STATE BANK OF INDIA

RECRUITMENT OF SPECIALIST CADRE OFFICERS IN STATE BANK OF INDIA

GUIDELINES REGARDING PERSONS WITH DISABILITIES
USING THE SERVICES OF A SCRIBE

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:

1. 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.
2. A person who wants to avail benefit of reservation under section 34 of "The Right of Persons with Disabilities Act 2016" **Persons with Benchmark Disability (PwBD**) /**Persons with specified disabilities** covered under the definition of section 2(s) of RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said act, will have to submit a latest disability certificate issued by a Competent Authority as per Government of India guidelines. Such certificate will be subject to verification/ re-verification as may be decided by the competent authority. The certificate should be dated **on or before last date of registration of application.**
3. The candidate will have to arrange his/ her own scribe at his/ her own cost.
4. The scribe should be from an academic stream different from that stipulated for the post.
5. 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.
6. Those candidates who are eligible to use 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.
7. The scribe arranged by the candidate should not be a candidate himself/herself for the SBI-Recruitment of Specialist Cadre Officers vide advertisement no. CRPD/SCO/2026-27/02. If violation is detected at any stage of the process, candidature of both, the candidate and the scribe will be cancelled for the recruitment exercise.
8. 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.
9. 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 proforma at **Appendix I & Appendix II**
10. **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/ detected after the examination by the test administrator personnel that the scribe independently answered the questions.**
11. Candidates are advised to take note of "The Public Examinations (Prevention of Unfair Means) Act, 2024".

Please fill up the DECLARATION and submit along with the call letter at the END of the EXAM

DECLARATION

We, the undersigned, Shri/Smt/Kum. _____ **eligible candidate** for the examination for **Recruitment of Specialist Cadre Officers** in **State Bank of India** to be held on **__. __. _____** 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 Handicapped 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 Handicapped 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
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. The candidate has ensured that the scribe is not a candidate for this process (SBI-CRPD/SCO/2026-27/02).
5. The scribe has ensured that he/she has not appeared/ is not appearing as a candidate in this process (SBI- CRPD/SCO/2026-27/02).
6. 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 also be cancelled if it is reported after the examination by the test administrator personnel that the scribe independently answered the questions.
7. 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.

I, _____ (**Name of the candidate**) the candidate, certify that I am eligible to use the services of a scribe as per the Govt. Guidelines for Recruitment of Persons with Benchmark Disability.

I, _____ the candidate for this recruitment certify that I have ensured that the (**Name of the candidate)** above scribe has not appeared/ is not appearing for this Process (SBI-CRPD/SCO/2026-27/02).

I, _____ (Scribe) certify that I am not a candidate for this Process. **(Name of the Scribe)** I will not solve/answer the questions on behalf of the candidate, nor prompt him/her the answer, except submitting the option as selected by the candidate. (SBI-CRPD/SCO/2026-27/02).

Signature of Candidate **Signature of Scribe**

Given under are our signature and details: -

Details of the candidate:		
Roll No.:	Name:	Signature:

Scribe Details:

Mobile No.: Date of Birth (dd/mm/yyyy): Gender : M F Transgender

Name:

Email_Id :

Father's Name:

Photo of Scribe

Address 1

Address 2

City:

State: Pincode:

Highest Educational Qualification:

Scribe's ID Type : (Tick appropriate box)

☐ **Aadhar Card** ☐ **Driving License** ☐ **PAN Card** ☐ **Passport** ☐ **Voter ID Card**

Other ID (Specify) _____

(Enter number of the selected ID below and attach the copy)
ID No.

I have gone through the relevant clause in the Advertisement regarding **PwBD/Specified Disability** and Scribe candidates. I declare and undertake that I would not answer/solve questions in the examination on behalf of the candidate, nor prompt him/her the answer, except submitting the answer as selected by the candidate. 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.

Left Thumb Impression of the Scribe

Signature of the Scribe:

(Signature of the candidate) **(Signature of Invigilator)**

APPENDIX- I

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)
Orthopedic/ 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 :

APPENDIX II

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/her 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)

Place:

Date:

Note: The prescribed proforma shall be subject to amendment from time to time as per Government of India Guidelines.