



**ODISHA PUBLIC SERVICE COMMISSION  
CUTTACK**

**NOTICE**

No. 6631 /P.S.C., Dt. 21.11.24....  
1E-07-2024/25 (DR-II)

It is for information of the PWD candidates, who have opted to take assistance of Scribe for recruitment to the post of **Assistant Executive Engineer (Civil) under PR & DW Deptt.**, pursuant to advertisement No. 33 of 2023-24 scheduled to be held on **08.12.2024 (Sunday)**.

The candidates are required to furnish detailed information about the Scribe i.e. Name, Date of Birth, Educational Qualification, Address, Scan copy of specimen signature & Photograph of the Scribe.

While sending information about the Scribe, the candidates who shall take the help of Scribe must ensure that, the Scribe should not possess same/similar/higher qualification and must not also be from same discipline for the competitive examinations and also a SCRIBE to be allowed for a "SUBJECT" must not have the "SAME SUBJECT" in his academic qualification.

The candidates are required to furnish information about the Scribe (i.e. Name of the Scribe, Date of Birth, Educational Qualification, Address, Scanned copy of specimen signature & Photograph) by email to OPSC I.D. ([opsc@nic.in](mailto:opsc@nic.in)) which should reach the Odisha Public Service Commission on or before **30.11.2024** positively for consideration of the Commission. While sending the information about the Scribe, the candidates shall have to mention his/her PPSAN No., Name & Date of Birth, failing which he/she will not be allowed to take the assistance of Scribe in the aforesaid examination.

Persons other than those recognised by the Commission cannot be engaged by the candidate as a Scribe in the Examination.

The candidates are advised to visit the website of the Commission at <http://opsc.gov.in>.

  
Secretary

## **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 candidates 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 and Designation

Name of Government Hospital/Health care centre

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)

## **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 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 hereby 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 thereto.

Signature of the candidate with Disability)

Place :

Date :