

GOVERNMENT OF JAMMU AND KASHMIR
J&K SERVICES SELECTION BOARD

Hema Complex, Sector -3, Channi Himmat, Jammu/ Zamzam Complex Rambagh Srinagar.

www.jkssb.nic.in

IMPORTANT NOTICE

Subject: Facility of scribe and compensatory time for Persons with Benchmark Disabilities - regarding.

It is hereby notified for information of the Persons with Disability (PwD) candidates appearing in OMR based Written Test Examination for the Post of Accounts Assistant on **6th of March 2022 from 12.00 noon to 2.00 p.m.**, that compensatory time of **20 minutes per hour of examination** (with or without scribe) will be provided to the following eligible candidates belonging to the Persons with Disability (PwD) category:

- a) Visually Handicapped.
- b) Cerebral Palsy.
- c) Both Arms Affected.
- d) Candidate(s) with benchmark disability having physical limitation to write and scribe is essential to write examination on his/ her behalf.

Candidate(s) with benchmark disability having physical limitation to write and, in whose case, scribe is essential to write examination on his/ her behalf, are advised to submit the following documents to concerned **Centre Superintendent(s) a day before the scheduled date of examination** for availing the facility of Scribe.

- 1. Person with Disability Certificate (self-attested).**
- 2. Certificate regarding physical limitation to write (format enclosed as Annexure "A")**
- 3. Letter of Undertaking for Using Own Scribe (format enclosed as Annexure "B")**
- 4. Qualification certificate of Scribe (self-attested).**

It is further notified that the candidates with benchmark disabilities opting for own scribe shall have to remain personally present in the Examination Centre and if a candidate opts for his/ her own scribe, the qualification of the scribe should be **one step below the minimum qualification** required for the post of the candidate taking the examination. In case, subsequently it is found that the qualification of the scribe is not as declared by the candidate, then the candidate shall forfeit his/ her right to the post and claims relating thereto.

(Ashok Kumar) JKAS
Controller of Examinations
Dated: 28-02-2022

No. SSB/CoE/2022/1892-1902

Copy to the:-

1. Principal Secretary to Government, General Administration Department,
2. Director Information JK UT with the request to publish the notice in the leading newspapers of Jammu & Kashmir.

3. Deputy Commissioner All (Except Ramban).
4. Members/ Nodal Officers (All) with the request to ensure that the information is received by respective Centre Superintendents.
5. Additional Deputy Commissioner (Chief Inspectors), All (Except Ramban) with the request to ensure that the information is received by respective Centre Superintendents.
6. Administrative Officer, J&K SSB, Kashmir/Jammu for information.
7. Private Secretary to Chairman, JKSSB, for the information of Chairman.
8. Centre Observers (All)
9. Centre Superintendents (All)
10. In charge website for uploading the same on official website of the Board.
11. Stock file.

Annexure "A"

Certificate regarding physical limitation in an examinee to write.

This is to certify that, I have examined Mr/Mrs/Ms _____ (name of the candidate with disability), a person with _____ (nature and percentage of disability as mention 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 of the Specialist

Name, Designation of the Specialist.

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- Orthopedic Specialist /PMR)

Annexure "B"

Letter of Undertaking for Using Own Scribe

I _____, a candidate with _____
(name of the disability) appearing for the _____ (name of the
centre) in the District _____ of UT of J&K. My
qualification is _____.

I do hereby state that _____ (name of the scribe)
will provide the service of scribe/reader/lab assistant 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 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:-