



**ODISHA PUBLIC SERVICE COMMISSION
CUTTACK
NOTICE**

No. 342 /P.S.C., Dt. 16/01/25
1E-48-2024/25 (DR-III)

It is for information of the PWD candidates, who have opted to take assistance of Scribe in the written examination for recruitment to the post of **Assistant Soil Conservation Officer**, Group-B of Odisha Soil Conservation Service under Department of Agriculture & Farmers' Empowerment, pursuant to Advertisement No.01 of 2024-25 on **09.02.2025 (Sunday)**.

In order to generate the Admission Certificate for the Scribe for admission into the examination Centre/Hall, the candidates are required to furnish detailed information about the Scribe i.e. Name, Date of Birth, Education Qualification, Address, Scan copy of specimen signature & Photograph of the Scribe.

While sending information about the Scribe, the candidates must ensure that, the Scribe should not possess same/similar/higher qualification and must not also be from same discipline for the competitive examinations who take help of Scribe and also a SCRIBE to be allowed for a "SUBJECT" must not have the "SAME SUBJECT" in his academic qualification.

In view of the above, these candidates are required to furnish detail information about the Scribe (i.e. Name of the Scribe, Date of Birth, Educational Qualification, Address, Scanned copy of specimen signature & Photograph) by email to OPSC (Mail I.D.-opsc@nic.in) which should reach the Odisha Public Service Commission on or before **30.01.2025** positively for consideration of the Commission. While sending the information about the Scribe, the candidates shall have to mention his/her PPSAN No., Name & Date of Birth, failing which he/she will not be allowed to take the assistance of Scribe in the aforesaid examination.

Persons other than those recognised by the Commission cannot be engaged by the candidate as a Scribe in the Examination.

The candidates are advised to visit the website of the Commission at <http://opsc.gov.in>.


Secretary

APPENDIX-I

Certificate regarding Physical limitation in an examination

This is to certify that, I have examined Mr/Ms/Mrs _____
(name of the candidates 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 capabilities owing to his/her
disability.

Signature

CDM & PHO/Civil Surgeon/Medical Superintendent of a government health care
institution.

Name and Designation

Name of Government Hospital/Health care centre

Place :

Date :

Note : Certificate should be given by a Specialist of the relevant stream/disability (eg.
Visual impairment – Ophthalmologist, Locomotor disability – Orthopaedic
Specialist/PMR)

APPENDIX-II

Letter of undertaking for using Own Scribe

I _____, a candidate with _____ (name of the
disability) appearing for the _____ (name of the examination) bearing Roll
No. _____ at _____ (name of the centre) in the District
_____, _____ (name of the State). My qualification is
_____.

I do hereby state that _____ (name of the Scribe) will provide the service of
Scribe/ reader/lab assistant for the undersigned for taking the aforesaid examination.

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

Signature of the candidate with Disability)

Place :

Date :