भारतीय विमानपत्तन प्राधिकरण
AIRPORTS AUTHORITY OF INDIA

AIRPORTS AUTHORITY OF INDIA(AAI)
SOUTHERN REGION

Sub: Using the service of Scribe for Computer Based Test (CBT)

Ref: AAI-SR Recruitment Advt. No. SR/01/2023

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Guidelines for using service of scribe for Computer Based Test (CBT) (Refer Clause 8.16 of Advt. Notification)

1. Scribe facility will be permitted to Persons with Benchmark Disabilities (PwBD) as defined under Section 2(r) of the RPwD Act 2016. In case of Persons with Benchmark Disabilities (PwBD) in the Category of blindness, Locomotor disabilities (both arm affected-BA) and cerebral palsy persons, who are unable to write themselves can avail the assistance of a scribe for writing/typing replies on their behalf. **Candidates have to arrange scribes of their own at their own expenses.**

2. In other category of PwBDs, the provision of scribe will be permitted only on production of certificate from the Chief Medical Officer / Civil Surgeon / Medical Superintendent of a Government Health Care Institution to the effect that the person concerned has physical limitation to type/write and scribe is essential to appear for online Computer Based Test (CBT) on his/her behalf. Certificate issued shall be as per proforma at **Appendix-I**.

3. The qualification of the scribe intended to be used by the candidate should be one step below the qualification of the candidate taking examination and the candidate should submit details of the scribe as per proforma at **Appendix- II**.

4. The candidate must produce medical proof of disability in original issued by the Competent medical authority at the test Centre.

5. The candidate shall submit any one of the following valid identity proofs of the scribe in original, along with a photocopy at the test Centre:

    a. Passport
    b. Driving License
    c. Electoral Photo Identification Card
    d. Aadhaar Card

APPENDIX – I

Certificate regarding physical limitation in an examinee for Computer Based Test(CBT)

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/Typing 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 (eg. Visual impairment – Ophthalmologist, Locomotor disability- Orthopedic specialist/PMR).

APPENDIX – II

Letter of Undertaking for Using Own Scribe

I_____, a candidate with_____ _____ (Name and nature of the disability) appearing for Computer Based Test to the post of_____ bearing Application No. / Registration ID _____ and Roll No._____ at _____(name of the centre) in the District _____and State of _____(Name of the State) on _____ (Date).

My qualification is _____.

I do hereby state that_____ _____ (name and address of the scribe) will provide the service of the scribe for the undersigned for taking the aforesaid examination.

I do hereby certify that his/her qualification is _____. In case, subsequently it is found that his qualification is not as declared by the undersigned and is beyond/above my qualification, I shall forfeit my right to the post and claims relating thereto.

(Signature of the Candidate with Disability)

Place:

Date:

Affix here Photograph Of **Scribe**

ID proof of the scribe

Document name: _____

Self-attested copy attached: Yes/No

I declare that my qualification is _____and don't have equal /higher qualification than that of the candidate mentioned above.

Signature of the scribe in the presence of the invigilator :

Signature of the exam Invigilator: