

No. NFSU/Estt/RBS/171/320/2025

Date: 21/03/2025

NOTICE

Sub: Regarding Assistance of Scribe to PwD/PwBD Candidates reg.

The National Forensic Sciences University provides the facility of compensatory time and assistance of scribe to eligible Persons with Benchmark Disabilities (PwBDs) i.e. disability not less than 40% and Persons with Disabilities (PwD) i.e. disability less than 40%, in its examinations in accordance with guidelines issued vide OMNos.34-02/2015-DD-III dated 29.08.2018 and 29-6/2019-DD-III dated 10.08.2022 by Department of Empowerment of Persons with Disabilities (DoEPD), M/o Social Justice & Empowerment.

2) In case of persons with benchmark disabilities (PwBD) in the category of blindness, locomotor disability (Both Arms affected-BA) and Cerebral Palsy, the facility of scribe is provided, if desired by the candidate.

3) In case of remaining categories of persons with benchmark disabilities (PwBD), the facility of scribe will be provided on production of a certificate at the time of examination 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**.

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

5) The facility of scribe/ passage reader will be provided to the PwBD/ PwD candidate only if he/she has intimated University 03-05 days prior to Examination through mail at **recruitment_hq@nfsu.ac.in**

6) The candidate will have the discretion of opting for his own scribe or to avail the facility of scribe provided by the NFSU. Appropriate choice in this regard will have to be given by the candidate in the Online Application Form.

7) Own Scribe:

In case of own scribe, the following points may be noted-

- A scribe shall not assist more than one candidate in the same examination.
- A candidate applying for an examination cannot act as a scribe for another candidate in the same examination.

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- (c) The qualification of the scribe shall be one step below the qualification of the candidate taking the examination.

Any violation of above conditions will invite cancellation of candidature, debarment as per rules, relevant action against the scribe and criminal action, if so required.

The candidates with benchmark disabilities (PwBD) opting for own scribe shall be required to submit details of the scribe at the time of examination as per proforma at **Annexure-II**. The candidates with disabilities (PwD) eligible for scribe as per Para 4 above and opting for own scribe shall be required to submit details of the scribe at the time of examination as per proforma at **Annexure-IIA**. In addition, the scribe has to produce the same original ID proof(s) at the time of examination. A photocopy of the ID proof(s) of the scribe signed by the candidate as well as the scribe will also be submitted along with proforma at **Annexure-II/ Annexure-IIA**.

8) A compensatory time of 20 minutes per hour of examination will be provided to the persons who are allowed use of scribe. In case the duration of the examination is less than an hour, then the duration of additional time shall be allowed on pro-rata basis. Additional time shall not be less than 5 minutes and shall be in the multiples of 5.

9) The candidates who are eligible for use of scribe but not availing themselves of the facility of scribe will also be given compensatory time as indicated in the previous para.

10) No attendant other than the scribe for eligible candidates will be allowed inside the Examination Hall.

11) 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.



Deputy Registrar
Recruitment Cell,
NFSU, Gandhinagar

Copy to:

The Executive Registrar, NFSU Gandhinagar

Gandhinagar Campus & Headquarter

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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 (e.g. Visual impairment-Ophthalmologist, Locomotor disability-Orthopaedic 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)
Orthopaedic / 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/ UT) 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:

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: