

**HIGH COURT OF PUNJAB & HARYANA AT CHANDIGARH**  
**SOCIETY FOR CENTRALIZED RECRUITMENT OF STAFF IN SUBORDINATE COURTS**  
**[S.S.S.C]**

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**GUIDELINES FOR SCRIBE, COMPENSATORY TIME & ASSISTIVE DEVICE(S) FOR PERSONS WITH BENCHMARK DISABILITY/PERSONS WITH DISABILITY IN WRITTEN EXAMINATION/COMPUTER BASED TEST**

- The facilities of Scribe, Compensatory time and Assistive devices shall only be given to eligible persons who have opted for same and completed other formalities hereinafter mentioned, in the Online Application Form. It is clarified that no separate application in said regard will be entertained.
- Persons with benchmark disability as defined in Section 2(r) as well as persons with disability as defined in Section 2(s) of The Rights of Persons with Disabilities Act, 2016, can avail the facility of scribe who have limitation in writing/typing including that of speed, if so desired by the person.

In case of persons with benchmark disability in the category of Blindness, Locomotor disability (both arm affected-BA) and Cerebral Palsy, the facility of scribe shall be given, if so desired by the person.

In case of other categories of persons with benchmark disability and persons with disability, the facility of scribe shall be granted on furnishing a certificate to the effect that the person concerned has physical limitation to write/type and scribe is essential to write/type examination on behalf of such candidate, from the Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Government healthcare institution as per **Annexure I and II** respectively.

- In case of persons with benchmark disability in the category of Blindness, Locomotor disability (both arm affected-BA) and Cerebral Palsy, the applicant must upload supporting disability certificate in the Online Application Form.
- In case of other categories of persons with benchmark disability, the applicant must upload supporting documents i.e. disability certificate as well as prescribed medical certificate as per **Annexure-I** in the Online Application Form.
- In case of persons with disability, the applicant must upload prescribed medical certificate as per **Annexure-II** in the Online Application Form.
- Candidates belonging to persons with benchmark disability category, who are opting to use aids and assistive devices such as prosthetics & orthotics, hearing aids etc., must also upload supporting medical documents in the Online Application Form.
- Candidates who are allowed to use aids and assistive devices such as prosthetics & orthotics, hearing aid etc. must report at the examination centre one hour before the reporting time and allow the authorities to screen their aids and assistive devices to find out whether there is any suspected device, electronic or otherwise, used in the same. In case, it is found that there are suspected devices in candidate's aids and assistive devices, they will be restrained from carrying the same in the examination centre.

It is further clarified that if such candidates fails to report at the

examination centre one hour before the reporting time and fails to co-operate in the process of screening their aids and assistive devices for the purpose of discovering as to whether they are carrying any suspected device (electronic or otherwise), then they will not be allowed to take the examination with such aids and assistive devices.

- The scribe will be provided by S.S.S.C. at its own cost and intimation in this regard will be given to the candidate well in advance.
- Eligible candidate can meet the scribe two days before the examination.
- Candidate who is provided a scribe shall be eligible for compensatory time of 20 minutes per hour of the examination.

It is further clarified that all candidates with benchmark disability or persons with disability, who although are entitled to avail facility of scribe but choose not to avail the said facility will also be allowed Compensatory Time of 20 minutes per hour of examination, subject to exercising said option in the online application form and completing other formalities referred above.

In case the duration of the examination is less than an hour, then the duration of compensatory time shall be allowed on pro-rata basis.

- Request of candidates for above-mentioned facilities shall be decided by the Competent Authority, on case to case basis and the decision shall be final.
- In case request for Scribe, Compensatory Time or Assistive Device(s) is not supported by prescribed documents from Competent Authority, then such request shall be liable to be rejected out rightly without any further opportunity.
- No attendant other than the Scribe for eligible candidates will be allowed inside the examination hall.
- The Original supporting documents shall be produced by the candidates as and when demanded, failing which the candidature/appointment of such candidate will be cancelled.
- If at any stage, any document/s furnished by any candidate is found to be inappropriate/incorrect/false/fabricated/tampered with etc. or if it is found that the candidate was not eligible for the use of Scribe, Compensatory Time & Assistive Device(s), the candidature/appointment of such candidate will be cancelled.

Sd/-

**MEMBER SECRETARY**  
**(S.S.S.C)**

**Certificate regarding physical limitation in an examinee to write/Type**

This is to certify that, I have examined Mr/Ms/Mrs \_\_\_\_\_  
(name of the candidate 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/typing capabilities  
owing to his/her disability.

Signature

Chief Medical Officer/Civil Surgeon/Medical Superintendent of a  
Government health care institution

Name & 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 (eg.

Visual impairment-Ophthalmologist, Locomotor disability-Orthopaedic  
specialist/PMR).

**Certificate for person with specified disability covered under the definition of Section 2(s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing/typing**

1. This is to certify that, we have examined Mr/Ms/Mrs ..... (name of the candidate), S/o/D/o ....., a resident of .....(Vill/PO/PS/District/State), aged .....yrs, a person with ..... (nature of disability/condition), and to state that he/she has limitation which hampers his/her writing/typing capability owing to his/her above condition. He/she requires support of scribe for writing/typing the examination.
2. The above candidate uses aids and assistive device such as prosthetics & orthotics, hearing aid (name to be specified) which is/are essential for the candidate to appear at the examination with the assistance of scribe.
3. This certificate is issued only for the purpose of appearing in written examinations conducted by recruitment agencies as well as academic institutions and is valid upto .....(it is valid for maximum period of six months or less as may be certified by the medical authority).

Signature of medical authority

| (Signature & Name)                                                                       | (Signature & Name)                                                                 | (Signature & Name)         | (Signature & Name)                    | (Signature & Name)                                     |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------|---------------------------------------|--------------------------------------------------------|
| Orthopaedic / PMR specialist                                                             | Clinical Psychologist/ Rehabilitation Psychologist/ Psychiatrist/ Special Educator | Neurologist (if available) | Occupational therapist (if available) | Other Expert, as nominated by the Chairperson (if any) |
| (Signature & Name)                                                                       |                                                                                    |                            |                                       |                                                        |
| Chief Medical Officer/Civil Surgeon/ Chief District Medical Officer .....<br>Chairperson |                                                                                    |                            |                                       |                                                        |

Name of Government Hospital/Health Care Centre with Seal

Place:

Date: