Additional information to the PWD candidates appearing in the written examination for recruitment to the post of Group D:

PWD candidate (Visually Handicapped/ Cerebral Palsy/ Motor Neurone disease) may be allowed to take the help of a scribe in the Examination Hall with prior permission from the Board/ District Coordinator (ADM concerned of the district) at least three days prior to the date of examination. Application Form is available in the website of the Board under the "Recruitment" page. The scribe should be a student studying in class VIII or less. Necessary certificate bearing photograph of the scribe, duly attested, from the Head of the Institution regarding the educational qualification of the scribe has to be submitted along with the Application. The Application should also be accompanied with a valid medical certificate from an authorized medical attendant, certifying that the candidate's disability is more than 40%. The Permission letter in duplicate has to be produced by the candidate to the Venue Supervisor prior to the starting of Examination.

The PWD candidates (Visually Handicapped/ Cerebral Palsy/ Motor Neurone disease case) with or without scribe may be allowed 25 min. extra as "Compensatory time".

<u>Specimen Application Form for engagement of Scribe for the PWD candidates appearing in W.B.Group D RecruitmentExamination, 2017</u>

То							
The Sec	· ·						
W.B.Gr	oup D Recruitment Board						
The Dic	Or strict Coordinator (ADM)						
	District						
Sir,							
	I am a PWD (Persons with Disabilities) candida		·				
Examin	nation 2017 to be conducted by the W.B.Group	D Recruitment Board o	on 20 May 2017.				
	Necessary particulars are given below:						
		Photo of	Photo of				
		Scribe	candidate				
		<u> </u>					
1)	Name of the candidate –						
2)	Name of Father/ Mother –						
3)	Mailing address –						
4)	E-mail ID —						
5)	Registered Mobile No						
6) 7\	Roll No						
7)	Examination venue – Name of the Scribe –						
8) 9)	Name of Father/ Mother –						
•	Mailing address –						
-	E-mail ID –						
	Mobile No.(If any)						
13)	Highest educational qualification –						
	(should be a student studying in class VIII or less)						
	I agree to work as Scribe	_	e of Identifying/ attesting				
	authority with Seal (Board)						
			Dist Coord)				
	(Signature of Scribe)						
	I do hereby declare that all the statements made inthe application are true and correct. In						
	the event of any of the information being found false or incorrect or any ineligibility being						
	detected before or after the test, my candidature and results are liable to be cancelled and						
	bappropriate action may be initiated against me.						
	~ .	6.	CDMD III.				
	Date:	Signature of	f PWD candidate				

Certificates to be enclosed: 1) Disability certificate from authorized Medical attendant 2) Certificate of the Head of Institution regarding educational qualification of scribe

THE WEST BENGAL GROUP D RECRUITMENT BOARD

Permission for Scribe for 2017 Examination for GROUP-D (Venue Supervisor's copy)

Permission No	ph 2017 Ca	aste Passport Size black & white notograph of the PWD andidate duly signed Candidate's Photo	Paste Passport Size black & white photograph of the Scribe duly signed Scribe's Photo					
at								
Signature of the PWD Candidate		Signatur	re of Scribe					
Secretary WBGDRB	OR	Dis	strict Coordinator					

N.B – This copy has to be inserted by the Venue Supervisor in the sealed Blue envelope, along with the Attendance sheets and answered OMR sheets, and kept in the sealed canvas bag for return to the Board.

THE WEST BENGAL GROUP D RECRUITMENT BOARD

Permission for Scribe for 2017 Examination for GROUP-D (Candidate's copy)

Permission No	Paste Passp Size black white photograph the PWD Candidate d signed PWD Candidate's	& of uly	Paste Passport Size black & white photograph of the Scribe duly signed Scribe's Photo					
at								
Scribe whose signature is appended below along with the signature of the PWD Candidate								
Signature of the PWD Candidate		Signature	of Scribe					
Secretary WBGDRB	OR	Dist	rict Coordinator					
TO COLID	U	Disc	ince coordinator					

N.B – This copy has to be inserted by the Venue Supervisor in the sealed Blue envelope, along with the Attendance sheets and answered OMR sheets, and kept in the sealed canvas bag for return to the Board.