



**ODISHA PUBLIC SERVICE COMMISSION  
CUTTACK**


No. 5774 /PSC, Dt.- 8/10/24

The PwD candidates who have opted to take assistance of Scribe in the online application form of OCS-2023 **were intimated twice vide** this Office Notice No. 5367/PSC, Dt- 20.09.2024 & 5652/PSC, Dt-01.10.2024 to furnish the details of their Scribe for consideration of the Commission. But till date, only a few PwD candidates have submitted their Scribe details successfully in compliance to the aforesaid Notice and many of the PwD candidates have not submitted their Scribe details, for which they will not be allowed to take the assistance of Scribe in the OCS Preliminary Examination, 2023.

In view of the aforesaid premises, the PwD Candidates those who have not submitted detailed information of their Scribe for the OCS Preliminary Examination, 2023 to be held on 27.10.2024 **are once again allowed as the last chance** to submit their Scribe details in **APPENDIX-I & APPENDIX-II** in compliance to the aforesaid Notice No. 5367/PSC, Dt- 20.09.2024 & 5652/PSC, Dt-01.10.2024, by email to OPSC (Email ID- opsc@nic.in) which should reach the Office on or before **14.10.2024** positively for consideration of the Commission..

N.B. (1) It is also made clear that, the PwD candidates who fail to furnish Scribe details by the stipulated date shall **not be allowed** to take assistance of scribe under any circumstances.

(2) The PwD candidates who have **already submitted** their Scribe details for OCS Preliminary Examination, 2023 need not submit their Scribe details once again.

  
Secretary(I/C)

## **APPENDIX-1**

### **Certificate regarding Physical limitation in an examinee to write**

This is to certify that, I have examined Mr/Ms/ Mrs. \_\_\_\_\_ (name of candidates with disability), a person with \_\_\_\_\_ ( nature and percentage of disability 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 and 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 -Orthopedic Specialist/ PMR)

## **APPENDIX-II**

### **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 for the the State). 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 here by undertake that his qualification is \_\_\_\_\_. In case, subsequently it is found that his qualification not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims relating therto.

(Signature of the candidate with Disability)

Place:

Date: