

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

BHUBANESWAR – 09

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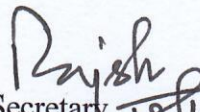
NOTICE

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 **Non-Teaching posts (Junior Assistants, Physical Education Teachers(P.E.Ts)& Laboratory Assistant-cum-Storekeepers) in Government Degree Colleges, Odisha** in pursuant to Advertisement No. 03 of 2024. The aforesaid candidates are required to furnish detailed information about their Scribe as per proforma annexed herewith (**APPENDIX – II**) **before the Centre Superintendent. The Centre Superintendent shall allow scribes for the PwD candidates after proper verification of necessary documents in support of their claim.**

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 before the Centre Superintendent.**

NB:-

- (i) While providing 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 providing the information about the Scribe in Appendix-II, the candidates shall have to clearly mention the Application Id, Name & Date of Birth of the candidate. The candidates shall also attach the recent passport size **photograph** and **photocopy of educational qualification of the Scribe with the Appendix-II.**


Secretary 18/12/24
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. _____ at _____ the Centre _____ 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: