



IITGoa/RECT/2026/03/AA/398

Date: 07.09.2026

Notice

Procedure regarding Assistance of Scribe to PwD/ PwBD Candidates

The Persons with Benchmark Disabilities (PwBDs) i.e. disability not less than 40% and Persons with Disabilities (PwD) i.e. disability less than 40%, will be given the facility of compensatory time and assistance of scribe in its examinations in accordance with guidelines issued vide OM Nos. 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, M/o Social Justice & Empowerment.

- Candidates under 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.
- In case of remaining categories of PwBD, the facility of scribe will be provided on production of a certificate at the time of examination to the effect that the candidate concerned has physical limitation to write, and scribe is essential to write examination on his behalf, as per proforma at **Annexure-A**.
- 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-B**.

The facility of scribe will be provided to the PwBD/ PwD candidate only if he has opted for the same in the prescribed [Google Form](#). The candidate will have the discretion of opting for his own scribe or to avail the facility of scribe provided by IIT Goa. Appropriate choice in this regard will have to be given by the candidate in the [Google Form](#).

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.
- The qualification of the scribe shall be one step below the prescribed qualification for 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 under PwBD opting for own scribe shall be required to submit details of the scribe at the time of examination as per proforma at **Annexure-C**. The candidates under 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-D**. In addition, the scribe has to produce the 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-C/ Annexure-D**.

In case scribe is provided by IIT Goa, the qualification of the scribe shall not be more than the minimum qualification criteria of the examination. However, the qualification of scribe shall be matriculate or above.

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.

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.

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

**Sd/-
Registrar**

Annexure-A

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-B

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:

Annexure-D

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: