

SCRIBE DECLARATION FORM – LIC AAO (Actuarial)

GUIDELINES REGARDING PERSONS WITH DISABILITIES

Those candidates who are visually impaired or affected by cerebral palsy with loco-motor impairment and whose writing speed is affected can use own scribe at own cost during the online examination. In all such cases where a scribe is used, the following rules will apply:

- * Please ensure you are eligible to use a scribe as per the Government of India rules governing the recruitment of Persons with Disabilities.
- * The candidate will have to arrange his own scribe at his own cost
- * The scribe should be from an academic stream different from that prescribed for the post .
- * Both, the candidate as well as the scribe will have to give a suitable undertaking, in the prescribed format with passport size photograph of the scribe, confirming that the scribe fulfils all the stipulated eligibility criteria for a scribe as mentioned above. Further, in case it later transpires that he did not fulfill any of the laid-down eligibility criteria or suppressed material facts, the candidature of the applicant will stand cancelled, irrespective of the result of the examination.
- * **Such candidate who uses a scribe shall be eligible for compensatory time of 20 minutes for every hour of the examination. Visually Impaired candidates who do not use scribe will also be eligible for compensatory time of 20 minutes for every hour of the examination.**
- * **Visually Impaired candidates under Low Vision may skip the non-verbal questions, if any, in Test of Reasoning and questions on Table/Graph, if any in Test of Quantitative Aptitude or Numerical Ability. The candidates will be awarded marks for such Section based on the overall average obtained in other Sections of the respective test.**

Please fill up the **DECLARATION** and submit alongwith the call-letter.

DECLARATION

We, the undersigned, Shri/Smt/Kum. _____ **eligible candidate** for the _____ examination and Shri/Smt/Kum. _____ **eligible writer (scribe)** for the eligible candidate, do hereby declare that : -

1. The scribe is identified by the candidate at own cost and as per own choice.

The candidate is **low vision** or affected by **cerebral palsy** with **loco-motor impairment and his/her writing speed is affected** and he/she needs a writer (scribe) as permissible under the Government of India rules governing the recruitment of Physically Challenged persons.

2. (a) As per the rules, the candidate availing services of a scribe is eligible for compensatory time of 20 minutes for every hour of the examination.
- (b) **Visually Impaired candidates under Low Vision may skip the non-verbal questions, if any, in Test of Reasoning and questions on Table/Graph, if any in Test of Quantitative Aptitude or Numerical Ability. The candidates will be awarded marks for such Section based on the overall average obtained in other Sections of the respective test.**
3. In view of the importance of the time element, the examination being of a competitive nature, the candidate undertakes to fully satisfy the Medical Officer of the Organisation that there was necessity

for use of a scribe as his/her writing speed is affected by the disabilities mentioned in Paragraph 1 above.

4. We hereby declare that all the above statements made by us are true and correct to the best of our knowledge and belief. We also understand that in case it is detected at any stage of recruitment that we do not fulfill the eligibility norms and/or that the information furnished by us is incorrect/false or that we have suppressed any material fact(s), the candidature of the applicant will stand cancelled, irrespective of the result of the online test(s). If any of these shortcomings is/are detected even after the candidate's appointment, his/her services are liable to be terminated. In such circumstances, both signatories will be liable to criminal prosecution.

Given under our signature:-

Signature of the Scribe

Signature of the Candidate

Registration No. :

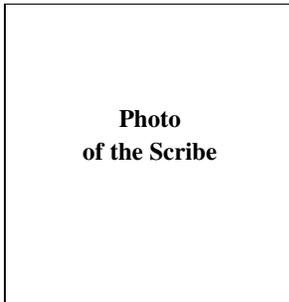
Roll No.:

Postal address:

Postal address:

STD Code: Phone No.....

STD Code:..... Phone No.....



Signature of Invigilator