

OP JINDAL UNIVERSITY, PUNJIPATHRA, RAIGARH

Ref. No.: OPJU/Exam/19/51

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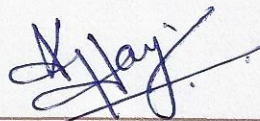
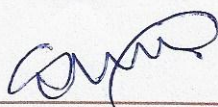
STANDARD OPERATING PROCEDURE FOR CONDUCTION OF THE WRITTEN EXAMINATIONS FOR PERSONS (SCRIBER / WRITER) WITH BENCHMARK DISABILITIES AS PER GUIDELINES OF UGC.

In compliance of the UGC Guidelines issued to The Registrar, All the Universities/Deemed to be Universities, this **Standard Operating Procedure (SOP)** has been prepared for implementation at OP Jindal University (OPJU) for conducting written examination for students with Benchmark Disabilities.

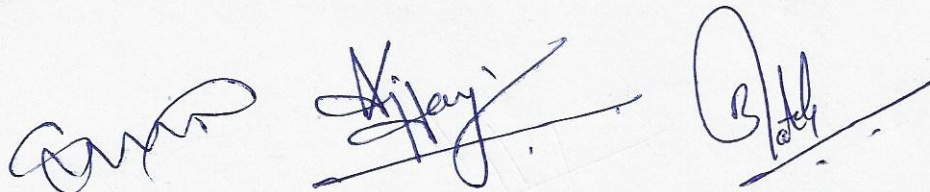
This SOP guideline is called as “Guidelines for conducting written examinations for students with Benchmark disabilities”.

This SOP will be applicable and implemented for all three Schools with immediate effect as per the UGC Guidelines.

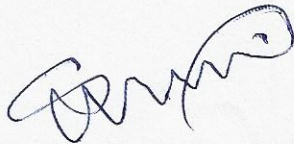
1. The student with benchmark disabilities may apply in writing with a request to provide a Writer through concerned HOD to Controller of Examination indicating his/her particulars and details of various papers/exams in which he/she wishes to appear.
2. In case of student with benchmark disabilities in the category of blindness, loco-motor disability (both arm affected-BA) and cerebral palsy, the OPJU shall provide the scribe/reader/lab assistant, if so desired by the candidate.
3. In case of other category of students with benchmark disabilities, he/she may write an application for the provision of scribe/reader/lab assistant duly accompanied by a certificate issued by the competent authority (Chief Medical Officer/Civil Surgeon/Medical Superintendent of Government Health Care Institution). The format of the certificate is enclosed and marked as **Annexure-I**.
4. The Examination Dept. will process his/her request and with the approval of the Controller of Examination will communicate the student through HOD, “the actions/the decisions” taken in this regard.
5. The student with disability will arrange scribe/writer for herself/ himself with the approval of Controller of Examination.



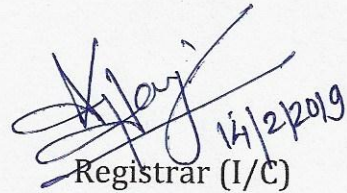
6. The student having benchmark disabilities shall have the discretion of opting his/her own scribe/reader/lab assistant or request the Controller of Examination for the same. For this purpose, OPJU shall form a committee under the Controller of Examination to identify the scribe/reader/lab assistant and shall intimate the student two days before the examination so that the student shall get a chance to check and verify whether the scribe is suitable or not.
7. The qualification of the scribe shall not be more than the minimum qualification (matriculate or above).
8. The Scribe/Writer must be at least one grade lower/less qualified than the examinee to whom the scribe is to be provided. The Undertaking proforma, as provided by UGC is attached as **Annexure-II**.
9. Flexibility in accommodating –In case of emergency the scribe may be changed. The student should be allowed to take more than one scribe for writing different papers only for the languages, however there should be only one scribe per subject.
10. The students with benchmark disabilities may be allowed to appear examination on computer system and on his/her request. The examinee shall check the system one day in advance (own computer/laptop should not be allowed for the examination except computer accessories viz key board, mouse).
11. The Controller of Examination of OPJU shall ensure the details regarding the scribe/reader, availability of question papers in the format opted by the candidate(student), suitable seating arrangement for writing examination. The procedure for providing facility to the scribe and the student shall be verified at the time filling up the examination forms.
12. Compensatory Time: The student with benchmark disability shall be allowed one extra hour over and above the regular duration of examination if he/she does not opt for scribe/writer.
13. Assistive Devices: The Controller of Examination will also ensure in allowing the assistive devices like talking calculator (where calculators are allowed for giving exams (Braille slate, abacus, geometry kit, Braille measuring tape and augmentative communication devices like communication chart and electronic devices.



14. Proper seating arrangement: The Controller of Examination will ensure that the seating arrangement should be made preferably on the ground floor prior to commencement of the examination and are easily accessible for the students in order to avoid any confusion or distraction on the day of the examination and also ensure the timings for question paper and supplementary papers.
15. No extra fee will be charged from the disabled student.
16. The exam controller will make extra arrangements for Scribe/Writer, one extra/separate invigilator in a separate room.



Controller of Examination



Registrar (I/C)



Vice Chancellor

ANNEXURE -I

Certificate regarding physical limitation in an examinee to write

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 capabilities owing to his/her disability.

Signature

Chief Medical Officer/Civil Surgeon/Medical Superintendent of
Government Health Care Institution

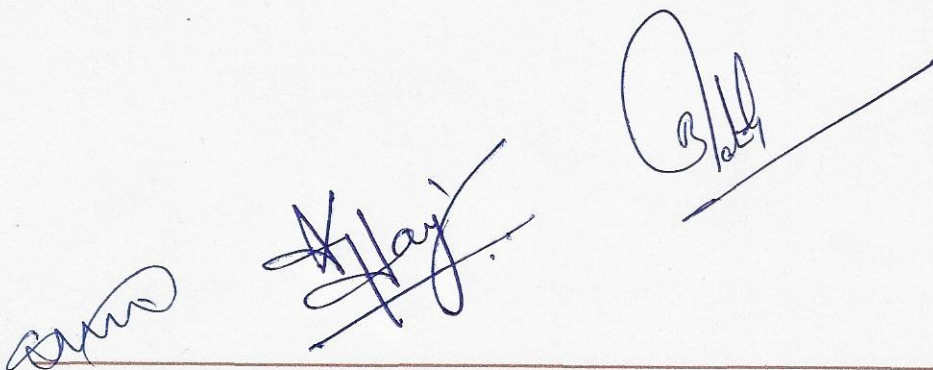
Name & Designation

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).



ANNEXURE -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 is 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:

