

**ODISHA PUBLIC SERVICE COMMISSION
CUTTACK**

NOTICE

No. 5321 /PSC, Dt. 1/7/23

It is for information of all concerned that, the PwD candidates (i.e. permanent & not less than 40%) having category **Blindness, Locomotor Disability (both arm affected) & Cerebral Palsy** are allowed to take assistance of Scribe in the written examination of **Odisha Municipal Administrative Services-2021** pursuant to Advt. No. 06 of 2022/23.

Hence, the aforesaid candidates are required to furnish detailed information about their Scribe as per proforma at **APPENDIX-II** by email to OPSC (Email ID- **opsc@nic.in**) which should reach the Office on or before **09.07.2023 positively** for consideration of the Commission.

2. Except the aforesaid 03 categories, the other category of persons with benchmark disabilities (i.e. permanent & not less than 40%) those who want to take assistance of Scribe shall furnish a written statement from the Chief Medical Officer or Civil Surgeon or Medical Superintendent of a Government Health care Institution as per Proforma at **APPENDIX-I**, to the effect that, the person concerned has physical limitation to write, and scribe is essential to write in the examination on his behalf. After obtaining the certificate regarding Physical limitation, from the CMO or any other competent authority as stated above, these candidates shall submit detailed information of their scribe as per proforma at **APPENDIX-II** by email to OPSC (Email ID- **opsc@nic.in**) which should reach the Office on or before **09.07.2023 positively** for consideration of the Commission.

N B:-

(i) The qualification of the scribe should be one step below the qualification of the candidate taking examination.

(ii) While sending the information about the Scribe, the candidates shall have to clearly mention the PPSAN/Roll No., Name & Date of Birth of the candidate . The candidates shall also furnish the scan **photograph** along with **photocopy of educational qualification & specimen signature of the Scribe** .

(iii) The candidate who fails to furnish the detailed information by the stipulated date shall **not be allowed** to take assistance of scribe under any circumstances.


Secretary 01/7/23

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 candidates 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

CDM & PHO/ Civil Surgeon/ Medical Superintendent of a Government Health Care Institution.

Name and 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)

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 here by undertake that his qualification is _____. In case, subsequently it is found that his qualification not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims relating therto.

(Signature of the candidate with Disability)

Place:

Date: