



**ODISHA PUBLIC SERVICE COMMISSION  
CUTTACK  
NOTICE**

No. 772 /P.S.C., Dt. 03/02/2025  
1E-48-2024/25 (DR-III)

In continuation to this office Notice No. 342/PSC dt. 16.01.2025, the concerned PWD candidates are requested to furnish detail information about the Scribe as per proforma at APPENDIX-I & II along with Name of the Scribe, Date of Birth, Educational Qualification, Address, Scanned copy of specimen signature & Photograph by email to OPSC (Email ID- opsc@nic.in) **on or before 06.02.2025** positively for written examination of recruitment to the post of **Assistant Soil Conservation Officer, Group-B**, pursuant to **Advt. No. 01 of 2024-25**.

The candidates are advised to visit the website of the Commission at <http://opsc.gov.in>.

*For Secretary*  
Secretary

**APPENDIX-I**

Certificate regarding Physical limitation in an examination

This is to certify that, I have examined Mr/Ms/Mrs \_\_\_\_\_ (name of the candidates 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

CDM & PHO/Civil Surgeon/Medical Superintendent of a government health care institution.

Name and Designation

Name of Government Hospital/Health care centre

Place :

Date :

Note : Certificate should be given by a Specialist of the relevant stream/disability (eg. Visual impairment – Ophthalmologist, Locomotor disability – Orthopaedic Specialist/PMR)

**APPENDIX-II**

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 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 :