

STATE BANK OF INDIA
RECRUITMENT OF PHARMACISTS IN STATE BANK OF INDIA

GUIDELINES REGARDING PERSONS WITH DISABILITIES
USING THE SERVICES OF A SCRIBE

The facility of Scribe / Reader would be allowed to Visually Handicapped (VH) and Orthopedically Handicapped (OH) candidates who have disability of 40 % or more if so desired by the person. The facility of scribe is meant for only those candidates with disabilities who have physical limitation to write including that of speed. In all such cases where a scribe is used, the following rules will apply:

- The scribe will be allowed to be used as per the guidelines issued vide Office Memorandum F. No. 16-110/2003-DD.III dated February 26, 2013 of Government of India, Ministry of Social Justice and Empowerment, Department of Disability Affairs, New Delhi and clarification issued by Government of India, Ministry of Finance, Deptt. Of Financial Services vide letter F. No.3/2/2013 - Welfare dated 26.04.2013.
- The candidate will have to arrange his/ her own scribe at his/ her own cost.
- Both, the candidate as well as the scribe will have to give a suitable undertaking, in the prescribed format with passport size photograph of the scribe. Further, in case it later transpires that the candidate/scribe has suppressed any material facts, the candidature of the applicant will stand cancelled, irrespective of the result of the test/ examination.
- Candidates with disability who have physical limitation to write including that of speed shall be allowed compensatory time of 20 minutes per hour of the examination whether availing the facility of scribe or not.
- Only candidates registered for compensatory time will be allowed such concessions since compensatory time given to candidates shall be system based, it shall not be possible for the test conducting agency to allow such time if he/ she is not registered for the same. Candidates not registered for compensatory time shall not be allowed such concessions.
- Any candidate who is not eligible to use scribe as per the guidelines referred to above, but uses scribe in the written examination shall be disqualified to participate further in the recruitment process. Any candidate who is using scribe should ensure that he is eligible to use scribe in the examination as per the above guidelines. Any candidate using scribe in violation of the above guidelines shall stand disqualified and can be removed from service without notice, if has already joined the Bank.
- During the exam, at any stage, if it is found that scribe is independently answering the questions, the exam session will be terminated and candidate's candidature will be cancelled. The candidature of such candidates using the services of a scribe will also be cancelled if it is reported after the examination by the test administrator personnel that the scribe independently answered the questions.

Please fill up the DECLARATION and submit along with the call-letter.

DECLARATION

We, the undersigned, Shri/Smt/Kum. _____ **eligible candidate** for the examination for recruitment of **Pharmacists** in **State Bank of India** to be held on __. __. ____ and Shri/Smt/Kum _____ **eligible writer (scribe)** for the eligible candidate, do hereby declare that: -

1. The scribe is identified by the candidate at his/her cost and as per own choice.
2. The candidate has physical limitation to write including that of speed and he/she needs a writer (scribe) as permissible under the Government of India rules governing the recruitment of Persons with Benchmark Disability.
3. Candidates who have disability of 40 % or more and physical limitation to write including that of speed shall be allowed compensatory time of 20 minutes per hour, if they have opted for the same in their online application form, whether availing the facility of scribe or not.
4. In view of the importance of the time element, the examination being of a competitive nature, the candidate undertakes to fully satisfy the Medical Officer of the Bank that there was necessity for use of a scribe as he/she has physical limitation to write including that of speed by the disabilities as mentioned in guidelines regarding persons with benchmark disability using the services of a scribe.
5. The candidate has ensured that the scribe is not a candidate for this process (SBI- Rect. of Pharmacists-2021).
6. The scribe has ensured that he/she has not appeared/ is not appearing as a candidate in this process (SBI- Rect. of Pharmacists-2021).
7. We hereby declare that all the above statements made by us are true and correct to the best of our knowledge and belief. We also understand that in case it is detected at any stage of recruitment that we do not fulfill the eligibility norms and/or that the information furnished by us is incorrect/false or that we have suppressed any material fact(s), the candidature of the applicant will stand cancelled, irrespective of the result of the written test(s). If any of these shortcomings is/are detected even after the candidate's appointment, his/her services are liable to be terminated. In such circumstances, both signatories will be liable to criminal prosecution.

I, _____ the candidate, certify that I am eligible to use the services of a scribe **(Name of the candidate)** as per the Govt. Guidelines for Recruitment of Persons with Benchmark Disability.

I, _____ the candidate for this recruitment certify that I have ensured that the **(Name of the candidate)** above scribe has not appeared/ is not appearing for this Process (SBI- Rect. of Pharmacists-2021).

I, _____ (Scribe) certify that I am not a candidate for this Process. **(Name of the Scribe)** I will not solve the questions on behalf of the candidate. (SBI- Rect. of Pharmacists-2021).

Given under are our signature and details:-

Details of the candidate:		
Roll No.:	Name:	Signature:

Photo of Scribe	SCRIBE Details:
	Name:
	Date of Birth(dd/mm/yyyy):
	Father's Name:

Address 1
Address 2
City:
State:
Pincode:
Highest Educational Qualification:

Mobile No.:

Scribe's ID Type: (Tick appropriate box) Aadhar Card <input type="checkbox"/> Driving License <input type="checkbox"/> PAN Card <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Other ID _____ (Enter details of any one below and attach the copy)
ID Number :

Signature:

(Signature of Invigilator)