

**INDIAN OVERSEAS BANK: RECRUITMENT OF LOCAL BANK OFFICERS IN JMGS-I**  
**GUIDELINES REGARDING PERSONS WITH BENCHMARK DISABILITIES/SPECIFIED DISABILITIES**  
**USING THE SERVICES OF A SCRIBE**

**(This form will be collected during the examination)**

The facility of Scribe / Reader would be allowed to candidates who are eligible to use the services of scribe and opted for the same in their online application form. 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, Department of Financial Services vide letter F. No. 3/2/2013-Welfare dated 26.04.2013 and F. No. 29-6/2019-DD-III dated 10.08.2022.
- The candidate will have to arrange his/ her own scribe at his/ her own cost.
- The scribe can be from any academic stream.
- 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, conforming that the scribe fulfils all the stipulated eligibility criteria for a scribe as mentioned above. Further, in case it later transpires that the candidate/scribe did not fulfill any of the laid down eligibility criteria or has suppressed any material facts, the candidature of the applicant will stand cancelled, irrespective of the result of the test/ examination.
- Wrong information about the candidate/ scribe in declaration form submitted at the time of online application or at the time of examination or at any stage would render the candidate and scribe being debarred either permanently or for a specified period of time for Indian Overseas Bank examinations.
- Those candidates who are eligible to use services of scribe shall be eligible for compensatory time of 20 minutes or otherwise advised for every hour of the examination, if they have opted for the same in their online application form.
- The scribe arranged by the candidate should not be a candidate himself/herself for the online examination. If violation is detected at any stage of the process, candidature of both, the candidate and the scribe will be cancelled for Indian Overseas Bank examinations.
- The scribe arranged by the candidate should not be a scribe to any other candidate in the same examination process. In the event of such appearance of the scribe, the candidature of both the candidates may be cancelled and the scribe may be debarred to appear as scribe for future Indian Overseas Bank examinations.
- Only candidates registered for compensatory time (at the time of online application) 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 examination shall be disqualified to participate further in the recruitment process. Any candidate who is using services of scribe should ensure that he/she is eligible to use the services of scribe in the examination as per the above guidelines. Any candidate using the services of a scribe in violation of the above guidelines shall stand disqualified and can be removed from service without notice, if has already joined the Bank.
- For candidates availing scribe in accordance with OM - F. No. 29-6/2019-DD-III dated 10.08.2022, shall be allowed scribe facility subject to production of a certificate at the time of online examination to the effect that person concerned has limitation to write and that scribe is essential to write examination on his/her behalf from competent medical authority of a Government healthcare institution as per Appendix I of the above mentioned OM. Such candidates shall also, upload their certificate while filling the application form.
- 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. In such cases, the Candidate and scribe may also be debarred either permanently or for a specified period from all Indian Overseas Bank – examinations.
- Candidates are advised to take note of “The Public Examinations (Prevention of Unfair Means) Act, 2024” and Rules framed therein.

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

**DECLARATION**

We, the undersigned, Shri/Smt./Kum. \_\_\_\_\_ **eligible candidate** for the Online Examination for the Post of \_\_\_\_\_ in Indian Overseas Bank to be held on \_\_\_\_\_ at \_\_\_\_\_ (Time) 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 /Specified Disability.
3. Candidates with disabilities who have 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/specified disability using the services of a scribe.
5. The candidate has ensured that the scribe is not a candidate for this process (Indian Overseas Bank - Rect. of Local Bank Officers).
6. The scribe has ensured that he/she has not appeared/ is not appearing as a candidate in this process (Indian Overseas Bank - Rect. of Local Bank Officers)
7. We declare that the scribe has not acted/will not act as a scribe to any other candidate in the same examination process.
8. We understand that at any stage, if it is found that scribe is independently answering the questions, the exam session will be terminated and candidature will be cancelled. The candidature will also be cancelled if it is reported after the examination by the test administrator personnel that the scribe independently answered the questions.
9. 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 (both the candidate as well as scribe in case he/she has appeared in the same examination) 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 as **(Name of the candidate)** per the Govt. Guidelines for conducting written examination of Persons with Disability.

I, \_\_\_\_\_ the candidate for this recruitment certify that I have ensured that the above scribe has **(Name of the candidate)** not appeared/ is not appearing for this Process (Indian Overseas Bank - Rect. of Local Bank Officers).

I, \_\_\_\_\_ (Scribe) certify that I am not a candidate for this Process (Indian Overseas Bank - Rect. of Local Bank Officers). I will not solve the questions on behalf of the candidate.

\_\_\_\_\_  
**Signature of Candidate**

\_\_\_\_\_  
**Signature of Scribe**

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

|                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>Details of the candidate:</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Roll No.:                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>Scribe Details:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |                                                                            |  |  |  |  |                                                                                                                                    |  |  |  |  |
| Mobile No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  | Date of Birth (dd/mm/yyyy): |  |  |  |  |  |  |  |  |  | Gender : M   F   Transgender                                               |  |  |  |  |                                                                                                                                    |  |  |  |  |
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| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |                                                                            |  |  |  |  | <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p>Photo of Scribe</p>                   |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |                                                                            |  |  |  |  |                                                                                                                                    |  |  |  |  |
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| Email_Id :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |                                                                            |  |  |  |  |                                                                                                                                    |  |  |  |  |
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| Father's Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |                                                                            |  |  |  |  |                                                                                                                                    |  |  |  |  |
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| Address 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |                                                                            |  |  |  |  |                                                                                                                                    |  |  |  |  |
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| Address 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |                                                                            |  |  |  |  |                                                                                                                                    |  |  |  |  |
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| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |                                                                            |  |  |  |  |                                                                                                                                    |  |  |  |  |
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| State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |                                                                            |  |  |  |  |                                                                                                                                    |  |  |  |  |
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| Pincode:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |                                                                            |  |  |  |  |                                                                                                                                    |  |  |  |  |
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| Highest Educational Qualification:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |                                                                            |  |  |  |  |                                                                                                                                    |  |  |  |  |
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| Relationship with the candidate:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |                                                                            |  |  |  |  |                                                                                                                                    |  |  |  |  |
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| <b>Scribe's ID Type : (Tick appropriate box)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |                                                                            |  |  |  |  |                                                                                                                                    |  |  |  |  |
| <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Driving License <input type="checkbox"/> PAN Card <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID Card                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |                                                                            |  |  |  |  |                                                                                                                                    |  |  |  |  |
| Other ID (Specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |                                                                            |  |  |  |  |                                                                                                                                    |  |  |  |  |
| <b>(Enter number of the selected ID below and attach the copy )</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |                                                                            |  |  |  |  |                                                                                                                                    |  |  |  |  |
| ID No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |                                                                            |  |  |  |  |                                                                                                                                    |  |  |  |  |
| <p>I have gone through the relevant clause in the Advertisement regarding PwBD and Scribe candidates. I declare and undertake that I would not answer/solve questions in the examination independently. I understand that the candidate is liable to be debarred from the examination or future exams if it is found that I have answered the questions on my own. I am also liable to face legal actions if I indulge in malpractices as a Scribe along with the candidate. I am not a candidate and I have not acted/will not act as scribe for any other candidate for the same exam process.</p> |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |                                                                            |  |  |  |  |                                                                                                                                    |  |  |  |  |
| Signature of the Scribe:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |                                                                            |  |  |  |  | <div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div> <p>Thumb Impression<br/>of the Scribe</p> |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |                                                                            |  |  |  |  |                                                                                                                                    |  |  |  |  |

\_\_\_\_\_  
(Signature of Candidate)

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