



JAMMU AND KASHMIR PUBLIC SERVICE COMMISSION

RESHAM GHAR COLONY, BAKSHI NAGAR, JAMMU - 180016

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IMPORTANT NOTICE

Subject: - **Facility of Scribe and Compensatory Time for Persons with Benchmark Disabilities (PwBDs)-regarding.**

It is hereby notified for information of the Persons with Disability (PwD) candidates appearing in the Written Examinations for the posts of Lecturer(s) in various disciplines in the School Education Department are scheduled to be held on various dates from **27.09.2025 to 09.11.2025**, that the facility of compensatory time and/or Scribe shall be allowed as per the following details:

The facility of compensatory time and/or Scribe shall be allowed to any person with benchmark disability as-defined under section 2(r) of the RPwD Act, 2016 and has limitation in writing including that of speed if so desired by him/her.

In case of persons with benchmark disabilities (PwBD) in the category of blindness, locomotor disability (Both arms affected-BA) and Cerebral Palsy, the facility of scribe is provided, if desired by the candidate.

Compensatory time of 20 minutes per hour of examination shall be provided for eligible persons with benchmark disabilities [certified by the Standing Medical Board or a Medical Board constituted by the Government for the purpose, as per rule 17 of Jammu and Kashmir Public Service Commission (Conduct of Examination) Rules, 2022].

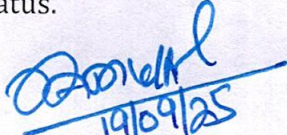
In case of remaining categories of persons with benchmark disabilities (PwBD), the facility of scribe and compensatory time will be provided on production of a certificate at the time of examination to the effect that the person concerned has physical limitation to write, and scribe is essential to write examination on his behalf, from the Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Government Health Care Institution as per proforma as **Annexure-A**.

Documents which are required to be submitted to the Controller of Examination 05 days before the Examination Date.

- i. **Application on plain paper**
- ii. Persons with Disability Certificate (Self-attested).
- iii. Certificate regarding physical limitation to write (Annexure-A).
- iv. Letter of Undertaking for Using Scribe, the same shall be provided by the Commission.
- v. Admit Card/Roll Number and Contact Number.

Note-I: For availing the facility of Scribe and/or compensatory time in terms of the conditions given above, a candidate should have filled the application form as PwD candidate, at the time of applying for the post.

Note-II: The candidature of such candidates shall remain provisional till the veracity of the relevant document/s is verified. Candidates shall be debarred from the examination in case of fraudulent claim of PwD status.


(Sachin Jamwal)JKAS,

**Controller of Examinations,
J&K Public Service Commission.**

Encl:- Annexure "A"

No:-PSC/Exam/Lecturers/2024/39

Dated: 19.09.2025

Copy to the:-

1. Secretary to the Government, School Education Department, Civil Secretariat, Srinagar/Jammu.
2. Director, Information Department, J&K with the request to publish the notification in the leading local dailies published from Srinagar/Jammu.
3. Deputy Controller of Examination, J&K Public Service Commission for information.
4. Deputy Secretary (N), J&K Public Service Commission for information.
5. ALR (S), J&K Public Service Commission for information.
6. P.S. to Hon'ble Chairman, J&K Public Service Commission for information of the Hon'ble Chairman.
7. P.S. to Member for information of _____ Hon'ble Member, J&K PSC.
8. All Sr. Standing /Standing Counsel J&K PSC, Srinagar/Jammu.
9. P.A. to Secretary, J&K Public Service Commission.
10. Stock file/Main file.

Certificate regarding physical limitation in an examinee to write

This is to certified that, I have examined Mr/Miss/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 and to state that He/ She has physical limitation 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

Name and designation

Name of the 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- Orthopaedic specialist/ PMR).