

BOARD OF SECONDARY EDUCATION : ODISHA : CUTTACK

ODISHA TEACHER ELIGIBILITY TEST (OTET) – 2019

INSTRUCTION TO PHYSICALLY HANDICAPPED CANDIDATES

1. The candidates having PH certificate with disability of 40% or more shall be treated as PH candidate and can avail the required facilities meant for PH candidate in respect of OTET .
2. The candidates having PH certificate with disability of less than 40% shall be treated as general candidate.
3. The PH candidate not able to read and/or write will be provided with facility of a scribe (helper writer) as per the following guidelines.
 - A. These candidates shall have to report before the Centre Superintendent four days prior to the date of commencement of examination with original PH certificate, Admit Card and an application praying for a scribe (helper writer). However the candidate shall have the discretion of obtaining his own scribe.
 - B. The Centre Superintendent will arrange scribe(helper writer) whose qualification should not be more than the minimum qualification criteria of the examination. But it should be matriculate or above. When the Centre Superintendent provides the scribe for the candidate , the candidate would be allowed to meet the scribe two days before the examination .
 - C. In case the candidate is allowed to bring his own scribe, the qualification of this scribe shall be one step below the minimum qualification criteria of the examination. The scribe / reader should submit details of the own scribe as per the Performa enclosed.
 - D. These candidates will be given 50 minutes more time than the usual timing of the examination .
4. The Centre Superintendent shall send the following documents relating to these candidates in PACKET No-1
 - (a) Application of the candidate for providing helper writer.
 - (b) Copy of the PH Certificate and
5. The remuneration will be paid to the scribes by the vendor as per Board's rule.

DECLARATION

We, the undersigned, Shri/Smt/Kum. _____

eligible candidate for the _____

examination and Shri/Smt/Kum. _____ eligible writer (scribe)

for the eligible candidate, do hereby declare that:

1. The scribe is identified by the candidate at his / her own cost and as per own choice. The candidate is blind / low vision or affected by cerebral palsy with loco-motor impairment and his / her writing speed is affected and s/he need a write (scribe) as permissible under the Government of India rules governing the recruitment of Physical Challenged persons.
2. As per the rules, the candidate availing services of a scribe is eligible for compensatory time of 20 minutes for every hour of the examination.
3. In view of the importants of the time element and the examination being of a competitive nature, the candidate undertakes to fully satisfy the Medical Officer of the Organization that there was necessity for use of a scribe as his / her writing speed is affected by the disabilities mentioned in Paragraph 1 above.
4. In view of the fact that multiple appearance / attendance in the examination are not permitted, the candidate undertakes that he / she has not appeared / attended the examination, more than once and that the scribe arranged by him/ her is not a candidate for the examination. Also the same scribe can not be used by more than one candidate. If violation of the above is detected at any stage of the process, candidature of the both the candidate and the scribe will be cancelled.
5. We hereby declared that all above statement made by us are true and correct to the best of our knowledge and belief. We also understand that in case it is detected at any stage of recruitment that we do not full fill the eligibility noms and / or that the information furnished by us is incorrect / false or that we 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 shortcoming(s) is/are detected even after the candidate's appointment. His/her services are liable to be terminated. In such circumstances, both signatories will be liable to criminal prosecution.

Given under our signature

Signature of the Scribe

Signature of the candidate

Registration No:-

Roll No:-

Postal Address

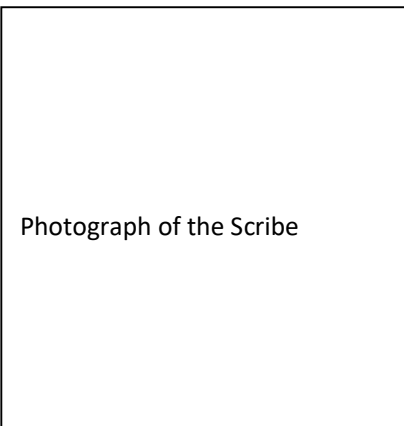
Postal Address

STD Coode:- Ph No:-

STD Coode:- Ph No:-

Cell No, if any;-

Cell No, if any;-



Signature of Invigilator