

ଓଡ଼ିଶା ରାଜ୍ୟ କାଜୁ ଉନ୍ନୟନ ନିଗମ ଲିଡି.

(ରାଜ୍ୟ ସରକାରଙ୍କର ଏକ ସଂସ୍ଥା)

ODISHA STATE CASHEW DEVELOPMENT CORPORATION LTD.

(A Government of Odisha Undertaking)

CIN: U01133OR1979SGC000818

HEAD OFFICE :

Kaju Bhawan, AT/Po-Ghatikia,

Near Kalinga Studio,

Bhubaneswar-751029

Phone: 0674-2387193, 2387290,

2387195 & 2387194

Website : www.oscdc.com

E-mail: contact@oscdc.com

No. 3255 / OSCDC

Date: 06.09.2022

Advisory Notice to PwD candidates

Following advisory is issued to all Persons with Disability (PwD) candidates who have applied for different Recruitment Examinations of OSCDC.

1. They will be allowed compensatory time of 20 minutes per hour on production of PwD certificate in the examination hall.
2. Pursuant to Clause IV of Guidelines for conducting written examination for Persons with Benchmark Disabilities of Department of Empowerment of Persons with Disabilities (Divyangjan) under Ministry of Social Justice & Empowerment, Government of India O.M No. 34-02/2015-DD-III, dated 29th August 2018 eligible PwD candidates with not less than 40% disability in the category of blindness, locomotor disability (both arms affected-BA) and cerebral palsy who have limitation in writing have the option to use their own scribe. In case of other category of Persons with Disability, the provision of scribe /reader/ Lab Assistant can be allowed on production of a certificate 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 APPENDIX-I (as uploaded in the website of the OSCDC).

The qualification of the scribe shall be one step below the qualification of the candidate taking the examination as well as he/she shall not be from the same discipline/stream/subject on which the candidate is taking his/her examination. The scribe to be allowed for writing a subject shall not have the same subject in his/her academic qualification as of the candidate taking the examination in the said subject. The PwD candidates opting for scribe shall be required to submit the details of the scribe prior to 3 (Three) days of Examination with following documents by Email (oscdcrecruitmenthelpdesk@gmail.com).

1. Admission letter of written Test.
- II. Copy of the self attested copy of valid disability certificate.
- III. Details of the scribe with Name, Date of Birth, Address, ID Proof issued by any Govt. Authority containing Specimen Signature and Photo.
- IV. Copy of Educational qualification certificate of the scribe.



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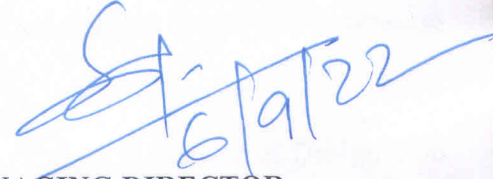
No.

/ OSCDC

Date :

V. Letter of undertaking in APPENDIX-II (as uploaded in the website of the OSCDC) If, subsequently it is found that the qualification of the scribe is not as declared by the candidate in the declaration then the candidate shall forfeit his/ her right to the post and claims relating thereto.

Any candidate who is not eligible to use scribe as per the guidelines referred to above, but uses scribe in the written examination shall be disqualified to participate further in the recruitment process. Any candidate who is using scribe should ensure that he is eligible to use scribe in the examination as per the above guidelines.



MANAGING DIRECTOR

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 (eg. Visual impairment- Ophthalmologist, Locomotors disability-Prthopacdic specialist/PMR)

DECLARATION BY THE PwD CANDIDATE FOR EXAMINATION CONDUCTED BY OSCDC

I _____ S/o, W/o, D/o _____ Resident of _____ bearing Roll Number : _____ for the post of _____ (Post Code: _____) of Preliminary/Main written examination scheduled to be on _____ and _____ sitting hereby declared that Mr./Ms. _____ S/o, W/o, D/o _____, as follows, has agreed on my request to act as my scribe for the above examination and his educational qualification as on the date is _____ which is one step below that of mine. He/ She does not have the same subject in his/her academic qualification as of mine on which I am taking this examination.

DECLARATION BY THE SCRIBE/WRITER

I _____ S/o; W/o, D/o _____ Resident of _____ ViI- _____, P5- _____, District- _____ have agreed to act as scribe for Mr./Ms. _____ with the disability of _____ bearing Roll No. _____ for Preliminary/Main written examination for the post of _____ (Post Code: _____) scheduled on _____ and _____ sitting. I declare that my educational qualification as on the date of this examination is _____ and my subject(s) of the academic course is/are _____

Space for pasting of recent passport size photograph of **Scribe to be cross self attested**

Space for pasting of recent passport size photograph of **Candidate to be cross self attested**

If the above declaration is found false, I am liable for any penal action as deemed proper under relevant law and be solely responsible for the consequences and loss suffered by the: **candidate.**

Signature of the Scribe

If the above declaration is found false, I shall be solely responsible for the consequences. I am engaging the above scribe at my own risk. I understand that if the declaration of scribe is found false, I may be debarred from examination.

Signature of the Candidate

The candidate & scribe should report at half hour before the normal reporting time at the Exam Centre for the purpose of sitting arrangement.