



ಮಾನವಸಂಪನ್ಮೂಲವಿಭಾಗ/मानवसंसाधनअनुभाग/HUMAN RESOURCES SECTION

ಭಾರತೀಯವಿಜ್ಞಾನಸಂಸ್ಥೆ/भारतीयविज्ञानसंस्थान/INDIAN INSTITUTE OF SCIENCE

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**REVISED GUIDELINES REGARDING PROVISION OF COMPENSATORY TIME AND ASSISTANCE OF SCRIBE:**

1. The following revised guidelines are provided for the benefit of PwBD/PwD candidates who have applied for the post of Administrative Assistant at the Institute and are scheduled to appear for the Job-Oriented Aptitude Test on 05<sup>th</sup> July 2026, Sunday:

1.1 The facility of Scribe will be allowed to any person with benchmark disability as defined under section 2(r) of the RPwD Act, 2016 and has limitation in writing including that of speed.

(a) In case of persons 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 person.

(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 that the person concerned has physical limitation to write, and scribe is essential to write examination on his behalf, from the Chief Medical Officer/Civil Surgeon/ Medical Superintendent of a Government health care institution as per proforma at **Annexure-I**.

(c) The facility of scribe will also be allowed to PwD candidates having less than 40% disability and having difficulty in writing in pursuance to OM No. 29-6/2019-DD-III dated 10.08.2022 issued by Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment. The facility will be allowed on production of certificate as per **Annexure-IA**.

(d) The candidate will be allowed to use aids and assistive devices such as prosthetics & orthotics, hearing aid as mentioned in the para 2 of the certificate issued by medical authority as per **Annexure-IA**.

2. **Instructions for Scribe:**

- The facility of scribe will be allowed to the PwBD/ PwD candidates only if he/she has opted for the same in the online application form.
- The candidate is responsible for arranging a scribe at his/her own cost.
- The persons with benchmark disabilities as specified in para 1.1 (a) and (b) who have opted for scribe should submit details of the own scribe as per proforma at **Annexure-II**. **The qualification of scribe should be one step below the qualification of the candidate taking examination.**

- The persons with disabilities as specified in para 1.1 (c) who have opted for scribe should submit details of the own scribe as per proforma at **Annexure-III. The qualification of scribe should be one step below the qualification of the candidate taking examination.**
- “Own Scribe” shall not act as scribe for more than one candidate.
- The scribe arranged should not himself/herself be the candidate for the job-oriented aptitude test of Administrative Assistant. If violation of the above is detected at any stage, the candidature of both the candidate and the scribe will be cancelled.
- Scribes must be impartial individuals with no conflict of interest that could compromise the impartiality of the job-oriented aptitude test.
- During the job-oriented aptitude test, at any stage, if it is found that scribe is independently answering / solving the questions himself, the examination session for such candidate will be terminated, and candidate’s candidature will be cancelled. The candidature of such candidates using the services of a scribe will also be cancelled if it is reported after the job-oriented aptitude test by the test administrator personnel that the scribe independently answered the questions.
- The assistance that the Scribe can render to the candidate is limited to ONLY reading the instructions and test paper displayed on the computer screen verbatim and in assisting with the mouse-clicks, if the candidate is not able to do so. The Scribe shall NOT translate / interpret / emphasize the Test Paper contents to the Candidate.
- The Institute reserves the power to take necessary action/ impose penalty, as deemed fit, in case of observance of any malpractice by the candidate/ scribe.

### 3. **Compensatory Time:**

- A compensatory time of 20 minutes per hour of examination will be provided to the persons who are allowed use of scribe as described at para 1.1 (a), (b) and (c) above.
- The candidates referred at para 1.1 (a), (b) and (c) above who are eligible for use of scribe but not availing the facility of scribe will also be given compensatory time of 20 minutes per hour of examination.
- Since the job-oriented aptitude test for the post of Administrative Assistant is for 90 minutes, the compensatory time granted is 30 minutes. The total duration of the job-oriented aptitude test for the candidates availing compensatory time will be 120 minutes.
- The PwBD/PwD candidates who have availed the facility of scribes and/or compensatory time must produce relevant documents for the eligibility of scribe/ compensatory time at the time of Document Verification. Failure to produce such supporting documents will lead to cancellation of their candidature for the examination.

**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/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 – Prthopaedic specialist/PMR).

**Annexure-IA**

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

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 capability owing to his/her above condition. He/she requires support of scribe for writing 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)
Orthopedic / 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.....Chairperson				

Name of Government Hospital/Health Care Centre with Seal

Place:

Date:

**Letter of Undertaking for Using Own Scribe**

I \_\_\_\_\_, a candidate with \_\_\_\_\_ (name of the disability) appearing for the \_\_\_\_\_ (name of 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/reader/lab assistant for the undersigned for taking the aforesaid examination.

I do hereby undertake that his qualification is \_\_\_\_\_. In case, subsequently 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:

**ANNEXURE-III**

Letter of Undertaking by the 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

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

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

3. I do hereby undertake that his qualification is \_\_\_\_\_. In case, subsequently 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 or certificate/diploma/degree and claims relating thereto.

(Signature of the candidate)

(counter signature by the parent/guardian, if the candidate is minor)

Place:

Date: