

**INSTRUCTIONS FOR PWD CANDIDATES REGARDING WRITTEN TEST/
TYPING SKILL TEST AND STENOGRAPHY SKILL TEST**

1. The university shall follow the guidelines of GoI/DoPT/Ministry of Social Justice and Empowerment issued from time to time regarding conduct of examinations/test for Persons with Benchmark Disabilities (PwBD).
2. Typing test will be conducted on computer.
3. Visually Impaired (VI) candidates are eligible for scribe/passage dictator.
4. The Scribe/ Passage dictator is identified by the candidate at own cost and as per own choice.
5. The scribe/Passage dictator will read out the passage to VI candidates only within the allotted time.
6. Passage will not be provided in Brail for the VI candidates.
7. A person acting as a Scribe/Passage dictator for one candidate cannot be a Scribe/Passage dictator for another candidate.
8. The scribe/Passage dictator arranged by the candidate should not be the candidate for the same examination.
9. The candidate shall be responsible for any misconduct on the part of the scribe/Passage dictator brought by him during the examination/test.
10. Persons with Disabilities candidates who claim to be permanently unfit to take the Typing test because of a physical disability (not applicable for Visually Impaired and Hearing Impaired (Deaf and Hard of Hearing) may, with the prior approval of the Competent Authority, Central University of South Bihar (CUSB), be exempted from the requirement of appearing and qualifying at such test, provided such a candidate submits in the attached format (**Appendix-I**) to the Registrar, CUSB from the competent Medical Authority, i.e. Chief Medical Officer/Civil Surgeon/Medical superintendent of a Government health care institution, declaring him/her to be permanently unfit for the typing test because of a physical disability failing which the exemption shall not be allowed.
11. Candidate as well as the scribe/Passage dictator will have to give a suitable undertaking, in the prescribed format 'Letter of Undertaking for Using Own Scribe/Passage dictator' as **Appendix-II**.
12. Candidates are advised to produce a certificate (wherever applicable) to the effect that the person concerned has physical limitation to write and scribe is essential to write examination on his/her behalf as per attached format (**Appendix-III**) from Chief Medical Officer/Civil Surgeon/Medical superintendent of a Government health care institution.
13. In case it later transpires that he/she did not fulfil any laid down eligibility criteria or suppressed material facts, the candidature of the applicant will stand cancelled.
14. Guidelines are subject to change in terms of GOI guidelines/clarifications, if any, from time to time.

APPENDIX-I

Medical certificate to be produced by the Persons with Benchmark Disabilities candidates who seek exemption from appearing in the Typewriting Test

This is to certify that Mr/Ms/Mrs _____
son/daughter/wife of Shri _____, a resident of
_____(Village/ District/ State), is suffering from

Clinical diagnosis as a result of which he/she has the following disabilities. (Brief description of his/her disability) _____

_____ This is a permanent disability and the extent of his/her disability works out total _____% of disability. This disability is likely to interfere with Typewriting (Specify) _____

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:

Recent passport size Photograph of the candidate clearly showing face with affected portion of the body

Signature of candidate:

Name of the candidate:

Application number:

Note: Certificate should be given by a specialist of the relevant stream/disability (eg. Visual Impairment-Ophthalmologist, Locomotors disability-Orthopedic specialist/PMR).

DECLARATION/UNDERTAKING BY PERSON WITH DISABILITIES (PWD)
CANDIDATES WHO WISH TO USE SCRIBE/PASSAGE DICTATOR
(Letter of Undertaking for Using Own Scribe/Passage Dictator)

I _____ a candidate with _____ (name of the disability) appearing for the _____ (name of the examination) bearing Application No. _____ at _____ (centre name) in the _____ (City), _____, (name of State). My highest qualification is _____ and scribe's highest qualification is _____. We (Candidate & Scribe) together hereby declare that _____ (name of the scribe) will provide the service of scribe/reader/lab assistant for the candidate for taking the aforesaid examination and also undertake that we (Candidate & Scribe) have read/been read out the instructions of '**Guidelines regarding Persons with Disabilities (PWD) using the services of a Scribe/Passage Dictator**' issued by Competent Authority, Central University of South Bihar (CUSB) and hereby undertake to abide by them. It is also stated that the Scribe arranged by the candidates should not be a candidate for the same examination and also can not be a Scribe for another candidate. We also understand that in case it is detected at any stage of recruitment and even after recruitment that we do not fulfil the eligibility norms and/or that the information furnished by us is incorrect/false or that we have suppressed any material fact(s), or that scribe's qualification is not as declared and I Shall forfeit my right to the post and claims relating thereto.

Given under our signature:-

 Signature and Left Hand Thumb
 Impression of the **Scribe/Passage Dictator**

 Signature and Left Hand Thumb
 Impression of the **Candidate**

Correspondence Address

Application No.:.....
 Seat No.....
 Post Code & Post Name

ID Proof Type:*
 ID Number:

Date of Skill test.....
 Shift.....
 Skill Test Centre:.....

STD Code: Phone No.....
 Mobile No., if any

City:
 Correspondence address:

Recent passport size Photograph of the Scribe/Passage dictator. To be signed by Scribe and candidate

.....

 STD Code:..... Phone No.....
 Mobile No., if any

Signature of the Registrar, CUSB.

***Scribe/Passage dictator is required to carry his ID proof in original at the time of 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:

Note: Certificate should be given by a specialist of the relevant stream/disability (eg. Visual Impairment-Ophthalmologist, Locomotors disability-Orthopedic specialist/PMR).