वनआनुवंशिकीएवंवृक्षप्रजननसंस्थान

INSTITUTE OF FOREST GENETICS & TREE BREEDING



भारतीयवानिकीअनुसंढानएवंशिक्षापरिषद (INDIAN COUNCIL OF FORESTRY RESEARCH & EDUCATION) स्वायत्तनिकाय/ An Autonomous Body of पर्यावरण, वनएवंजलवायुपरिवर्तनमंत्रालय, भारतसरकार

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No.CTR-I/24-133/2022/IFGTB/Gr.CRect.

Dated: 30.01.2023

NOTICE

It is hereby informed that the candidates with Benchmark Disability who have applied for the Group C Posts (MTS, LDC & Technical Assistant) against the advertisement No.02/2022 dated 13.10.2022 of this Institute are requested to submit their willingness for assisting facility of scribe/reader.

The facility of Scribe/reader shall be allowed to the persons with benchmark disability as defined under section 2(r) of the RPwD Act,2016 and who has limitation in writing including that of speed if so desired by him/her.

In case of persons with benchmarks disabilities in the category of blindness, locomotors disability (both arm affected-BA) and cerebral palsy, the facility of scribe/reader shall be given, if so desired by person.

In case of other category of persons with benchmark disabilities, the provision of scribe/reader 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.**

The candidates shall have the discretion of opting for his own scribe/reader or request the Institute for the same.

In case the candidates bring his/her 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 **APPEXDIX-II**.

Therefore, the candidates with Benchmark Disability are instructed to submit the prescribed certificates enclosed herewith for further action at this end for suitable seating arrangement for the written examination to the post of MTS on 04.01.2023, LDC on 05.01.2023 and Technical Assistant on 11.Q1.2023.

DIRECTOR, ICFRE-IFGTB

COIMBATORE.

e-mail: dir_ifgtb@icfre.gov.in

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, Lcomotor disability - Prthopaedic

specialist/PMR).

Letter of Undertaking for Using Own Scribe

, I, a car	ndidate with (name
of the disability) appearing for the	(name of the
examination) bearing Roll No.	at
(name of t	he centre) in the District
	(name of the State). My
qualification is	
I do hcreby state that	(name of the scribe) will
provide the service of scribe/reader/lab as	ssistant for the undersigned for
taking the aforesaid examination.	
I do hereby undertake that his qualifi	ication is In
case, subsequently it is found that his quali	fication is not as declared by the
undersigned and is beyond my qualification	n, I shall forfeit my right to the
post and claims relating thereto.	
(Signature	of the candidate with Disability)
Place:	
Date:	