

TELANGANA PUBLIC SERVICE COMMISSION: HYDERABAD

Group-II Services

NOTIFICATION No. 28/2022, DATED: 29/12/2022
(GENERAL RECRUITMENT)

WEB NOTE

The candidates who have applied for Group-II Services vide Notification No. 28/2022 Dated:29/12/2022 are informed that final **“EDIT OPTION”** to make corrections if any in the online application form is provided on the following dates.

Edit Option would be enabled from	Last date and time of Edit Option
16/06/2024 10:00 AM	20/06/2024 05:00PM

The candidates are also directed to go through the following instructions.

- 1) Candidates are informed to check each and every entry made in the online application for their correctness and carry out corrections wherever required.
- 2) Candidates are informed that the Edit Option now given is final and after the Edit Option time is completed, no request for edit would be considered. Hence, the candidate should show utmost care while using Edit option as this data will be considered for final selection.
- 3) After completing the Edit, Candidates may download their corrected **PDF** and once again check for correctness of all entries and preserve the same for future reference
- 4) If candidates have made correction in their Online application, they have to upload relevant certificate i.e., SSC, Aadhar Card etc,
- 5) **Candidates are advised to recheck their entries for Name, Gender, Date of Birth, Community, Non-Creamy layer status, PwD category, Disability Percentage, Scribe / Compensatory Time Requirement, Local Status, Sports Details etc.. to ensure that the above data is reflected in the corrections, since the above details are vital during selection process.**

- 6) Candidates are informed that the Government of Telangana has issued G.O.Ms.No.05, Department for Women, Children, Disable and Senior Citizens dated 23/03/2024 and has communicated detailed guidelines for conducting written examination for PwDs covered under the definition of Section 2(s) of the RPWD Act,2016 but not covered under the definition of Section 2(r) of the said Act i.e., persons having less than 40% disability and having difficulty in writing, according to which the facility of scribe and / or compensatory time shall be granted solely to those having difficulty in writing, subject to production of a certificate to the effect that the persons concerned has limitation to write and that scribe is essential to write examination on his/her behalf from the competent medical authority of a Government healthcare institution as per proforma at **Appendix-III**.
- 7) Hence the PwD candidate having less than 40% disability and having difficulty in writing are provided an opportunity to upload the '**Appendix-III**' by using the edit option facility from 16/06/2024 to 20/06/2024.
- 8) It is informed that only the PwD candidates who upload the valid Appendix-III as on the last date of edit option would be considered for providing scribe/ compensatory time.

Hyderabad
Date:13/06/2024

Dr. E. Naveen Nicolas, IAS
Secretary

APPENDIX-III

[G.O.Ms.No.5, Dept., for WCD & SC, Dated:23.03.2024]

Certificate for Person with specified disability covered under the definition of Section 2 (s) of the RPwD Act, 2016 but not covered under the definition of Section 2 (r) of the said Act, i.e., persons having less than 40% disability and having difficulty in writing.

This is to certify that, we have examined Mr/Ms/Mrs (name of the candidate), S/o /D/o, a resident of (Vill/PO/PS/District/State), agedyrs, a person with(nature of disability/condition), and to state that he/she has limitation which hampers his/her writing capability owing to his/her above condition. He / She requires support of scribe for writing the examination.

2. The above candidate uses aids and assistive device such as prosthetics & orthotics, hearing aid (name to be specified) which is / are essential for the candidate to appear at the examination with the assistance of scribe.

3. This certificate is issued only for the purpose of appearing in written examinations conducted by recruitment agencies as well as academic institutions and is valid upto _____ (it is valid for maximum period of six months or less as may be certified by the medical authority)

Signature of medical authority

(Signature & Name)	(Signature & name)	(Signature & Name)	(Signature & Name)	(Signature & Name)
Orthopedic / PMR Specialist	Clinical Psychologist/ Rehabilitation Psychologist/ Psychiatrist / Special Educator	Neurologist (if available)	Occupational therapist (if available)	Other Expert, as nominated by the Chairperson (if any)
(Signature & Name)				
Chief Medical Officer / Civil Surgeon /Chief District Medical OfficerChairperson				

Name of Government Hospital/Health Care Centre with Seal

Place:

Date: