



ECGC Ltd.

(A Government of India Enterprise)

RECRUITMENT OF PROBATIONARY OFFICERS

ADDENDUM

Addendum to Advertisement dated 19.04.2023- Facility of Scribe and/or compensatory time for persons with specified disabilities.

It has been decided to extend facility of scribe and/or compensatory time for persons with specified disabilities covered under the definition of Section 2(s) of 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, if opted by the applicant. The facility of scribe and/or compensatory time shall be granted solely to those having difficulty in writing subject to production of a certificate to the effect that person concerned has limitation to write and that the scribe is essential to write examination on his/her behalf from the competent medical authority of a Government healthcare institution as per proforma at Appendix – I

The eligible candidate is required to bring their own scribe. The qualification of scribe should be one step below the qualification of the candidate taking examination. The person opting for own scribe should submit details of the own scribe as per proforma at Appendix – II.

Compensatory time not less than 20 minutes per hour of the examination shall be allowed for persons who are eligible for getting scribe.

Note: All other terms & conditions as mentioned in advertisement dated 19.04.2023 remain unchanged. Corrigendum/addendum, if any, on this advertisement will be issued on ECGC website www.ecgc.in

Appendix-I

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/PM R 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:

Appendix-II

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: