

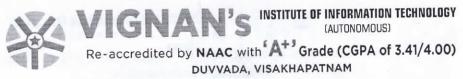
#### SCRIBE DECLARATION FORM

# GUIDELINES REGARDING PERSONS WITH DISABILITIES

Those candidates who are visually impaired and other candidates whose writing speed is affected permanently for any reason can use own scribe at own cost during the online/offline examination. In all such cases where a scribe is used, the following rules will apply:

- Please ensure you are eligible to use a scribe as per the Government of India rules governing the recruitment of persons with disabilities.
- The candidate will have to arrange his own scribe at his own cost.
- The scribe can be from any academic stream.
- 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 fulfills all the stipulated eligibility criteria for a scribe as mentioned above. Further, in case it later transpires that s/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.
- Such candidate who uses a scribe shall be eligible for compensatory time of 20 minutes for every hour of the examination. (Blind/Low Vision candidates and other candidates whose writing speed is affected permanently for any reason, whether availing the facility of scribe or not shall be allowed compensatory time of 20 minutes and or part thereof for every hour of the examination.)
- Visually Impaired candidates under Blind/Low Vision, who use scribe, may skip the non-verbal questions, if any, in Test of Reasoning and questions on Table/Graph, if any, in Test of Numerical Ability. The candidates will be awarded marks for such Section based on the overall average obtained in other Sections of the respective test.

VIGNAN'S INSTITUTE OF Information Technology (A)



### Declaration form for availing scribe Please fill up the DECLARATION and submit the same to the Chief Superintendent DECLARATION

We, th	e undersigned, Mr. /Ms		eligible candidate for the	written	
examination to be held on from		to			
Registration Number		and			
Mr./M	[s.	writ	er (scribe) for the impairment/s	uffering from an	
injury	and his/her writing speed is aff	ected and he/she	needs a writer (scribe)		
a)	The Candidate is blind / low v suffering from an injury an (scribe)	rision of effected d his/ her writi	by cerebral palsy with loco-ming speed is effected and he / s	oto impairments/ she needs a writer	
b)	b) The scribe is identified by the candidate at own cost and is as per own choice.				
c)	The scribe fulfils the followin (whether graduate, post gradu	g criteria: He/ Sh ate etc.)	e is <b>one grade junior</b> to the can	ididate Grade	
	Candidate	Name	Scribe Name		
		1 pGlindel		3	
	Particulars of Scribe				
	i. Name of last examina in his /her academic				
	ii. Marks memo of his/h	er			

Copy ofacademic certificate 1 mark sheet of the Scribe is enclosed in support of the above

- 1. As per the rules, the candidate availing services of a scribe is eligible for compensatory time of 20 minutes for every hour of the written examination.
- 2. We jointly understand that the Scribe shall only record the answer as suggested by the candidateand shall not import his I her knowledge I make any gesture I sound or movement to indicatecorrectness or otherwise of any answer option.

3. We undertake to comply with the directions of the invigilator at the center and try not to disturbother examinees.

- 4. Any misconduct committed by the scribe shall amount to a misconduct committed by the eligible candidate who is using the scribe and is liable for disciplinary action as may be deemed appropriate.
- 5. We hereby declare the all the above statements made by us are true and correct to the best of our knowledge and belief. We also understand that in case it is detected at any stage of recruitment the eligibility norms and I or that the information furnished by us incorrect I false or that we have suppressed any material fact(s), the candidature of the applicant will stand cancelled, irrespective of the result of the written test(s). If any of these shortcomings is I are detected even after the candidate's appointment, his I her services are liable to be terminated. In such circumstances, both signatories will be liable to criminal prosecution

## Given under our signature: -

Signature of the Scribe		Signature of the Candidate
Postal Address		Reg. No
		Postal Address:
Mobile No:		Mobile No:
Present Occupation:		
	i	
		Signature of the Chief Superintendent.

#### Encloses:

1) Medical Certificate issued by a Civil Surgeon working in a Government Hospital.

2) A copy of the certificate of scribe's qualification along with recent photograph duly attested by the Chief Superintendent.

3) Request letter of student, recommended by HoD.



