

**STATE SELECTION BOARD
DEPARTMENT OF HIGHER EDUCATION
GOVERNMENT OF ODISHA**

BHUBANESWAR – 09

No. SSB (EX) 05 /2023 265 / SSB, Dated 28.05.24

NOTICE

It is for information of all PwD candidates that the written examination for recruitment of Trained Graduate Teachers (Arts, PCM, CBZ), Hindi Teachers, Classical Teachers (Sanskrit), Urdu Teachers and P.E.Ts shall be held in three sittings on 07.06.2024 in ten different zones of the State. As per the provisions contained in Resolution dated 25.02.2021 of SS & EPD Department, Government of Odisha, a candidate with 40% or more disability shall be considered as PwD. Candidates under PwD category will be allowed 20 minutes extra time per hour of the examination sitting as per the existing provisions. In order to avail the same concession in that examination, the candidates under PwD category will have to produce the original disability certificate issued by C.D.M & P.H.O or any other competent authority before the Centre Superintendent. In the event of their opting for scribes, they will have to arrange the scribe and furnish an undertaking to the effect that the qualification of the scribe(s) is one step below their qualification in the Proforma given below (**Annexure – A**). The scribe shall also have to produce his / her photo identity card before the Centre Superintendent for the purpose of admission into the examination hall/room. The list of PwD candidates have been sent to the Centre Superintendents.


Secretary

PROFORMA

I _____, a candidate with _____ (Name of Disability) appearing for the written examination for _____ (Name of the examination) at _____ (Name of the examination centre) do hereby state that _____ (Name of the scribe) will provide the service of scribe / reader for taking the aforesaid examination.

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

Place:

Date:

Signature of the candidate
with type of disability