

STATE SELECTION BOARD
DEPARTMENT OF HIGHER EDUCATION
GOVERNMENT OF ODISHA
BHUBANESWAR – 09

Website:- www.ssbodisha.ac.in / E-mail:- ssbdeptofhe@gmail.com

No. SSB (EX) 16 /2024 572 / SSB, Dated 14/10/2024

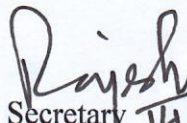
NOTICE

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 for recruitment to the post of **Post Graduate Teachers (PGT) of Non-Government Aided Higher Secondary Schools (488 Category) of Odisha** pursuant to Advertisement No. 05 of 2024. The aforesaid candidates are required to furnish detailed information about their Scribe as per proforma annexed herewith (**APPENDIX – II**) by email to SSB (Email ID – ssbdeptofhe@gmail.com) which should reach the Office on or before **21.10.2024 positively** for consideration.

Except the aforesaid three categories as mentioned, 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 (**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 / her 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 SSB (Email ID – ssbdeptofhe@gmail.com) which should reach the Office on or before **21.10.2024** positively for consideration of the State Selection Board.

NB:-

- (i) While sending information about the Scribe, the candidates who shall take the help of Scribe must ensure that, the Scribe should not possess same / similar / higher qualification. Further a SCRIBE to be allowed for a “SUBJECT” must not have the “SAME SUBJECT” in his / her academic qualification.
- (ii) While sending the information about the Scribe, the candidates shall have to clearly mention the Application Id, 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 will fail to furnish the detailed information by the stipulated date shall not be allowed to take assistance of scribe under any circumstances.


Secretary 14/10/24
State Selection Board

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 (e.g. Visual Impairment – Ophthalmologist, Locomotor disability – Orthopedic 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 Application ID: _____, Date of Birth _____ Roll No. _____ (to be filled by Office) at _____ (name of the centre to be filled by Office) in the district/zone _____. My qualification is _____.

I do hereby state that _____ (name of the Scribe) will provide the service of Scribe / reader for the undersigned for taking the aforesaid examination.

I do hereby undertake that his / her qualification is _____. In case, subsequently it is found that his / her qualification not 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: