

ODISHA STATE WAREHOUSING CORPORATION

CORPORATE OFFICE: PLOT NO. 02, CUTTACK ROAD, BHUBANESWAR-751006

Website: www.oswc.in



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NOTICE REGARDING SUBMISSION OF SCRIBE DETAILS BY PwD CANDIDATES FOR COMPUTER BASED TEST (CBT) FOR RECRUITMENT TO THE POSTS OF ASSISTANT SUPERINTENDENT AND WAREHOUSE ASSISTANT IN OSWC(Advt. No. 2096/OSWC dt.13.05.2026).

In pursuance of Advertisement No. 2096/OSWC dated 13.05.2026, it is hereby informed to all Persons with Benchmark Disabilities (PwD) candidates who have applied for recruitment to the posts of Assistant Superintendent and Warehouse Assistant and have opted for availing the facility of a scribe in the Computer Based Test (CBT), that they are required to submit the details and supporting documents relating to the scribe for verification. PwD candidates who have opted for the facility of a scribe in their online application form shall be allowed to use a scribe subject to fulfilment of the conditions stipulated in Advertisement No. 2096/OSWC dated 13.05.2026. Candidates are advised to carefully read the following instructions and ensure compliance within the prescribed timeline i.e. 29.06.2026 (Monday). The candidates are here by instructed to submit the following information along with all relevant supporting documents to the mail id i.e. recruitment.oswc@odisha.gov.in within 29.06.2026 (Monday).

Documents to be Submitted

Candidates opting for their own scribe shall submit the following documents:

- a. Copy of self-attested valid disability certificate
- b. Details of the scribe with name, date of birth, address, ID Proof issued by any Govt. authority containing specimen signature and photo
- c. Copy of educational qualification certificate of the scribe. (The qualification of the Scribe should be one step below the qualification of the candidate and shall not have the same subject in his/her academic qualification as of the candidate taking the examination in the said subject).

- d. Letter of undertaking in **Annexure-IV** appended to Advertisement No. 2096/OSWC dated 13.05.2026 (Also enclosed in the Notice).
- e. In case of Candidates with benchmark disabilities other than blindness and locomotor disability, the provision of scribe 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 in the examination on his behalf, from the Chief Medical Officer or Civil Surgeon or Medical Superintendent of a Government health care institution as per pro forma at **Annexure-III** appended to Advertisement No. 2096/OSWC dated 13.05.2026(Also enclosed in the Notice).

NB:OSWC reserves the right to verify the eligibility, educational qualification and identity of the scribe at any stage of the recruitment process.Submission of false information, suppression of material facts, engagement of an ineligible scribe, or production of forged documents shall lead to cancellation of candidature and such other action as may be deemed appropriate under the applicable rules and regulations.

**Sd/-
Managing Director
OSWC**

Annexure-III

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 the 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, Locomotor disability- Orthopaedic specialist/PMR).

DECLARATION BY THE PwD CANDIDATE FOR EXAMINATION CONDUCTED BY OSWC

I _____ S/o, W/o, D/o _____ Resident of _____ bearing Roll Number: _____ for the post of _____ (Post Code: _____) of preliminary/main written examination scheduled to be on _____ and _____ sitting hereby declared that Mr./Ms. _____ S/o, W/o, D/o _____ as follows, has agreed on my request to act as my scribe for the above examination and his/her educational qualification as on the date is _____ which is one step below that of mine. He/She does not have the same subject in his/her academic qualification as of mine on which I am taking this examination.

DECLARATION BY THE SCRIBE/WRITER

I _____ S/o, W/o, D/o _____ resident of Vil- _____ PS- _____, Dist- _____ have agreed to act as scribe for Mr./Ms. _____ with the disability of _____ bearing Roll No. _____ for preliminary/main written examination for the post of _____ (Post Code: _____) scheduled on _____ and _____ sitting.

I declared that my educational qualification as on the date of this examination is _____ and my subject(s) of the academic course is/are _____.

Space for pasting of recent passport size photograph of Scribe to be cross self attested

Space for pasting of recent passport size photograph of Candidate to be cross self attested

If the above declaration is found false, I am liable for any penal action as deemed proper under relevant law and be solely responsible for the consequences and loss suffered by the candidate.

Signature of the Scribe

If the above declaration is found false, I shall be solely responsible for the consequences. I am engaging the above scribe at my own risk. I understand that if the declaration of scribe is found false, I may be debarred from examination.

Signature of the Candidate

❖ *The candidate & scribe should report at half hour before the normal reporting time at the Exam Centre for this purpose of sitting arrangement.*