STATE SELECTION BOARD
DEPARTMENT OF HIGHER EDUCATION
GOVERNMENT OF ODISHA

BHUBANESWAR – 09

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

No. SSBBBSR-EXAM-DEV-0001-2026/ 1725 / SSB, Dated 06.11.26

NOTICE FOR PWD CANDIDATES (Advt.No.:01/2026)

In respect of recruitment to the posts of Junior Assistant and Junior Clerk pursuant to Advertisement No. 01/2026 dated 09.03.2026, it is hereby informed for the information of all concerned that PwD candidates having permanent benchmark disabilities of not less than 40% and falling under the categories of **Blindness, Locomotor Disability (both arms affected) and Cerebral Palsy** shall be eligible to avail the assistance of a scribe in the written examination (Online CBT Mode) as per the examination schedule. The aforesaid candidates are required to furnish detailed information about their scribes online through the link titled **"PwD Scribe Details and Undertaking" (Appendix-II)** available on the official website of the SSB. The Centre Superintendent/Observer shall allow the scribes to assist the candidates only after due verification of the requisite supporting documents.

Candidates with other categories of benchmark disabilities (i.e., permanent disability of not less than 40%) who wish to avail themselves of the facility of a scribe shall be required to submit a certificate from the Chief Medical Officer (CMO), Civil Surgeon or Medical Superintendent of a Government Health Care Institution, in the prescribed format at **APPENDIX-I**(*to be submitted in the form of hard copy at the examination center allocated in hall ticket*) certifying that the candidate has a physical limitation which hampers his/her writing ability and that a scribe is essential for writing the examination on his/her behalf. Further such candidates shall also submit the detailed information of their scribes in the prescribed format at **APPENDIX-II** through the website link provided in SSB website under the **'PwD Scribe Details and undertaking'**. *The relevant documents shall also be produced for verification before the Centre Superintendent/Observer on the date of the examination at the examination center.*

N.B.:

(i) A person shall be allowed to act as a scribe only after completing his/her registration on the official website of the SSB (By filling up necessary details as per **APPENDIX-II**)

(ii) A scribe shall not assist more than one candidate in the same examination.

(iii) A candidate appearing for the examination shall not be permitted to act as a scribe for another candidate in the same examination.

(iv) While furnishing information regarding the scribe, candidates availing themselves of the facility must ensure that the educational qualification of the scribe shall not be higher than minimum qualification criteria of the examination.

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(v) While furnishing information in Appendix-II, candidates must upload the educational qualification certificate of the scribe along with scribe identity proof.

(vi) Compensatory time of 20 minutes per hour of examination shall be provided to candidates who are permitted to avail themselves of the facility of a scribe.

(vii) Candidates who are eligible for the facility of a scribe but do not avail themselves of the same shall also be provided compensatory time as mentioned above.

(viii) No attendant other than the authorized scribe of an eligible candidate shall be allowed inside the examination hall/center.

(ix) PwD candidates who have availed themselves of the facility of a scribe/passage reader and/or compensatory time shall be required to produce the relevant supporting documents establishing their eligibility at the time of document verification. Failure to produce such documents shall result in cancellation of their candidature.

Note: APPENDIX- II (Available in the heading (PwD scribe and undertaking after the log in).

Secretary 06/11/26
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)