



**भारतीय रिज़र्व बैंक सर्विसेज़ बोर्ड**  
**RESERVE BANK OF INDIA SERVICES BOARD**

**Instructions to be followed by person with specified disability covered under the definition of Section 2 (s) of The Rights of Person with disabilities (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 and utilizing the facility of scribe and / or compensatory time**

1. Instructions to be followed by 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 and utilizing the services of scribe and / or compensatory time is governed by Office Memorandum F.No.29-6/2019-DD-III dated August 10, 2022 issued by Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment.

2. 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 will be allowed the facility to use the services of a scribe and / or compensatory time.

3. The facility of a scribe would be granted solely to those having difficulty in writing subject to production of a certificate to the effect that person concerned has limitation to write and that scribe is essential to write examination on his/her behalf from the competent medical authority of a Government healthcare institution as per proforma at Appendix-III.

4. The medical authority for the purpose of certification as mentioned in point (3) above should be a multi-member authority comprising the following:-

- i. Chief Medical officer/Civil Surgeon/Chief District Medical Officer.....Chairperson
- ii. Orthopaedic/PMR specialist
- iii. Neurologist, if available\*
- iv. Clinical Psychologist/Rehabilitation Psychologist/ Psychiatrist/Special Educator
- v. Occupational therapist, if available\*
- vi. Any other expert based on the condition of the candidate as may be nominated by the Chairperson.

(\* the Chief Medical Officer/Civil Surgeon/Chief District Medical Officer may make full efforts for inclusion of neurologists, occupational therapist from the nearest District or the Medical College/Institute, if the same is not available in the District)

5. The Candidate utilizing the services of scribe should arrange his/her own scribe at his/her own cost.

6. The qualification of the scribe should be one step below the qualification of the candidate taking examination. The person should submit details of the own scribe as per proforma at Appendix-IV, at the time of online/written examination.

7. In case of emergency, flexibility in accommodating any change in scribe may be allowed. The candidates will also be allowed to take different scribe for writing different papers especially for languages. However, there can be only one scribe per subject.

8. The compensatory time of twenty (20) minutes for every hour of examination may be allowed to candidates eligible for getting scribe.

9. The candidate may be allowed to use aids and assistive devices such as prosthetics & orthotics, hearing aid as mentioned in para 2 of the certificate issued by medical authority as per Appendix-III.

10. The candidates having less than 40% disability and having difficulty in writing, who are opting for scribe shall be responsible for any misconduct on the part of scribe brought by him/her.

11. Conversation between the candidate and the scribe should not disturb in any way the peace in the examination or the other candidates seated in the examination hall/room. **During the examination, at any stage, if it is found that scribe is independently answering the questions, 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 examination by the Centre Co-ordinator / Venue Officer / Venue-in-Charge that the scribe independently answered the questions.**

12. Any candidate using scribe in violation of the above guidelines or suppression of material facts shall entail cancellation of his/her candidature, in addition to any other action that the Bank may deem fit against the candidate and the Scribe. The candidate can be removed from service without notice, if he/she has already joined the Bank. The candidate/scribe shall be subject to the rules of the examination.

13. In view of the importance of the time element, the examination being of a competitive nature, at the time of selection process/interview/joining **the candidate will have to fully satisfy the Medical Officer of the Bank (i.e., Reserve Bank of India) that there was necessity for use of a scribe as his/her writing speed is affected by the disabilities.**

14. In case it is detected at any stage of recruitment that the candidate does not fulfil the eligibility norms and/or that the information furnished by him/her and scribe are incorrect/false or that they have suppressed any material fact(s), the candidature of the applicant will stand cancelled, irrespective of the result of the examination. If any of these shortcomings is/are detected even after the candidate's appointment, his/her services are liable to be terminated.

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## Appendix-III

### **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.....	Medical Chairperson	Officer/Civil	Surgeon/Chief	District Medical

Name of Government Hospital/Health Care Centre with Seal

Place:

Date:

#### Appendix-IV

**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: