

INSTRUCTION SHEET FOR PHYSICALLY CHALLENGED (PwD) CANDIDATES

Candidates may please refer to online applications submitted for the post of Upper Division Clerk (Post code 21925) against Advertisement No. NFC/02/2019.

Candidates may please note the following guidelines:

- i) Candidates possessing the disability of OA, OL, OAL, BL, LV, and HH are only eligible under PwD Quota.
- ii) The facility of Scribe is allowed to PwD candidates having limitation in writing including that of speed with disability of OA, OAL and LV.
- iii) In respect of candidates possessing other category of disability viz. OL, BL, and HH will be allowed the scribe facility subject to furnishing a certificate in **Appendix – I** issued by the Chief Medical Officer / Civil Surgeon / Medical Superintendent of a Government Healthcare Institution certifying that the person concerned has physical limitation to write and Scribe is essential to write examination on his/her behalf.
- iv) The candidates who intend to avail the scribe facility shall bring their own Scribe and should ensure that such Scribe is not qualified more than Degree standard, which is prescribed for the candidates themselves as per the advertisement. Further, the candidates of this category have to submit an undertaking in **Appendix – II** for using his/her own Scribe.
- v) Physically challenged (PwD) candidates are granted 20 minutes additional time for each 1 hour of the examination and a total of 40 minutes for the whole examination as 'Compensatory time' to write their examination, if requested.
- vi) The candidates are required to forward the information regarding utilization of Scribe facility along with the details of the Scribe like Aadhar Card Number, Education Qualifications to this office through E-mail: rect2018@nfc.gov.in on or before 28.05.2022 to utilize the facility.

Sd/-
Assistant Personnel Officer

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
Govt. Health Care Institution

Name & Designation.

Name of Govt. 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).

APPENDIX - II

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 if it is found that his qualification is not correct 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 :