ODISHA PUBLIC SERVICE COMMISSION CUTTACK NOTICE

No. 9524/PSC, Dt. 271221

It is for information of those PwD candidates (list enclosed) who have opted for availing the facility of scribe in the OCS-2020 online application form that, the Persons with bench mark disabilities in the category of **Blindness**, **Locomotor Disability (both arm affected)** & **Cerebral Palsy** shall be allowed to take the assistance of Scribe in the OCS main examination 2020.

Hence, the aforesaid candidates shall furnish detail information about the Scribe as per proforma at **APPENDIX-II** by email to OPSC (Email ID- **opsc@nic.in**) which should reach the Commission's Office on or before **04.01.2022 positively** for consideration of the Commission.

2. Except the aforesaid 03 categories, the other category of persons with benchmark disabilities those who have opted to take the 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 the details of their own scribe as per proforma at APPENDIX-II by email to OPSC (Email ID-opsc@nic.in) which should reach the Commission on or before 04.01.2022 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 No./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 detail information by the stipulated date shall not be alllowed to take assistance of scribe under any circumstances.

Secretary

APPENDIX-I

Certificate regarding Physical limitation in an examination

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
Place: Date:
Note: Certificate should be given by a Specialist of the relevant stream/disability (eg. Visual impairment- Ophthalmologist, Locomotor disability -Orthopaedic Specialist/ PMR)
ADDENDIV II
APPENDIX-II
Letter of undertaking for using Own Scribe
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,
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, I do hereby state that (name of the Scribe) will provide the service of Scribe/
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 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
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,

SL	ROLL NO	PPSAN	NAME OF THE CANDIDATE	PWD
1	203575	00064288	POLISITY RAHUL DEV	Cat-IV(MI) (75%)
2	301684	00034084	ANANTA KUMAR NAYAK	Cat-I(VI) (100)
3	301983	00055445	ANITA RANI PATRA	Cat-I(VI) (75%)
4	303667	00015645	BADAL KUMAR DAS	Cat-I(VI) (100)
5	304301	00034203	BHAGIRATHI BAL	Cat-I(VI) (100)
6	310059	00021259	HITAKANKSHI NAIK	Cat-I(VI) (42%)
7	312889	00051075	LAXMIDHAR TRIPATHY	Cat-I(VI) (90%)
8	312994	00054569	LEKHARAM BHOI	Cat-I(VI) (100)
9	313757	00037646	MAHESH KUMAR PANDA	Cat-I(VI) (100)
10	314482	00033938	MANJULATA DURGA	Cat-I(VI) (100)
11	315334	00042560	MOTIRAM SAHU	Cat-I(VI) (40%)
12	315986	00007285	NIHAR RANJAN BEHURA	Cat-III(OH) (65%)
13	317964	00041402	PRASANNA KUMAR PANDA	Cat-I(VI) (100)
14	320726	00061501	RANJIT RANJAN NAYAK	Cat-I(VI) (100)
15	321543	00071629	RUBEN KUMAR DIGAL	Cat-I(VI) (100)
16	321616	00044664	RUDRAPRASAD MISHRA	Cat-III(OH) (75%)
17	321800	00018909	SABITA KUMARI CHOUDHURY	Cat-I(VI) (40%)
18	321900	00057770	SACHIDANANDA SAHOO	Cat-I(VI) (75%)
19	323440	00078715	SANTOSHINI PRADHAN	Cat-I(VI) (100)
20	326083	00061536	SNIGDHARANI DEVI	Cat-IV(MD) (82%)
21	328775	00043400	SUMIT MALIK	Cat-I(VI) (75%)
22	330455	00017935	SWETA PANIGRAHI	Cat-I(VI) (95%)
23	401804	00078360	DEBASIS SAHOO	Cat-I(VI) (75%)
24	406882	00061304	SOUMYA RANJAN BEHERA	Cat-III(OH) (50%)
25	407166	00045631	SUBHAM SOUMEN SENAPATI	Cat-I(VI) (100)
26	407286	00065726	SUBHENDU SEKHAR PATI	Cat-III(OH) (70%)
27	408102	00017568	TARA SHANKAR ROY	Cat-III(OH) (55%)
28	506900	00060974	PRACHURYA KUMAR PRADHAN	Cat-I(VI) (100)
29	511694		U GANGADHAR DORA	Cat-III(OH) (75%)