



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**

**EXAMINATION SECTION**

**ANSARI NAGAR, NEW DELHI - 110 608**

**NOTICE NO. 215/2023**

F.No./AIIMS/Exams.Sec./4-5/(INI-CET-PG-JAN-2024)/2023

Dated: 27.09.2023

Subject: - Rules of Scribe and Compensatory time for Entrance Examination of INICET January 2024 Session.

With reference to Prospectus Part-A it is hereby informed that all the candidates of PWD (Persons with Disability) Category are required to provide Appendix A Part A-1, A-2, A-3(as applicable) if they need scribe/require Compensatory time in online mode CBT Examination of INICET January 2024 Session.

The PWD candidates are required to Select Options if they need scribe/compensatory time at the time of Final Registration from **30.09.2023 to 14.10.2023 (05.00 PM)**.

The candidates who have opted for scribe/compensatory time are required to upload the above-mentioned Appendix on AIIMS website from **30.09.2023 to 30.10.2023**. (Appendix A, Part A-I, A-2, and A-3 is attached)

Please visit AIIMS website [www.aiimsexams.ac.in](http://www.aiimsexams.ac.in) regularly for all the latest updates and information.

Sd/-

**Assistant Controller (Exams)**

## Section XIV: Appendices

### Appendix A: Certificate regarding physical limitation in an examinee taking Computer Based Test.

APPENDIX-A-1

#### LETTER OF UNDERTAKING FOR USING SCRIBE/COMPENSATORY TIME

(To be submitted on or before the date as specified in Important Dates of this information brochure)

I \_\_\_\_\_, a candidate with \_\_\_\_\_ (nature of disability/condition) appearing for the \_\_\_\_\_ (name of the examination) bearing Roll No. /Registration No. \_\_\_\_\_ . My educational qualification is \_\_\_\_\_ .

I request the following and undertake to follow the procedure of examination: -

(Choose/Tick for any one of the options A or B )

A. FOR SCRIBE (Tick either Sl no. 1 or 3 as applicable):

- I do hereby state that \_\_\_\_\_ (name of the scribe) will provide the service of scribe for the undersigned for taking the aforementioned examination.
- I do hereby undertake that his qualification is \_\_\_\_\_. If, 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, certificate/diploma/degree and claims relating thereto.

OR

- I hereby request the AIIMS, New Delhi, to provide a scribe to assist me in the above-said Examination.

Note: All persons taking scribe as above will be allowed compensatory time.

B. FOR COMPENSATORY (WITHOUT SCRIBE):

My physical limitations hamper my writing capability, and I need compensatory time. In case it is found that the information declared by the undersigned, 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:

*Please see that you must submit any other certificate (if applicable) within the due date as mentioned in the prospectus in addition to this, failing which the above facilities may not be provided.*

**CERTIFICATE REGARDING PHYSICAL LIMITATION IN AN EXAMINEE TO WRITE**  
**(To be submitted on or before the date as specified in Important Dates of this information brochure)**

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 limitations 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.

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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- Orthopedic specialist/ PMR).

*Please see that you must submit any other certificate (if applicable) within the due date as mentioned in the prospectus in addition to this, failing which the above facilities may not be provided.*

**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.**

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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 users 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/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: