Public Notice

1. Representations have been received by NTA for providing compensatory time to the candidates of JEE (Main) April-2020 with benchmark disabilities who are not availing scribe.

2. On consideration of these representations vis-à-vis the provision of the Guidelines of Government of India issued on the subject vide OM dated 29.08.2018 (Para XII), as amended vide corrigendum dated 08.02.2019, it has been decided that all the candidates with benchmark disabilities may be allowed additional time of one hour for JEE (Main)-2020 (which is of three hours duration), irrespective whether a candidate avails the facility of Scribe or not, on the production of a certificate to the effect that the person concerned has physical limitation to write, from the Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Government health care institution as per proforma given at Appendix-I of the Guidelines issued by the Ministry of Social Justice and Empowerment vide its OM dated 29.08.2018 (copy enclosed).

3. However, it shall be the sole responsibility of the concerned candidate to prove before the concerned authorities in due course of time that she/he actually is covered under the claimed category of benchmark disabilities as defined under section 2(r) of the RPwD Act, 2016 and the certificate produced by the candidate is genuine.

4. The concerned candidates of JEE (Main) April-2020 are hereby informed to take necessary action accordingly.

(JEE Unit, NTA)
*Certificate regarding physical limitation in an examination to write*

(*OM No. 34-02/2015-DD-III dated 29 August 2018 of the Department of Empowerment of Persons with Disabilities (Divyangian), Ministry of Social Justice & Empowerment as amended on 08 February 2019 and as annexed to Information Bulletin of JEE (Main) April-2020 as Appendix-I*)

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), 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.

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<tr>
<th>NAME</th>
<th>Name of ID Proof</th>
<th>ID Number</th>
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Signature

Chief Medical Officer/ Civil Surgeon/ Medical Superintendent
Government health care institution

Name and Designation
Name of Government Hospital/ Health Care Centre with Seal

Place:
Date: