

ADARSH SCHEME SECTION
SCHEME FOR SANSKRIT PROMOTION
(Central Schemes of Ministry of Education, Government of India)
under
CENTRAL SANSKRIT UNIVERSITY, DELHI
Established by an Act of Parliament
56-57, Institutional Area, Janakpuri, New Delhi-110058
Website: www.sanskrit.nic.in

Dated: 13.02.2026

NOTIFICATION

With reference to the Adarsh Scheme Section Advt. No. 02/2025 dated 20.11.2025 and subsequent notifications all applicants who have applied for Teaching/Other Academic posts in various ASMs/ASSSs are hereby informed that the Competent Authority of Central Sanskrit University, Delhi, has been pleased to permit PwBD candidates to arrange their own scribe for the written examination scheduled to be held on 21–22 February 2026 at various examination centres, subject to the following conditions for persons with specified disabilities covered under the definition of Section 2(s) of the RRwD act, 2026 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:-

- PwBD candidates with less than 40% disability but having writing difficulty may also avail the facility of a scribe on submission of a valid medical certificate to the University from any of the Medical Authorities described in Para 3 of M/o Social Justice and Empowerment OM No. F.No.26-6/2019-DD-III dated 10.08.2026 in the format prescribed therein (Appendix-I) and an undertaking from the candidate in the format in Appendix-II. Copy of the OM is attached herewith. This certificate should be submitted by 16.02.2026. This certificate will be subject to verification and candidate is responsible for the correctness of the certificate.
- The permission for the scribe is further subject to submission of the following documents and compliance with the conditions mentioned below.

The medical certification should be a multi-member authority comprising the following: -

1. Chief Medical officer/Civil Surgeon/Chief District Medical Officer....Chairperson
2. Orthopaedic/PMR specialist
3. Neurologist, if available*
4. Clinical Psychologist/Rehabilitation Psychologist/ Psychiatrist/Special Educator
5. Occupational therapist, if available*
6. Any other expert based on the condition of the candidate as may be nominated by the Chairperson.

(* the Chief Medical Officer/Civil Surgeon/Chief District Medical Officer may make full efforts for inclusion of neurologists, occupational therapist from the nearest District or the Medical College/Institute, if the same is not available in the District)"

Keeping in view of the above, the candidates must be submitting the certificate as per the proforma at Appendix-I.

- **Qualification Restriction** – In case the candidate is allowed to bring his own scribe, the qualification of the scribe should be one step below the qualification of the candidate taking examination. The person opting for own scribe should submit undertaking by own scribe as per proforma at Appendix-II. This certificate should be submitted by 16.02.2026.
- **Age Restriction** – The scribe should be within the prescribed age limit of 20 years for Matriculation/10+2 & 22 years for graduation (i.e., must not exceed 22 years of age).
- **Compensatory Time** – 20 minutes per hour of the examination will be allowed for persons who are eligible for getting scribe.
- **Aadhaar Authentication** – The scribe must complete Aadhaar-based authentication (e-KYC) at the examination centre. A valid ID proof and correct personal details must be submitted at the centre prior to the commencement of the examination.

If a candidate fails to fulfil the above-mentioned criteria or does not submit the required documents within the stipulated time, he/she shall not be permitted to bring the scribe to appear in the written examination.

For all the above context or any other queries, candidates may communicate only through email to support-recruitment@csu.co.in

This is issued with the approval of the Competent Authority of CSU.

Sd/-
Registrar I/c

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)
Orthopedic / PMR 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.....Chairperson	Officer/Civil Surgeon/Chief District Medical Officer			

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: