

Advt. No. CORP/GRP.A/04/2024
Recruitment to the post of Scientist B (Level 10) against Continuing contract
vacancies on payscale

Important Notice for Candidates – Physically Challenged (PwD) category

1. As per the update published on C-DAC website, the recruitment examination for the Posts of “SCIENTIST ‘B’ IN C-DAC” through Advt. No.: CORP/GRP.A/04/2024 is tentatively scheduled to be held in last week of July / 1st week of August, for which schedule shall be published shortly.
2. For the candidates who have selected category as “Physically Challenged” (PwD), the disability Type & Disability Percentage is not available with C-DAC.

For the same, all such candidates requested to provide us the Disability Certificate along with other documents/annexures as mentioned in the preceding paras, on or before 20.07.2025, through email on recruitment@cdac.in

An email is already sent to all such candidates who have opted the category as “Physically Challenged”

3. As per the OMs issued by “Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice and Empowerment, Government of India”, following are the provisions –

- a) **In respect to the Persons with Benchmark Disabilities (PwBDs) as defined under section 2(r) of the RPwD Act, 2016 (i.e. disability not less than 40%),** benefits of Scribe/reader/lab assistant and/ or Compensatory time are to be provided as per the Guidelines issued by the Government of India, OM Nos. 34-02/2015-DD-III dated 29.08.2018 and Corrigendum F.No. 34-02/2015-DD-III (Pt) dated 08.02.2019 on Guidelines for conducting written examination for persons with Benchmark Disabilities.

Such Candidates availing themselves of the benefits of a scribe/reader/lab assistant and/or compensatory time must produce Appendix-I and Appendix-II, of this notice, as prescribed in the aforementioned OM. Additionally, they must possess a valid Disability Certificate issued in accordance with government norms.

- b) **In respect to the Persons with disability (PwD) within the meaning of Section 2(s) of the RPwD Act, 2016 i.e. persons having less than 40% disability and having difficulty in writing,** benefits of Scribe/reader/lab assistant and or Compensatory time are to be provided as per the Guidelines issued by Government of India, OM No. 29-6/2019-DD-III dated 10.08.2022 on Guidelines for conducting written examination for person with specified disabilities covered under the definition of Section 2(s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having in writing.

Such Candidates availing themselves of the benefits of a scribe/reader/lab assistant and/or compensatory time must produce Appendix-I-A and Appendix-II-A, of this notice as prescribed in the aforementioned Office Memorandum. Additionally, they must possess a valid Disability Certificate issued in accordance with government norms.

4. The PwBD/ PwD candidates who have availed themselves of the facility of scribes and /or compensatory time must produce relevant documents for the eligibility of scribe/ compensatory time at the time of Document Verification. Failure to produce such supporting documents will lead to cancellation of candidature. In this regard the candidates must provide the undertaking as per the format given in Appendix-III.
5. Candidates are required to confirm all the details asked above through email, on or before by **20/07/2025**, without fail.
6. The candidate has to arrange the Scribe on its own, having ensured that the qualification of the scribe should be one step below the candidates' qualification. Candidate is also required to submit details of the scribe as per proforma at Appendix-II or II-A under their respective category.
7. Candidates required to send the **scanned copy of the below mentioned documents** through email at recruitment@cdac.in on or before **20/07/2025** and also bring the Original Copy of the same at the time of your examination/document verification, failing of which your request for providing compensatory time/use of Scribe shall not be entertained –

a) Persons with Benchmark Disabilities (PwBDs) as defined under section 2(r) of the RPwD Act, 2016 (i.e. Disability not less than 40%)

- i. Valid Disability Certificate
- ii. Appendix-I (Certificate regarding physical limitation in an examinee to write.)
- iii. Appendix-II (Letter of Undertaking for using Own Scribe, if opted for scribe)
- iv. Scanned Copy of Govt. ID Proof of Scribe (If opted for scribe)
- v. Scanned Copy of Original Copy of Educational Qualification of Scribe (If opted for scribe)
- vi. Appendix-III

b) Persons with disability (PwD) within the meaning of Section 2(s) of the RPwD Act, 2016 i.e. (persons having less than 40% disability and having difficulty in writing)

- i. Valid Disability Certificate
- ii. Appendix-I-A (Medical Certificate that the person concerned has limitation to write)
- iii. Appendix-II-A (Letter of Undertaking, if opted for scribe)
- iv. Scanned Copy of Govt. ID Proof of Scribe (If opted for scribe)
- v. Scanned Copy of Original Copy of Educational Qualification of Scribe (If opted for scribe)
- vi. Appendix-III

8. In case no response is received from the candidates by **20/07/2025** regarding request for providing compensatory time/ opting of Scribe, it will be presumed that the candidate is not requesting for providing compensatory time/ opting of Scribe related the Recruitment Examination and the same will be dealt accordingly.

The requisite Annexures stated in the notice above are attached below.

July 9, 2025

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 a
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 (e.g. Visual impairment-Ophthalmologist, Locomotor disability-Orthopaedic specialist/PMR)

Certificate for person with specified disability covered under the definition of Section 2 (s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing.

This is to certify that, we have examined Mr/Ms/Mrs (name of the candidate), S/o /D/o, a resident of(Vill/PO/PS/District/State), aged yrs, a person with (nature of disability/condition), and to state that he/she has limitation which hampers his/her writing capability owing to his/her above condition. He/she requires support of scribe for writing the examination.

2. The above candidate uses aids and assistive device such as prosthetics & orthotics, hearing aid (name to be specified) which is /are essential for the candidate to appear at the examination with the assistance of scribe.

3. This certificate is issued only for the purpose of appearing in written examinations conducted by recruitment agencies as well as academic institutions and is valid upto _____ (it is valid for maximum period of six months or less as may be certified by the medical authority)

Signature of medical authority

(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)
Orthopaedic / PMR specialist	Clinical Psychologist/Rehabilitation Psychologist/Psychiatrist / Special Educator	Neurologist (if available)	Occupational therapist (if available)	Other Expert, as nominated by the Chairperson (if any)
(Signature & Name)				
Chief Medical Officer/Civil Surgeon/Chief District Medical Officer.....Chairperson				

Name of Government Hospital/Health Care Centre with Seal

Place:

Date:

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/ UT) 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/ her qualification is _____. In case, subsequently it is found that his/ her 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:

Letter of Undertaking by the person with specified disability covered under the definition of Section 2 (s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing

I _____, a candidate with _____ (nature of disability/condition) appearing for the _____ (name of the examination) bearing Roll No. _____ at _____ (name of the centre) in the District _____, _____ (name of the State). My educational qualification is _____.

2. I do hereby state that _____ (name of the scribe) will provide the service of scribe for the undersigned for taking the aforementioned examination.

3. 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 or certificate/diploma/degree and claims relating thereto.

(Signature of the candidate)

(Counter signature by the parent/guardian, if the candidate is minor)

Place:

Date:

Appendix-III

UNDERTAKING FOR CLAIMING BENEFITS OF “SCRIBE/READER/LAB ASSISTANT” AND OR

“COMPENSATORY TIME” BY PWD/PWBD CANDIDATES FOR DOCUMENTS SUBMISSION.

1. I _____, a candidate with _____ (nature of disability/condition) appearing for the _____ (name of the examination) bearing Application form No. _____ at _____ (name of the Centre) in the District _____ (name of the State). My educational qualification is _____.
2. I do hereby undertake that at the time of Document Verification, I shall produce the necessary certificate required for proving my eligibility/ entitlement for availing the facility of “Scribe/reader/lab assistant “and/or “Compensatory time” etc. as stipulated in:-
 - (a) Guidelines issued by the Government of India, Ministry of Social Justice & Empowerment, Department of Empowerment of Persons with Disabilities (Divyangjan), vide Office Memorandum Nos. 34-02/2015-DD-III dated 29.08.2018 and Corrigendum F.No. 34-02/2015-DD-III (Pt) dated 08.02.2019 on the Subject: **Guidelines for conducting written examination for Person with Benchmark Disabilities**
 - OR**
 - (b) Guidelines issued by Government of India, Ministry of Social Justice & Empowerment, Department of Empowerment of Persons with Disabilities (Divyangjan) vide Office Memorandum No. 29-6/2019-DD-III dated 10.08.2022 on the Subject: **Guidelines for conducting written examination for person with specified disabilities covered under the definition of Section 2(s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having in writing**
3. I further undertake that failure to produce the required supporting documents will forfeit my claim to the post.

Signature of the candidate: _____

Name: _____

Application Number: _____

Place: _____

Date: _____