

No. E-18013/01/2020-HR
Food Safety and Standards Authority of India
A Statutory Authority under Ministry of Health & Family Welfare, Govt. of India
(HR Division)
FDA Bhavan, Kotla Road, New Delhi-110 002

The ^{23rd} July, 2020

NOTICE

Subject: Compensatory time to eligible PwBD candidates in written examination against advertisement No.DR-02/2019

The Persons with Benchmark Disabilities in the category of blindness, locomotor disability (both arm affected – BA) and cerebral palsy will be allowed Compensatory Time of twenty minutes per hour of the examination on production of original PwBD certificate issued from Appropriate Authority.

In case of other categories of Persons with Benchmark Disabilities, this facility will be provided on production of a certificate to the effect that the person concerned has physical limitation to write from the Chief Medical Officer/ Civil Surgeon/ Medical Superintendent of a Government Health Care institution as per proforma (From XII).

Candidate eligible for extra time are required to carry original PwBD certificate and certificate (From XII), as applicable. Further, Candidates using the facility of scribe would require to bring Form XIII also in addition to original PwBD certificate/certificate as per From XII (as applicable), otherwise no request for grant of extra time/scribe facility will be granted.


(Vinay Kumar Tarun)
Assistant Director (HR)

Encl: As stated.

Copy to:

CITO- with a request to kindly upload this notice on FSSAI webstie.

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/oD/o _____, a resident of

_____ (Village/District/State) and to state that he/she has physical limitation which happens his/her writing capabilities owing to his/her disability.

Place:

Date:

(Signature)

Chief Medical Officer/Civil Surgeon/Medical Superintendent of
a Government health care institution

Name and Designation

Name of Government Hospital/ Health care centre with seal

Note:

Certificate should be given by a specialist of the relevant stream/disability (Eg. Visual Impairment- Ophthalmologist, Locomotor Disability-Orthopaedic specialist/PMR)

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. _____ and Registration No. _____ at
_____ (name of the centre) in the District & State
_____ (name of the district and state). My qualification is
_____. I do, hereby, state that
_____ (name of the scribe) will provide the services of Scribe
for the undersigned for taking the aforesaid examination. I do, hereby, undertake that the qualification of
scribe is _____. In case, subsequently it is found that qualification of
scribe is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the
post and claims relating thereto. Place: Date: (Signature of the candidate with Disability)

Place:

Date:

(Signature of the candidate with Disability)