



Ref. Advertisement No. SCL:02/2025
Date: 27.06.2025

सेक्टर-72, सा. अ. सि. नगर - 160071
Sector 72, S.A.S. Nagar -160 071
(चण्डीगढ़ के समीप) पंजाब, भारत
(Near Chandigarh) Punjab, India
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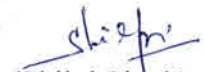
Information for PwBD/PWD candidates

With reference to Advertisement No. SCL:02/2025 dated 27.01.2025 and subsequent addendums dated 25.02.2025, 12.03.2025 Corrigendum dated 07.05.2025 and Notice dated 12.06.2025 for Assistants (Administrative support Staff) in SCL, it is hereby again informed that:-

1. PwBD/PWD candidates using the facility of scribes shall also be required to carry requisite Medical Certificate/undertaking/photocopy of the scribes photo ID proof as specified therein.
2. Persons with benchmark disabilities (PwBD) in the category of blindness, locomotive disability (both arms affected-BA) & cerebral palsy, the facility of scribe is permitted, if desired by the candidate.
3. In case of remaining categories of persons with benchmark disabilities (PwBD), the provision of scribe will be permitted 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 Annexure-I.
4. SCL will not provide scribe to any candidate with benchmark disability who are eligible for use of the facility of scribe. The candidate has to arrange his own scribe and the qualification of scribe should be one step below the minimum qualification required for the post of Assistant.
5. PwBDs candidate who wants to avail scribe facility will have to submit details of the scribe as per Annexure-II of the Advertisement No. SCL:02/2025 dated 27.01.2025 to Semi Conductor Laboratory (SCL), S.A.S Nagar, Sector 72, 160071 at least 07 days prior to the date of examination through registered post. The scribe has to submit declaration as per Annexure-III of the Advertisement No. SCL:02/2025 dated 27.01.2025 at least 07 days prior to the date of examination at SCL, S.A.S. Nagar, Sector 72, 160071 or 03 days prior to the date of examination at SCL Office: Scope Minar, 2nd Floor, Core-4, near Nirman Vihar Metro Station, Lakshmi Nagar, New Delhi-110092.
6. A compensatory time of 20 minutes per hour of examination will be provided to the persons who are allowed use of scribe.

7. The candidates who are eligible for use of scribe but not availing the facility of scribe will also be given compensatory time of 20 minutes per hour of examination.
8. No attendant other than the scribe for eligible candidates will be allowed inside the Examination Hall.
9. One eyed candidates and partially blind candidates who are able to read the normal Question Paper set with or without magnifying glass and who wish to write/ indicate the answer with the help of magnifying glass will be allowed to use the same in the Examination Hall and will not be entitled to a scribe. Such candidates will have to bring their own magnifying glass to the Examination Hall.

Enclosure:- Annexure-I, Annexure-II, Annexure-III


(Shilpi Singh)
Head, P&GA

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 (e.g. Visual impairment-Ophthalmologist, Locomotor disability-Orthopaedic specialist/PMR)

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/ UT) 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/ her qualification is _____. In case, subsequently it is found that his/ her qualification is 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:

DECLARATION BY THE SCRIBE/WRITER

I _____ S/o, W/o, D/o _____ Resident of _____
 _____ holder of _____ identification
 No. _____ have agreed to act as scribe for PwBD candidate for
 Mr./Mrs./Ms. _____ S/o, W/o, D/o _____
 the examination for the post of _____ with Application registration No. _____
 I declared that my educational qualification as on date _____ is _____
 (Tick the box):

Below Metric	Metric	10+2	Graduate	Post Graduate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the above declaration is found false, I shall be solely responsible for the consequences and loss suffered by the candidate.

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

Signature of the Scribe

Attestation by Gazetted Officer

Name _____

Date _____

Stamp _____