



MMTC Limited
(A Government of India Undertaking)
Core No.1, SCOPE Complex,
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Website: www.mmtclimited.com

IMPORTANT INSTRUCTIONS FOR PWD CANDIDATES USING ASSISTANCE OF SCRIBE

Reference is invited to the Advertisement Nos. MMTC/P&O/2018/01 dated 01.08.2018 (Offline Mode) and MMTC/P&O/2018/01(a) dated 30.01.2019 (Online Mode), inviting applications for filling up the various induction level posts i.e Dy. Manager- in disciplines of Marketing, Finance, Law & Rajbhasha, in MMTC and various notices posted on website reflecting instructions to shortlisted candidates for Computer Based Test due on 21/22nd May '2019; **following are the special instructions to applicants falling under category of Persons With Disabilities (PWD):**

1. In accordance with Government of India, Ministry of Social Justice & Empowerment, Department of Empowerment of Persons with Disabilities (Divyangjan) O.M. No. 34-02/2015-DD-III dated 29th August, 2018 on the subject - Guidelines for conducting written examination for Persons with Benchmark Disabilities, the PwD candidates eligible for Scribe/ Reader/ Lab Assistant has discretion of opting for his own Scribe/Reader/Lab Assistant.
2. Further as per Para IV of the said OM, the facility of scribe/reader/lab assistant shall be given only to persons with benchmark disabilities in the category of blindness, locomotors disability both arm affected-BA and cerebral palsy, if so desired by the person. For 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 prescribed proforma (Appendix-I of this Notice).
3. **In case the candidate has opted to bring his own Scribe/Reader/Lab Assistant, the qualification of the scribe should be one step below the minimum qualification criteria for the post.**
4. **In case, subsequently if it is found that the qualification of Scribe is not one step below the minimum qualification criteria for the post, the candidature of the candidate shall be liable to be summarily rejected.**
5. For eligible PWD candidates using their own Scribe in the above examination are required to submit 'Scribe Declaration Form (enclosed herewith)' on the day of examination at Examination Venue.
6. The candidates eligible for scribe will be allowed compensatory time of 20 minutes per hour in the examination on production of requisite certificate as mentioned in Para 2 above.

7. IMPORTANT NOTE:

PwD candidates taking assistance of scribe and availing compensatory time will be required to submit requisite certificate as mentioned in Para 2 above at the time of Document Verification failing which their candidature will be liable to be cancelled.

8. SCRIBE DECLARATION FORM

Those candidates who are affected by cerebral palsy with loco-motor impairment and whose writing speed is affected can use own scribe at own cost during the online examination. In all such cases where a scribe is used, the following rules will apply:

1. Please ensure you are eligible to use a scribe as per the Government of India rules governing the recruitment of Persons with Disabilities. In case the candidate opts for bringing his own Scribe, the qualification of the scribe should be one step below the minimum qualification criteria for the post.
2. In case, subsequently it is found that the qualification of Scribe is not one step below the minimum qualification criteria for the post, the candidature of the candidate shall liable to be summarily rejected.
3. The candidate will have to arrange his own scribe at his own cost.
4. The scribe can be from any academic discipline.
5. Both, the candidate as well as the scribe, will have to give a suitable undertaking, in the prescribed format with passport size photograph of the scribe, confirming that the scribe fulfils all the stipulated eligibility criteria for a scribe as mentioned above. Further, in case it later transpires that she/he did not fulfill any of the laid-down eligibility criteria or suppressed material facts, the candidature of the applicant will stand cancelled, irrespective of the result of the examination.
6. Such candidate who uses a scribe shall be eligible for compensatory time of 20 minutes for every hour of the examination.

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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-Orthopaedic specialist/PMR)



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भारत सरकार का उपक्रम
MMTC
LIMITED
A GOVT. OF INDIA ENTERPRISE
touching lives, adding value

Conduct of Computer Based Test/Examination for recruitment of Various Posts in MMTC
DECLARATION BY THE BLIND/OH CANDIDATE

I _____ S/o,W/o,D/o _____
R/o _____
Roll Number : _____ for the examination for the post of _____
(Post Code : _____) exam schedule on _____
_____ session _____ hereby declared that Mr./Ms. _____
S/o, W/o, D/o _____
R/o _____ has agreed on my request
to act as my scribe for the above online computer based test/examination.

DECLARATION BY THE SCRIBE/WRITER

I _____ S/o,W/o,D/o _____
R/o _____ holder of identification _____ have
agreed to act as scribe for Mr./Ms. _____ S/o,W/o,D/o _____
_____ the Blind / Partly Blind / OH candidate having Roll No. _____
_____ for the examination for the post of _____
(Post Code: _____) exam scheduled on _____ and Session _____.

I declared that my educational qualification as on date _____ is (Tick the box):

Below Metric	Metric	10+2	Graduate	Post Graduate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Space for pasting of
recent passport size
photograph of **Scribe**
to be cross self
attested

Space for pasting of
recent passport size
photograph of
Candidate to be cross
self attested

If the above declaration is found false, I shall
be solely responsible for the consequences
and loss suffered by the candidate.

Signature of Scribe

If the above declaration is found false, I shall be solely
responsible for the consequences. I am engaging the
above scribe at my own cost and risk. I Understand that
if the declaration of the scribe is found false, I may be
debarred from the examination.

Signature of the Blind/OH Candidate

Note: The candidate & scribe should report at half hour before the normal reporting time at the Exam Centre for this purpose.