



ODISHA PUBLIC SERVICE COMMISSION

KATAKA

NOTICE

No. 5520 /PSC, Dt. 24/09/26

(2PG-02-26/27, DR-I)

It is for information of all concerned that, the PwD Candidates having categories **Blindness, Locomotor Disability (both arms affected) & Cerebral Palsy** are allowed to take assistance of Scribe in the Odisha Civil Services Main (written) Examination 2025, pursuant to Advt. No. 05 of 2025-26 scheduled to be held from **29.10.2026 to 07.11.2026**.

Hence, the PwD Candidates having aforesaid categories shall furnish detailed information about their Scribe as per Proforma at **Appendix-II** by E-mail to OPSC (Email ID-opsc@od.gov.in which should reach Office of the Commission on or before **05.10.2026 positively** for consideration of the Commission.

2. Except the aforesaid 03 categories, the other category of persons with benchmark disabilities who have opted to take assistance of Scribe shall furnish a Written Statement from the Chief Medical Officer or Civil Surgeon or Medical Superintendent of a Government Health Care Institution as per Proforma at **Appendix-I**, to the effect that, the person concerned has 'physical limitation' to write, and Scribe is essential to write in the Examination on his/her behalf. After obtaining the Certificate regarding Physical limitation, from the Chief Medical Officer or any other 'competent authority' as stated above, these candidates shall submit the details of their own Scribe as per Proforma at **Appendix-II** by Email to OPSC (Email ID-opsc@od.gov.in) which should reach Office of the Commission on or before **05.10.2026 positively** for consideration of the Commission.

N.B: -

- (i) The qualification of the Scribe should be one step below the qualification of the candidate taking Examination.
- (ii) While sending the information about the Scribe, the Candidates shall have to clearly mention the PPSAN, Date of Birth of the Candidate. The Candidates shall also furnish the scanned **Photograph** along with **Photocopy of Educational Qualification & 'Specimen Signature' of the Scribe.**
- (iii) The Candidate who will fail to furnish the detailed information by the stipulated date shall **not be allowed** to take assistance of Scribe under any circumstances.

- (iv) Persons other than those recognised by the Commission cannot be engaged by the candidate as a Scribe in the Examination.
- (v) The PwD candidates who have already submitted their scribe details for OCS Preliminary Examination, 2025 vide this office notice No.5015/PSC, Dt-03.09.2026 need not submit their scribe details once again.

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


Secretary

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 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

CDMO & PHO/Civil Surgeon/Medical Superintendent of a Government Health Care Institution.

Name and 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 (e.g. 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 :