA) LIMITED Shop No.2, First Floor Ashirwad Complex, Deepak Dwar Jogeshwari Chowk, Badrapur Road Dehradun 248005 GST Number : 05AAACO0481E1ZX GST Invoice No : UC/NE/18000072 GST Invoice Date : 08/10/2018 Whether tax payable under RCM : No	Negotiation Number : 52NAJ649 Invoice ID : U5/18018778 Project No : 52NAJ649 Contract No : 52NA4685 Purchase Order No : Purchase Order Date : Place of Supply : Uttarakhand
<b>Customer Name :</b> DR B S GUPTA MEDICAL CHARITABLE SOCIETY <b>Billing Address :</b> VEERPUR KHURD, RISHIKESH DEHRADUN 248001 <b>State &amp; State code :</b> Uttarakhand 05 <b>PAN number :</b> AAAAD1330P <b>GST Number :</b> 05AAAAD1330P2ZY	<b>Site Address :</b> VEERPUR KHURD, RISHIKESH DEHRADUN 249203 <b>State &amp; State code :</b> Uttarakhand 05 <b>PAN number :</b> <b>GST Number :</b> 05AAAAD1330P2ZY

S. No	HSN/SAC	DESCRIPTION	AMOUNT (INR)
1	995466	Charges towards Supply, Erection, Installation and Commissioning of Parts/Components of Lifts/Elevators  Advance: CV as advance with or der as per RR against contract value of Rs 1059322  ADD : CGST@ 9.00% 33,368.65 ADD : SGST@ 9.00% 33,368.64	370,762.70     66,737.29
Payable Total Rs.			437,499.99

Rupees FOUR LAC THIRTY SEVEN THOUSAND FOUR HUNDRED NINETY NINE AND PAISE NINETY NINE ONLY

For Otis Elevator Company (India) Limited

  
Authorized Signatory**Terms & Conditions :**

- CASH NOT ACCEPTED
- Payable on presentation, interest @ 18%p.a. would be levied on delayed payments
- TDS Certificate under the applicable laws (including but not limited to GST) must be issued as per the timelines prescribed in the respective Acts.

We accept RTGS/NEFT Payments : Our Bank Account details (Please indicate Invoice number as reference for further communication)

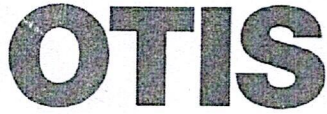
Name of account : Otis Elevator Company (India) Limited  
Branch : Citi Bank N.A., D N Road, Fort, Mumbai -400001

Account No. 0001041037

MICR Code: 400037002

IFSC Code: CITI0100000

NSC

**OTIS ELEVATOR COMPANY (INDIA) LIMITED**

(Registered & Head office)  
9th Floor, Magnus Towers, Mindspace,  
Link Road, Malad (West), Mumbai 400 064, Maharashtra  
CIN: U29150MH1953PLC009158 PAN: AAACO0481E  
Ph.: (91-22) 6679 5151 Fax: (91-22) 2844 9791  
Email: billingsupport.india@otis.com Website: www.otis.com

**TAX INVOICE**

ORIGINAL FOR RECIPIENT

OTIS ELEVATOR COMPANY (INDIA) LIMITED Shop No.2, First Floor Ashirwad Complex, Deepak Dwar Jogeshwari Chowk, Badrapur Road Dehradun 248005 GST Number : 05AAACO0481E1ZX GST Invoice No : UC/NE/18000101 GST Invoice Date : 12/11/2018 Whether tax payable under RCM : No	Negotiation Number : 52NAJ649 Invoice ID : U5/18022231 Project No : 52NAJ649 Contract No : 52NA4685 Purchase Order No : Purchase Order Date : Place of Supply : Uttarakhand
<b>Customer Name:</b> DR B S GUPTA MEDICAL CHARITABLE SOCIETY <b>Billing Address:</b> VEERPUR KHURD, RISHIKESH DEHRADUN 248001 <b>State &amp; State code :</b> Uttarakhand 05 <b>PAN number :</b> AAAAD1330P <b>GST Number :</b> 05AAAAD1330P2ZY	<b>Site Address:</b> VEERPUR KHURD, RISHIKESH DEHRADUN 249203 <b>State &amp; State code :</b> Uttarakhand 05 <b>PAN number :</b> <b>GST Number :</b> 05AAAAD1330P2ZY

S. No	HSN/SAC	DESCRIPTION	AMOUNT (INR)
1	995466	Charges towards Supply, Erection, Installation and Commissioning of Parts/Components of Lifts/Elevators  Material: CV six weeks prior to supply of materials (before scheduling) against contract value of Rs 1059322  ADD : CGST@ 9.00% 52,436.44 ADD : SGST@ 9.00% 52,436.44	582,627.10     104,872.88
Payable Total Rs.			687,499.98

Rupees SIX LAC EIGHTY SEVEN THOUSAND FOUR HUNDRED NINETY NINE AND PAISE NINETY EIGHT ONLY

For Otis Elevator Company (India) Limited

  
Authorized Signatory**Terms & Conditions :**

- CASH NOT ACCEPTED
- Payable on presentation, interest @ 18%p.a. would be levied on delayed payments
- TDS Certificate under the applicable laws (including but not limited to GST) must be issued as per the timelines prescribed in the respective Acts.

We accept RTGS/NEFT Payments : Our Bank Account details (Please indicate Invoice number as reference for further communication)

Name of account : Otis Elevator Company (India) Limited  
Branch : Citi Bank N.A., D N Road, Fort, Mumbai -400001

Account No. 0001041037

IFSC Code: CITI0100000

MICR Code: 400037002

  
12/11/18






**OTIS ELEVATOR COMPANY (INDIA) LIMITED**  
(Registered & Head office)  
9th Floor, Magnus Towers, Mindspace,  
Link Road, Malad (West), Mumbai 400 064, Maharashtra  
CIN: U29150MH1953PLC009158 PAN: AAACO0481E  
Ph.: (91-22) 6679 5151 Fax: (91-22) 2844 9791  
Email: billingsupport.india@otis.com Website: www.otis.com

# TAX INVOICE

ORIGINAL FOR RECIPIENT

OTIS ELEVATOR COMPANY (INDIA) LIMITED Shop No.2, First Floor Ashirwad Complex,Deepak Dwar Jogeshwari Chowk, Badrapur Road Dehradun 248005 GST Number : 05AAACO0481E1ZX GST Invoice No : UC/NE/18000200 GST Invoice Date : 15/03/2019 Whether tax payable under RCM : No		Negotiation Number : 52NAJ649 Invoice ID : U5/19008688 Project No : 52NAJ649 Contract No : 52NA4685 Purchase Order No : Purchase Order Date : Place of Supply : Uttarakhand	
<b>Customer Name :</b> DR B S GUPTA MEDICAL CHARITABLE SOCIETY <b>Billing Address :</b> VEERPUR KHURD, RISHIKESH DEHRADUN 248001 <b>State &amp; State code :</b> Uttarakhand 05 <b>PAN number :</b> AAAAD1330P <b>GST Number :</b> 05AAAAD1330P2ZY		<b>Site Address :</b> VEERPUR KHURD,RISHIKESH DEHRADUN 249203 <b>State &amp; State code :</b> Uttarakhand 05 <b>PAN number :</b> <b>GST Number :</b> 05AAAAD1330P2ZY	
S. No	HSN/SAC	DESCRIPTION	AMOUNT (INR)
1	995466	Charges towards Supply, Erection, Installation and Commissioning of Parts/Components of Lifts/Elevators  Final: CV on commissioning/wit hin 30days from Otis readiness to commission/on completion o against contract value of Rs 1059322  ADD : CGST@ 9.00% 9,533.90 ADD : SGST@ 9.00% 9,533.90	105,932.20          19,067.80
Payable Total Rs.			125,000.00
Rupees ONE LAC TWENTY FIVE THOUSAND AND PAISE ZERO ONLY		For Otis Elevator Company (India) Limited	
		 Authorized Signatory	
<b>Terms &amp; Conditions :</b> 1.CASH NOT ACCEPTED 2. Payable on presentation, interest @ 18%p.a. would be levied on delayed payments 3.TDS Certificate under the applicable laws (including but not limited to GST) must be issued as per the timelines prescribed in the respective Acts.			
We accept RTGS/NEFT Payments : Our Bank Account details (Please indicate Invoice number as reference for further communication) Name of account : Otis Elevator Company (India) Limited Branch : Citi Bank N.A., D N Road, Fort, Mumbai -400001			
MICR Code: 400037002		Account No. 0001041037	IFSC Code: CITI0100000

28/03/2019



हेमवती नन्दन बहुगुणा गढ़वाल विश्वविद्यालय  
Hemvati Nandan Bahuguna Garhwal University  
श्रीनगर गढ़वाल (उत्तराखण्ड)-246174  
Srinagar Garhwal (Uttarakhand) - 246174  
(केन्द्रीय विश्वविद्यालय)  
(A Central University)

पत्रांक : हे.न.ब.ग.वि.वि./2022/496

दिनांक : 11 / 03 / 2022

### CIRCULAR

It has been observed that applications regarding use of scribes to write examinations are being forwarded to the examination section for permission. Since most of the examination centres are at distant locations from the university headquarter and forwarding of such applications at last hour may prevent any student to write their examinations.

In view of this as per the approval of competent authority all Centre Superintendant (CS) of examination centres are hereby requested to take necessary action as per the guidelines of Ministry of Social Justice & Empowerment issued by UGC regarding use of scribes in examinations. A copy of the guidelines is enclosed herewith for ready references.

  
**Controller of Examinations**

1. All Deans/HoDs/Campus Directors/Centre Superintendents, HNBGU
2. All Principals/Directors/Centre Superintendents of Affiliated Colleges/Institutions.
3. PS to VC for information of Hon'ble Vice Chancellor.
4. Hon'ble Pro Vice Chancellor
5. Registrar/FO/DSW
6. DR/AR/Section Officer (Exam/CoE).
7. Coordinator, DPU/e-Governance.
8. System Manager (i/c) for its uploading on university website.
9. PRO
10. Guard File

  
**Controller of Examinations**





उच्च शिक्षण विभाग

प्रो. रजनीश जैन  
सचिव

Prof. Rajnish Jain  
Secretary



सत्यमेव जयते

विश्वविद्यालय अनुदान आयोग  
University Grants Commission

(मानव संसाधन विकास मंत्रालय, भारत सरकार)  
(Ministry of Human Resource Development, Govt. of India)

बहादुर शाह जफर मार्ग, नई दिल्ली-110002  
Bahadur Shah Zafar Marg, New Delhi-110002

Ph : 011-23236288/23239337

Fax : 011-2323 8858

E-mail : secy.ugc@nic.in

F.No.6-2/2013(SCT)

January, 2019

The Registrar,  
All Universities/Deemed to be Universities

14 JAN 2019

Sub: - Guidelines for conducting written examination for Persons with Benchmark Disabilities.

Sir/Madam,

The undersigned is directed to forward herewith a copy of the O.M. No.3402/2015-DD-III dated 29.8.2018 of Ministry of Social Justice & Empowerment, Department of Empowerment of Persons with Disabilities, New Delhi received through Ministry of HRD, New Delhi regarding "Guidelines for conducting written examination for Persons with Benchmark Disabilities". The Central Government (D/oEPwD) has laid down the Guidelines for conducting written examination for persons with Benchmark Disabilities, 2018 in supersession of the earlier Guidelines issued vide OM No.F.16-110/2003-DD.III dated 26.02.2013.

You are requested to take immediate action as per the above guidelines. These guidelines may also be circulated to the constituent and affiliated colleges for strict compliance.

Yours sincerely,

(.Rajnish Jain)

Encl: As above.

F. No. 34-02/2015-DD-III  
Government of India  
Ministry of Social Justice & Empowerment  
Department of Empowerment of of Persons with Disabilities (Divyangjan)

\*\*\*

Pt. Deendayal Antyodaya Bhawan,  
C.G.O. Complex, New Delhi -110003  
Dated: the 29<sup>th</sup> August, 2018

Handwritten notes and signatures: 1619, 8080, 279, 25/8/18, 29/8/18, 2018, 2018

Office Memorandum

Subject: Guidelines for conducting written examination for Persons with Benchmark Disabilities

The undersigned is directed to say that this Department had issued the guidelines for conducting written examination for persons with disabilities defined in terms of erstwhile Persons with Disabilities (Equal Opportunities, Protection for Rights and Full Participation) Act, 1995 vide OM No. 16-110/2003-DD.III dated 26/02/2013. The Department had constituted a Committee under the Chairmanship of Secretary, DEPwD in March, 2015 to review the said guidelines based on the issues raised by Union Public Service Commission and others. Meanwhile the Central Government enacted the Rights of Persons with Disabilities Act, 2016 (RPwD Act, 2016 ) which came into force from 19.04.2017. The Act provides for reservation in Government jobs for persons with benchmark disabilities as defined under section 2 (r) of the said Act.

Based on the findings of the Committee, the Central Government hereby lays down the revised guidelines for conducting written examination for persons with benchmark disabilities in supersession of the earlier guidelines issued vide OM No. 16-110/2003-DD.III dated 26/02/2013 as under:

- I. These guidelines may be called as "Guidelines for conducting written examination for persons with benchmark disabilities 2018".
- II. There should be a uniform and comprehensive policy across the country for persons with benchmark disabilities for written examination taking into account improvement in technology and new avenues opened to the persons with benchmark disabilities providing a level playing field. Policy should also have flexibility to accommodate the specific needs on case-to-case basis.
- III. There is no need for fixing separate criteria for regular and competitive examinations.

Use (Control)



3/9

IV. The facility of Scribe/Reader/Lab Assistant should be allowed to any person with benchmark disability as defined under section 2(r) of the RPwD Act, 2016 and has limitation in writing including that of speed if so desired by him/her.

In case of persons with benchmark disabilities in the category of blindness, locomotor disability (both arm affected-BA) and cerebral palsy, the facility of scribe/reader/lab assistant shall be given, if so desired by the person.

In case of other category of persons with benchmark disabilities, the provision of scribe/reader/lab assistant can be allowed on production of a certificate to the effect that the person concerned has physical limitation to write, and scribe is essential to write examination on his behalf, from the Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Government health care institution as per proforma at **APPENDIX-I**.

V. The candidate should have the discretion of opting for his own scribe/reader/lab assistant or request the Examination Body for the same. The examining body may also identify the scribe/reader/lab assistant to make panels at the District/Division/ State level as per the requirements of the examination. In such instances the candidates should be allowed to meet the scribe **two days** before the examination so that the candidates get a chance to check and verify whether the scribe is suitable or not.

VI. In case the examining body provides the scribe/reader/lab assistant, it shall be ensured that qualification of the scribe should not be more than the minimum qualification criteria of the examination. However, the qualification of the scribe/reader should always be matriculate or above.

In case the candidate is allowed to bring his own scribe, the qualification of the scribe should be one step below the qualification of the candidate taking examination. The persons with benchmark disabilities opting for own scribe/reader should submit details of the own scribe as per proforma at **APPENDIX-II**.

VII. There should also be flexibility in accommodating any change in scribe/reader/lab assistant in case of emergency. The candidates should also be allowed to take more than one scribe/reader for writing different papers especially for languages. However, there can be only one scribe per subject.

VIII. Persons with benchmark disabilities should be given, as far as possible, the option of choosing the mode for taking the examinations i.e. in Braille or in the computer or in large print or even by recording the answers as the examining bodies



4/7

can easily make use of technology to convert question paper in large prints, e-text, or Braille and can also convert Braille text in English or regional languages.

IX. In case, the persons with benchmark disabilities are allowed to take examination on computer system, they should be allowed to check the computer system one day in advance so that the problems, if any in the software/system could be rectified. Use of own computer/laptop should not be allowed for taking examination. However, enabling accessories for the computer based examinations such as keyboard, customized mouse etc should be allowed.

X. The procedure of availing the facility of scribe should be simplified and the necessary details should be recorded at the time of filling up of the forms. Thereafter, the examining body should ensure availability of question papers in the format opted by the candidate as well as suitable seating arrangement for giving examination.

XI. The disability certificate issued by the competent medical authority at any place should be accepted across the country.

XII. The word "extra time or additional time" that is being currently used should be changed to "compensatory time" and the same should not be less than 20 minutes per hour of examination for persons who are allowed use of scribe/reader/lab assistant. All the candidates with benchmark disability not availing the facility of scribe may be allowed additional time of minimum of one hour for examination of 3 hours duration. In case the duration of the examination is less than an hour, then the duration of additional time should be allowed on pro-rata basis. Additional time should not be less than 5 minutes and should be in the multiple of 5.

XIII. The candidates should be allowed to use assistive devices like talking calculator (in cases where calculators are allowed for giving exams), tailor frame, Braille slate, abacus, geometry kit, Braille measuring tape and augmentative communication devices like communication chart and electronic devices.

XIV. Proper seating arrangement (preferably on the ground floor) should be made prior to the commencement of examination to avoid confusion or distraction during the day of the exam. The time of giving the question papers should be marked accurately and timely supply of supplementary papers should be ensured.

XV. As far as possible, the examining body should also provide reading material in Braille or E-Text or on computers having suitable screen reading software for open book examination. Similarly online examination should be in accessible format i.e. websites, question papers and all other study material should be accessible as per the international standards laid down in this regard.



XVI. Alternative objective questions in lieu of descriptive questions should be provided for Hearing-Impaired persons, in addition to the existing policy of giving alternative questions in lieu of questions requiring visual inputs, for persons with Visual Impairment.

XVII. As far as possible the examination for persons with disabilities should be held at the ground floor. The examination centres should be accessible for persons with disabilities.

2. It is requested to ensure that the above guidelines are scrupulously followed while conducting examination for persons with benchmark disabilities. All the recruitment agencies, Academics/Examination Bodies etc. under the administrative control of each Ministry/Deapartment may be advised appropriately to ensure compliance of implementing these guidelines. Action taken in this regard may be intimated to this office.

3. The above guidelines are issued with the approval of Hon'ble Minister (Social Justice & Empowerment).

Yours faithfully,

  
(D.K. Panda)

Under Secretary to the Government of India  
Tele. No. 24369059

To

1. Secretary of all Ministries/Department.
2. Secretary, UPSC, Shahjahan Road, New Delhi.
3. Chairman, SSC, Block No.12, CGO Complex, Lodhi Road, New Delhi-110003.
4. Chairman, University Grants Commission with a request to issue necessary instructions to all universities including Deemed Universities for compliance.
5. Chairman, Railway Board
6. All National Institutes and RCI under administrative control of Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of SJ&E, New Delhi.

Copy for information to: CCPD, Sarojini Bhawan, Bhagwan Dass Road, New Delhi

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).



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: