



OFFICE OF THE JET COORDINATOR

JET, Pre-PG & Ph.D. Entrance Examination-2026

S. K. Rajasthan Agricultural University

Bikaner-Rajasthan-334006

श्रुतलेखक की सुविधा प्राप्त करने वाले दिव्यांगजन / विशेष योग्यजन अभ्यर्थियों के संबंध में दिशा-निर्देश:-

1. श्रुतलेखक की सुविधा प्राप्त करने वाले अभ्यर्थी को वांछित दिव्यांगता का चिकित्सा प्रमाण-पत्र, वचनपत्र (Appendix- A) एवं श्रुतलेखक का वचनपत्र (Appendix - B) भरकर केन्द्राधीक्षक को प्रस्तुत करना होगा। श्रुतलेखक के फोटो पहचान पत्र, आधार कार्ड एवं शैक्षणिक योग्यता के प्रमाण की स्वसत्यापित प्रतिलिपि केन्द्राधीक्षक को देनी होगी।
2. The Rights of Persons with Disabilities Act, 2016 के Section - 2 (r) * के तहत परिभाषित विशेष योग्यजन की (40 प्रतिशत या 40 प्रतिशत से अधिक निःशक्तता) **दृष्टिबाधित (Blindness), लोकोमोटर डिसेबिलिटी (दोनों हाथों की निःशक्तता - Both Arms) एवं सेरेब्रल पाल्सी (Cerebral Palsy)** श्रेणी वाले अभ्यर्थी द्वारा चाहने पर दिव्यांगता का चिकित्सा प्रमाण-पत्र के आधार पर श्रुतलेखक की सुविधा दी जायेगी। उक्त श्रेणी के अलावा Section - 2 (r) के तहत परिभाषित अन्य श्रेणी के मामले में लेखन कार्य में असमर्थता के संबंध में मुख्य चिकित्सा अधिकारी / चिकित्सा अधीक्षक से अनुमोदित प्रमाण-पत्र (Appendix - C) एवं दिव्यांगता प्रमाण-पत्र प्रस्तुत करने पर श्रुतलेखक की सुविधा दी जायेगी ।
3. The Rights of Persons with Disabilities Act, 2016 के Section-2(s) * के तहत परिभाषित विशेष योग्यजन की (40 प्रतिशत से कम निःशक्तता) श्रेणी के मामले में लेखन कार्य में असमर्थता के संबंध में मुख्य चिकित्सा अधिकारी / चिकित्सा अधीक्षक से अनुमोदित प्रमाण-पत्र (Appendix - D) एवं दिव्यांगता का चिकित्सा प्रमाण-पत्र प्रस्तुत करने पर श्रुतलेखक की सुविधा दी जायेगी। ऐसे अभ्यर्थियों को श्रुतलेखक की सुविधा प्राप्त करने के लिये परीक्षा दिनांक से कम से कम दो दिवस पूर्व समस्त प्रमाण पत्रों के साथ केन्द्राधीक्षक से सम्पर्क करना होगा अन्यथा श्रुतलेखक की सुविधा देय नहीं होगी ।
4. ऐसे दिव्यांगजन अभ्यर्थी जो श्रुतलेखक की सुविधा प्राप्त करते हैं, उन्हें परीक्षा समय के अतिरिक्त 20 मिनट प्रति घण्टे का क्षतिपूरक समय दिया जायेगा ।
5. ऐसे दिव्यांगजन अभ्यर्थी जो उपर्युक्त बिन्दु संख्या 03 व 04 के अन्तर्गत श्रुतलेखक की सुविधा प्राप्त करने के लिये पात्र हैं, किन्तु श्रुतलेखक की सुविधा नहीं लेते हैं, उन्हें भी मांग किये जाने पर परीक्षा समय के अतिरिक्त 20 मिनट प्रति घण्टे का क्षतिपूरक समय दिया जायेगा। ऐसे अभ्यर्थियों को क्षतिपूरक समय प्राप्त करने के लिये परीक्षा दिनांक से कम से कम एक दिवस पूर्व केन्द्राधीक्षक को प्रार्थना-पत्र, वांछित दिव्यांगता का प्रमाण-पत्र एवं वचनपत्र (Appendix - E) प्रस्तुत करना होगा ।

6. अभ्यर्थी जिस विषय में परीक्षा दे रहा हो, उसे उसी विषय के श्रुतलेखक की सेवाएं उपलब्ध नहीं होगी ।
7. श्रुतलेखक की सुविधा / क्षतिपूरक समय प्राप्त करने के संबंध में किसी प्रकार का गलत तथ्य / प्रमाण प्रस्तुत करने पर अभ्यर्थी की अभ्यर्थिता निरस्त कर दी जायेगी ।
8. ऐसे परीक्षार्थी जो अचानक दुर्घटनावश लेखन कार्य से अस्थायी रूप से असमर्थ हुए हैं, को श्रुतलेखक की सुविधा देय नहीं होगी ।
9. श्रुतलेखक द्वारा अभ्यर्थी को प्रश्न बोलकर बताया जायेगा एवं श्रुतलेखक उत्तरपुस्तिका में अभ्यर्थी द्वारा बोलकर बताये अनुसार ही उत्तर लिखेगा तथा स्वयं के मन से किसी भी प्रश्न का उत्तर नहीं लिखने के लिए बाध्य होंगे। केन्द्राधीक्षक गहन निगरानी कर यह सुनिश्चित करेंगे कि अभ्यर्थी द्वारा श्रुतलेखक सुविधा का कोई दुरुपयोग नहीं किया जा रहा है।

"Section-2(r) of The Rights of Persons with Disabilities Act, 2016:- "person with benchmark disability" means a person with not less than forty percent of a specified disability where specified disability has not been defined in measurable terms and includes a person with disability where specified disability has been defined in measurable terms, as certified by the certifying authority.

Section-2(s) of The Rights of Persons with Disabilities Act, 2016:- "person with disability" means a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others.

Undertaking by Candidate for using scribe

Latest Photograph
of Scribe (Showing
face only) duly
Attested by the
Center
Superintendent

1. I S/o/D/o_____ a candidate with (nature of disability/condition) appearing for the JET, Pre-PG & Ph.D. Entrance Examination-2026 bearing Roll No. at (name of the centre) in the District,, Rajasthan. My educational qualification is
2. I do hereby state that (name of the scribe) S/o / D/o a resident of (Village/ District/State) will provide the service of scribe for the undersigned for taking the aforementioned examination.
3. I do hereby undertake that Scribe's qualification is In case, subsequently it is found that his qualification is not as declared by the undersigned, I shall forfeit my right to get admission.
4. In case any of the above information is found wrong then I will be responsible for all consequence as per rule.

(Signature of the candidate)

VERIFICATION

I verify that the information provided by the candidate has been checked as per the original document of the candidate.

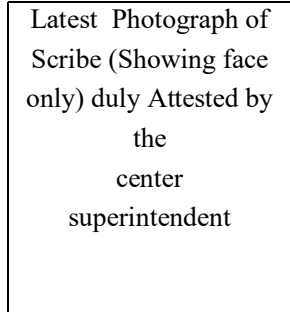
(Signature of Center Superintendent)

Place:

Date:

Note: Kindly Attach self attested copies of Medical Certificate and scribe qualification with this Undertaking.

Undertaking by Scribe



1. I S/o/D/o..... a resident of (Village/ District/State) providing the service of scribe to (name of candidate) S/o / D/o appearing for the JET, Pre-PG & Ph.D. Entrance Examination-2026 at (name of the centre) in the District,, Rajasthan. My educational qualification is
2. I do hereby undertake that my qualification is In case, subsequently it is found that my qualification is not as declared by the undersigned, JET office can take action as per rules.
3. I am not debarred in any examination.
4. In case any of the above information is found wrong then I shall be debarred permanently for all future examinations and the university can act against me as per law.

(Signature of the Scribe)

VERIFICATION

I verify that the information provided by the scribe has been checked as per the original document of the scribe.

(Signature of Center Superintendent)

Place:

Date:

Note: Kindly Attach a copy of educational qualification certificate & Photo Identity Proof of Scribe with this Undertaking.

Certificate regarding physical limitation of examinee to write

Latest Photograph of Candidate (Showing face only) duly Attested by undersigned medical officer
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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/ 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 an authorised specialist of the relevant stream/ disability (eg. Visual impairment- Ophthalmologist, Locomotor disability- Orthopaedic specialist/ PMR)

APPENDIX-D

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

Latest Photograph of candidate (Showing face only) duly Attested by the undersigned

1. This is to certify that we have examined Mr./Ms./Mrs. (name of the candidate), S/o D/o a resident of (village/PO/PS/District/State), aged yrs., a person with (nature of disability/ condition), and to state that he/ she/ has physical limitation which hampers his/ her writing capabilities owing to his/her above condition/disability. 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)
Orthopaedic/ PMR Specialist	Clinical Psychologist/ Rehabilitation Psychologist/ Psychiatrist Special Educator	Neurologist (if required)	Occupational therapist (if required)	Any other Expert based on the condition of the candidate, as nominated the by Chairperson
(Signature & Name) Chief Medical Officer / Civil Surgeon / Chief District Medical Officer.....Chairperson				

Name of Government Hospital/Health Care Center with Seal

Place:

Date:

Undertaking by Candidate for availing only Compensatory Time

Latest Photograph of candidate (Showing face only) duly Attested by the center superintendent

1. I.....S/o/D/o.....a candidate with.....(nature of disability/condition) appearing for the JET, Pre-PG & Ph.D. Entrance Examination-2026 bearing Roll No..... at (name of the center) in the District Rajasthan.
2. I do hereby undertake that I am eligible for availing Compensatory Time for aforementioned examination according to JET, Pre-PG & Ph.D. Entrance Examination-2026 guidelines. In case, subsequently it is found that I am not eligible for the same, I shall forfeit my right to admission.
3. In case any of the above information is found wrong then I will be responsible for all consequence as per rule.

(Signature of the candidate)

VERIFICATION

I.....verify that the information provided by the candidate has been checked as per the original document of the candidate.

(Signature of Center Superintendent)

Place:

Date:

Note: Kindly Attach self attested copies of Medical Certificate and other related document applicable as per rule.

Undertaking by Candidate for Using Scribe / Compensatory Time in Special Circumstances

Latest Photograph of Scribe (Showing face only) duly Attested by the center superintendent

1. I, S/o/D/o a candidate with (nature of disability/condition) appearing for the JET, Pre-PG & Ph.D. Entrance Examination-2026, bearing Roll No. at (Name of the Center), in the District, Rajasthan. My educational qualification is
2. I, the above candidate do hereby state that (name of the scribe) S/o D/o a resident of (village/ District/ State) will provide the service of scribe to me for taking the afore mentioned examination. Scribe educational qualification is
3. My Scribe is not debarred in any exam from any examination body.
4. I have provided the following documents to Centre Superintendent,,
5. In case any of above information is found wrong or I am not eligible for using the scribe as per the norms, then my candidature may be cancelled by the University and shall act against me as per law.

(Signature of the candidate)

Name of candidate:

VERIFICATION

I verify the information provided by the candidate.

(Signature of Centre Superintendent)

Place :

Date :