



## ODISHA POLICE MINISTERIAL STAFF SELECTION BOARD, CUTTACK

No. 03 /OPMSSB

Date . 11.11. 2024

[Website.www.odishapolice.gov.in](http://www.odishapolice.gov.in)

### **Advisory Notice to PwD Candidate**

Important instructions to all the Persons with Disability (PwD) candidates who have applied for the post of Jr. Clerk in DPO cadre in Odisha Police under OPMSSB are as follows:

1. They will be allowed compensatory time of 20 minutes per hour on production PwD certificate in the examination hall to the concerned Superintendent / Deputy Superintendent of the examination centre.
2. Pursuant to Clause IV of guidelines for conducting written examination for Person with benchmark Disabilities of Department of Empowerment of Persons with Disabilities (Divyangjan) under Ministry of Social Justice & Empowerment, Government of India, O.M NO.34-02/2015-DD-III, dtd. 29<sup>th</sup> August 2018 and vide Clause 13 (4) guidelines for conducting written examination for PwD under Resolution, 25<sup>th</sup> February, 2021 of The Odisha Gazette
3. Eligible PwD candidates with not less than 40% disability in the category of blindness, locomotor disability (both arms affected-BA) and cerebral palsy who have limitation in writing have the option to use their own scribe, if so by them. In case of other category of Persons with Disability, the provision of Scribe /Reader /Lab Assistant 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 or Civil Surgeon or Medical Superintendent of a Government health care institution as per proforma at APPENDIX-I

The qualification of the scribe shall be one step below the qualification of the candidate taking the examination as well as he / she shall not be from the same discipline /stream /subject on which the candidate is taking his / her examination. The scribe to be allowed for writing a subject shall not have the same subject in his / her academic qualification as of the candidate taking the examination in the said subject. The PwD candidates opting for scribe shall submit the details of their scribe alongwith the following documents to the in-charge of the examination centre on the day of examination before registration process.

- I. Copy of Admit Card of the Candidate.
- II. Copy of the any of the Id proof of the candidate and the scribe .
- III. Self-attested photocopy of the disability certificate of the candidate.
- IV. Joint declaration of the candidate & scribe in Appendix-II (enclosed).

V. Original copy of the certificate issued by civil surgeon or Medical Superintendent or Chief Medical Officer in Appendix-I (if applicable) to the candidate to use scribe (candidates other than the disability category of Visual Impaired, Locomotor Disability (Both Arm affected) & Cerebral palsy must submit Appendix-I).

VI. Copy of self-attested photocopies of the certificate /mark sheet of the highest educational qualification of the scribe / reader so allowed for the examination.

If, subsequently it is found that the qualification of the scribe is not as declared by the candidate in the declaration, then the candidate shall forfeit his / her right to the post and claims relating thereto. Any candidate who is not eligible to use scribe as per the guidelines referred to above, but uses scribe in the written examination shall be disqualified to participate further in the recruitment process. Any candidate who is using scribe should ensure that he is eligible to use scribe in the examination as per the above guidelines.

3. The PwBD / PwD candidates who have availed themselves of the facility of scribes/ passage reader 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.

**By Order of the Chairman, OPMSSB**



**Member**

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**APPENDIX-I**

**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

CDM & PHO / 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 - Orthopaedic specialist / PMR)

**APPENDIX-II**

**DECLARATION BY THE PwD CANDIDATE**

I \_\_\_\_\_ S/o, W/o, D/o \_\_\_\_\_ Resident of \_\_\_\_\_ bearing Roll Number \_\_\_\_\_ for the post of \_\_\_\_\_ of written examination scheduled to be on \_\_\_\_\_ and \_\_\_\_\_ sitting hereby declare that Mr/Ms \_\_\_\_\_ S/o, W/o, D/o \_\_\_\_\_ as follows, has agreed on my request to act as my scribe for the above examination and his / her educational qualification as on the day is \_\_\_\_\_ which is one step below that of mine. He/she does not have the same subject in his / her academic qualification as of mine on which I am taking this examination.

**DECLARATION BY THE SCRIBE / WRITER**

I \_\_\_\_\_ S/o, W/o, D/o \_\_\_\_\_ Resident of Vill. \_\_\_\_\_, PS \_\_\_\_\_ District \_\_\_\_\_ have agreed to act as scribe for Mr/Ms \_\_\_\_\_ with the disability of \_\_\_\_\_ bearing Roll Number \_\_\_\_\_ for written examination for the post of \_\_\_\_\_ scheduled on \_\_\_\_\_ and \_\_\_\_\_ sitting. I declare that my educational qualification as on the date of this examination is \_\_\_\_\_ and my subject(s) of the academic course is / are \_\_\_\_\_.

Space for pasting of recent passport size photograph of Scribe to be cross self-attested

Space for pasting of recent passport size photograph of candidate to be cross self-attested

If the above declaration is found false, I am liable for any penal action as deemed proper under relevant law and be solely responsible for the consequences and loss suffered by the candidate.

Signature of the Scribe

If the above declaration is found false, I shall be solely responsible for the consequences. I am engaging the above scribe at my own risk. I understand that if the declaration of scribe is found false, I may be debarred from examination.

Signature of Candidate

**Note:** The candidate & scribe should report at half hour before the normal reporting time at the Examination Centre for this purpose of sitting arrangement.