



तमिलनाडु केन्द्रीय विश्वविद्यालय  
(संसद द्वारा पारित अधिनियम २००९ के अंतर्गत स्थापित)  
**CENTRAL UNIVERSITY OF TAMIL NADU**  
(Established by an Act of Parliament, 2009)  
नीलक्कुडी Neelakudi तिरुवारूर Thiruvarur - 610 005  
Tamil Nadu www.cutn.ac.in  
**EXAMINATIONS SECTION**

CUTN/Exam/Course Registration/2023/188

11<sup>th</sup> May, 2026

**CIRCULAR**

**Sub:** Guidelines for conducting written examination for Persons with Benchmark Disabilities. – Reg.

The Ministry of Social Justice & Empowerment, Department of Empowerment of Persons with Disabilities (Divyangjan) has issued the guidelines for conducting written examination for persons with disabilities defined in terms of erstwhile Persons with Disabilities (Equal Opportunities, Protection for Rights and Full Participation) Act, 1995 vide OM No. 16-17012003-DD III dated 26.02.2013). The Central Government later on enacted the Rights of Persons with Disabilities Act, 2016 (RPwD Act, 2016) which came into force from 19.04.2017. The Act provides for reservation in Government jobs for persons with benchmark disabilities as defined under section 2 I of the said Act. Accordingly, Department of Empowerment of Persons with Disabilities vide O.M No. 34-0212015-DD-III dated 29.08.2018 revised the guidelines issued on 2013.

The word “extra time or additional time” that is being currently used has been changed to “Compensatory time” and the same should not be less than 20 minutes per hour of examination for persons who are allowed use of scribe/ reader/lab assistant. All the candidates with benchmark disability not availing the facility of scribe may be allowed additional time of minimum of one hour for examination of 3 hours duration. In case the duration of the examination is less than an hour, then the duration of additional time should be allowed on pro-rata basis. Additional time should not be less than 5 minutes and should be in the multiple of 5.

The provision of scribe/reader/lab assistant can be allowed on production of a certificate to the effect that the person concerned has physical limitation to write, and scribe is essential to write examination on his behalf, from the Chief Medical Officer / Civil Surgeon / Medical Superintendent of a Government health care institution as per proforma at **Appendix – I**.

वरिष्ठ प्रो. सुलोचना शेखर  
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In case the candidate is allowed to bring his own scribe, **the qualification of the scribe should be one step below the qualification of the candidate taking examination.** The persons with benchmark disabilities opting for own scribe / reader should submit details of the own scribe as per proforma at **Appendix – II.**

The Office Memorandum no. F.No.34-02/2015-DD-III dated 29.08.2018 issued by the Ministry of Social Justice & Empowerment is attached herewith for your kind reference.

  
11/05/26  
**CONTROLLER OF EXAMINATIONS**

**To**

1. All Heads of the Departments
2. All Faculty members

वरिष्ठ प्रो. सुलोचना शेखर  
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**Copy to:**

1. All Dean of Schools
2. Dean (Academics)
3. PS to Vice Chancellor
4. PS to Registrar
5. PS to Controller of Examinations

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 (nature and percentage of disability as  
with 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)  
\_\_\_\_\_ (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 j 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: