ODISHA STAFF SELECTION COMMISSION
Unit –II, Bhubaneswar – 751001

No. IIE-92/2025- 3626 /OSSC; Date. 28.09.2026

Subject: - Notice regarding conduct of Preliminary Examination of Combined Technical Services Recruitment Examination (CTSRE)-2025.

Pursuant to Advertisement No.**5925/OSSC dated.30.12.2025 and Corrigendum & Addendum Notice No.1810/OSSC dated 30.05.2026,** the Preliminary Examination of **CTSRE-2025** will be held on **26.10.2026 (Monday) through CBRE mode** across the state as per the following programme.

PROGRAMME

Date of Examination	Duration .	Total Marks/Total Questions	Remarks
26.10.2026 (Monday)	Duration of Exam- 150 minutes	150 marks 150 questions	i. There will be a negative marking of 0.25 marks for each wrong answer. ii. Reporting Time and Gate Closure Time will be intimated in Admission Letter iii. Compensatory time of 20 minutes per hour will be given to PwD candidates on submission of Disability Certificate.

Candidates concerned are advised to download their Admission letter from the official website of the Commission **www.ossc.gov.in** from **16.10.2026 onwards** using their **User Id & Password** to appear for the examination.

PwD candidates who opted for taking assistance of a scribe in the Online Application may apply in the prescribed format (APPENDIX-I and APPENDIX-II) attached below (Refer Resolution No.1843/SSEPD dated 25th February, 2021 of Department of SSEPD) the required documents alongwith the **Admission Letter** and send those documents only through e-mail to ossc.od@nic.in by **20.10.2026**. No other mode of communication in this regard will be entertained. Request(s) received after **20.10.2026** will not be considered. **Under no circumstances a PwD candidate will be allowed to use scribe without taking permission of the Commission.**

By order of the Commission

28.09.2026.
Secretary

APPENDIX-I

Certificate regarding Physical limitation in an examinee to write

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 with seal
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: