

INSTRUCTIONS FOR CANDIDATES/SCRIBES DUE TO COVID-19

1. Candidate/Scribe must maintain social distancing starting from point of entry in the exam venue till his/her exit from the exam venue and follow the Signages/ Notice Board.
2. In case Candidate is having COVID-19 symptom, in that case he/ she shall be allowed to appear in CBT in a separate Isolation Lab/ Hall.
3. Candidate/Scribe must bring their own Face Mask, Hand Gloves, personal hand sanitizer (50ml), transparent blue/black ball point pen, PET water Bottle (transparent) and the exam related documents (Admit Card, Photo ID Card etc.). No other items will be permitted inside exam Lab/Hall.
4. Candidate/Scribe must have Aarogya Setu App installed on his/her mobile phone. The Aarogya Setu dashboard must show candidate's risk factor. Candidate will have to show this dashboard to the Security Guard at the entry into the exam venue. THIS IS MANDATORY. In case a candidate does not have a smart phone, he/she will have to bring in a signed declaration to this effect (self-declaration is enclosed in ANNEXURE-I) and show the same to the Security Guard at the entry into the exam venue.
5. Temperature of candidates/scribes will be checked at the entry to the exam venue via a Thermo Gun.
6. Candidate's Roll Number and the Lab Number' will NOT be displayed outside the exam venue, but the same will be provided to the candidates individually at the time of entry to the exam venue after their Admit Card and ID verification.
7. Candidates/Scribes need to follow directions given by Examination Centre representatives in order to observe social distancing at the entry point.
8. At registration desk, the candidate will be directed to sanitize his / her hands using sanitizer after which Photograph will be captured during the registration process.
9. Candidates/Scribes will be under CCTV surveillances from entry to exit in the examination premises.
10. Candidate is required to report at the exam venue strictly as per the time slot mentioned in the admit card which will also be informed via SMS on their registered mobile number prior to exam date. It is expected that candidates strictly adhere to this time slot – as entry into the test centre will be provided based upon the same.

ANNEXURE - I

Self – Declaration

I, the undersigned, hereby declare that I don't carry mobile phone with "Arogya Setu" app for displaying either my Covid-19 status or the risk factor at the exam centre. I, further certify to the best of my knowledge & belief that :

(Please tick the appropriate option & proceed)

1. I have been tested Covid-19 positive as under :

Test Date: _____

Subsequent Test Date: _____

Subsequent Test Result: Positive/ Negative

2. I am having the following symptoms:

Cough Fever

Cold / Runny Nose Breathing Problem

3. I have not been tested positive for Covid-19 nor have been identified as a potential carrier for Corona Virus and do not have any of the following symptoms:

Cough Fever

Cold / Runny Nose Breathing Problem

Candidate Name : _____

Roll Number : _____

Date of Examination : _____

Exam Centre Name : _____

Signature of Candidate _____

APPENDIX- I

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 (eg. Visual impairment – Ophthalmologist, Locomotor disability – Prthopaedic specialist/PMR).

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). 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 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 and claims relating thereto.

(Signature of the candidate with Disability)

Place:

Date: