

CENTRAL SANSKRIT UNIVERSITY, DELHI

Established by an Act of Parliament
56-57, Institutional Area, Janakpuri, New Delhi-110058
Website: www.sanskrit.nic.in

Dated: 13.03.2026

General Notification regarding Scribe Facility for Persons with Benchmark Disabilities (PwBD) in Recruitment Examinations

It is hereby informed that in the recruitment processes of **Central Sanskrit University**, its Campuses and **Adarsh Sanskrit Mahavidyalayas (ASMs)/Adarsh Sanskrit Shodh Sansthan (ASSSs)**, the Competent Authority of the University has been allowing **Persons with Benchmark Disabilities (PwBD)** to arrange their **own scribe, and/or additional time** for written examinations conducted by the University, in terms of guidelines issued by **Ministry of Social Justice and Empowerment**, Government of India from time to time.

This facility shall be applicable to **PwBD candidates appearing in written examinations under present and future recruitment notifications** issued by the University, in accordance with the provisions of the **Rights of Persons with Disabilities Act, 2016** and relevant guidelines issued by the **Ministry of Social Justice and Empowerment**, Government of India, subject to the following conditions:

1. Eligibility for Scribe Facility

PwBD candidates with **less than 40% disability but having difficulty in writing** may also avail the facility of a scribe upon submission of a **valid medical certificate** issued by 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 10.08.2022**, in the prescribed format (**Appendix-I**), along with an **undertaking from the candidate** in the format prescribed at **Appendix-II**.

The medical certificate shall be **subject to verification**, and the candidate shall be **fully responsible for the correctness and authenticity of the certificate**.

2. Submission of Documents

Permission for availing the scribe facility shall be subject to **submission of the required documents and compliance with the conditions prescribed by the University from time to time**.

Candidates must ensure that the **medical certificate is issued strictly in the prescribed format (Appendix-I)** by the competent medical authority.

3. Medical Certification Authority

The medical certification must be issued by a **multi-member medical 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 shall make efforts to include **Neurologists and Occupational Therapists from the nearest District or Medical College/Institute**, if such specialists are not available in the district.

4. **Qualification Restriction for Scribe**

If a candidate is permitted to bring his/her own scribe, the **qualification of the scribe must be one level below the qualification of the candidate appearing in the examination.**

The candidate opting for his/her own scribe must submit an **undertaking from the scribe in the prescribed format (Appendix-II).**

5. **Age Restriction for Scribe**

The **scribe must fall within the prescribed age limits**, as applicable for the relevant examination level:

- **Up to 20 years** for Matriculation / 10+2 level examinations
- **Up to 22 years** for Graduate level examinations

6. **Restriction on Scribe Participation**

- The **scribe should not be a candidate appearing in the same examination** conducted by the University.
- **One scribe shall be permitted for only one candidate** in a particular examination.

7. **Undertaking by Candidate and Scribe**

Both the **candidate and the scribe shall submit signed undertakings** declaring that the scribe fulfils the prescribed eligibility conditions and that **no unfair assistance will be provided during the examination.**

8. **Compensatory Time**

Candidates who are eligible for the scribe facility shall be granted **compensatory time of 20 minutes per hour of the examination**, in accordance with the applicable Government guidelines.

9. **Aadhaar Authentication and Verification**

The scribe must complete **Aadhaar-based authentication (e-KYC)** at the examination centre. The scribe shall produce a **valid identity proof** and submit correct personal details prior to the commencement of the examination.

Candidates opting for a scribe must **report to the examination centre sufficiently in advance** to allow time for verification and authentication of the scribe.

10. Prohibited Items

The scribe shall **not carry any electronic devices, communication devices, books, notes, or study material** inside the examination hall, except those expressly permitted.

11. Change or Rejection of Scribe

- The University reserves the right to verify the credentials of the scribe and disallow the scribe if the prescribed conditions are not fulfilled.
- **Change of scribe shall not ordinarily be permitted at the examination centre**, except under exceptional circumstances and with prior approval of the Centre Superintendent, subject to fulfilment of other conditions for Scribe.

12. Misuse of Scribe Facility

If any candidate is found to have **misused the scribe facility or submitted false information/documents**, the candidature shall be cancelled at any stage of the selection process and further legal action may be taken as per applicable rules.

13. Non-Compliance

If a candidate **fails to fulfil the prescribed criteria or does not submit the required documents**, he/she shall not be permitted to bring a scribe for the written examination.

14. General Provision

All other provisions relating to **scribes, compensatory time, and examination assistance** shall be governed by the **guidelines issued by the Government of India from time to time**.

For any clarification or queries regarding the scribe facility, candidates may communicate **only through email** at: support-recruitment@sanskrit.ac.in

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

**Sd/-
Registrar I/c**

Copy for information & necessary action to: -

- 1- P.S. to Hon'ble Vice-Chancellor of CSU, Delhi.
- 2- P.A. to Registrar of CSU, Delhi.
- 3- Controller of Examination of CSU, Delhi.
- 4- Dy. Director (Admn.) of CSU, Delhi.
- 5- Project Officer of CSU with request to upload the notification.
- 6- Concerned file.

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/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: