

**NOTICE**

The following are the instructions for all candidates with benchmark disabilities who are eligible to use the facility of Scribe/Reader as per the provisions of Law and further desire to use the facility of Scribe/Reader appearing in the written examination for Grade-IV posts under the DME, Assam, DHS, Assam, DHS(FW), Assam and Director, AYUSH, Assam of Department of Health & Family Welfare and Medical Education & Research Dept., Government of Assam scheduled to be held on 22/01/2023, in reference to notice No.Janasanyog/D/5125/22, Dated: 10/06/2022 (The Assam Tribune).

**INSTRUCTIONS FOR PwD CANDIDATES**

- a. For candidate with benchmark disabilities 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 candidate.
- b. In case of other category of persons with benchmark disabilities, the provision of scribe can be allowed on production of a certificate to the effect from the Chief Medical Officer (Joint Director of Health Services)/Civil Surgeon/Medical Superintendent of a Government health care institution that the person concerned has physical limitation to write and scribe is essential to write examination on his behalf as per proforma at APPENDIX-I.
- c. The persons with benchmark disabilities opting for own scribe should submit details of the own scribe as per proforma at APPENDIX-II.
- d. The compensatory time shall be 30 minutes after completion of scheduled time for the written examination for persons who are allowed the use of scribe.

The APPENDIX-I & APPENDIX-II shall be available in the Govt. websites [www.dme.assam.gov.in](http://www.dme.assam.gov.in), [www.dhs.assam.gov.in](http://www.dhs.assam.gov.in), [www.dhsfw.assam.gov.in](http://www.dhsfw.assam.gov.in) & [www.ayush.assam.gov.in](http://www.ayush.assam.gov.in).

(Dy. Director, AYUSH)

For Director AYUSH, Assam

Director of Medical Education, Assam

Director of Health Services, Assam

Director of Health Services(FW), Assam

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

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 capabilities owing to his/her disability.

Signature

Chief Medical Officer (Joint Director of Health Services)/  
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 (e.g. Visual impairment - Ophthalmologist, Locomotor disability - Orthopaedic specialist/ PMR).

**Letter of Undertaking for Using Own Scribe**

I \_\_\_\_\_ a candidate with \_\_\_\_\_  
(name of the disability) appearing for the \_\_\_\_\_ examination  
bearing Roll No. \_\_\_\_\_ at \_\_\_\_\_  
(name of the centre) in the District \_\_\_\_\_, \_\_\_\_\_ (name of the State).  
My qualification is \_\_\_\_\_.

I do hereby state that \_\_\_\_\_ (name of the scribe) will  
provide the service of scribe for the undersigned for taking the aforesaid examination.

I do hereby undertake that his qualification is \_\_\_\_\_.  
In case, subsequently if it is found that his 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.

(Signature of the candidate with Disability)

Place:

Date: