

**Bank of Maharashtra**  
**Recruitment of Manager Scale-II & III**  
**Date of Examination: 21.10.2016 (Friday)**

**GUIDELINES REGARDING PERSONS WITH DISABILITIES**  
**USING THE SERVICES OF A SCRIBE**

The facility of Scribe / Reader would be allowed to Visually Impaired (VI) 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:

- Please ensure you are eligible to use a scribe as per the Government of India rules governing the recruitment of Persons with Disabilities.
- 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.
- 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.

**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 **(Name of the Post)** in **Bank of Maharashtra** to be held on **21.10.2016** and Shri/Smt/Kum \_\_\_\_\_ **eligible writer (scribe)** for the eligible candidate, do hereby declare that: -

1. (i) The scribe is identified by the candidate at own cost and as per own choice.  
(ii) The candidate is Visually Impaired or Orthopedically Handicapped candidate who 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 Disability.

2. Visually Impaired or Orthopedically Handicapped candidates 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.
3. 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 mentioned in Paragraph 1, clause (ii) above.
4. 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.

**Given under our signature and contact details:-**

	<b>SCRIBE</b>	<b>CANDIDATE</b>
	Signature:	Signature:
	Name:	Name:
	Address:	Address:
Photo of the Scribe	Contact No.:	Contact No.:

\_\_\_\_\_  
(Signature of Invigilator)