

EXAMINATION RULES CUM GUIDELINES FOR PHYSICALLY DISABLED STUDENTS

Following are covered under the rules:

- a) Student admitted to DA-IICT under Physically Disabled category.
- b) Any Student falling under categories of disabilities and having a certificate (Prescribed format attached) from the Chief Medical Officer/Civil Surgeon/Medical Superintendent of a government health care institution. This certificate must state that the authority has examined the condition of the candidate and s/he is found to be limited in writing exams.
- c) Any student having temporary disability (e.g. having fracture/plaster) which must be supported by a medical certificate from one of the authority as stated in the point (b) above and/or endorsed by DAIICT Medical Officer.

Procedure:

Any students of above category (other than c), should write to Controller of Examination (CoE) mentioning their final registration details (course name, code and CI name) as per e-campus and the type of assistance required for examination of each registered course. The application should reach at the beginning of the semester.

Entitlements:

The student of any of above category can ask for:

- i) **Compensatory Time:** 20 minutes per hour of examination will be provided as compensatory time. For exams of lesser duration, compensatory time will be given on pro-rata basis.
- ii) **Writer:** The student can request to the Controller of Examination for a writer to help him/her to write the examination.
- iii) **Both of the above**

On request, following arrangements can be done by CoE:

The examination hall for such student(s) can be arranged on ground floor to make it easy accessible for the persons with specific disabilities. CoE will also notify the corresponding course instructor about such arrangement.

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 (eh.

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