

SREENARAYANAGURU OPEN UNIVERSITY KOLLAM

Abstract

SOU- Under Graduate and Post Graduate Programmes – Guidelines for conducting written examinations for Persons with Benchmark Disabilities (PwD) – Directive of the UGC implemented-Special concessions to Candidates with Benchmark Disabilities in Written examinations – Granted- Orders issued.

Examination I Section

U.O. No. 370/EX-I/32/SOU/2023

Dated: 21/03/2023

- Read: 1. The Rights of Persons with Disabilities Act, 2016
2. Guidelines for conducting written examination for Persons with Benchmark Disabilities 2018, issued by the Ministry of Social Justice and empowerment vide OM F.No.34-02/2015-DD-III, dated 29th Aug 2018.
3. Letter F.No 6-2/2013 (SCT) dated: 14/01/2019 from the Secretary, UGC
4. Orders of the Hon'ble Vice Chancellor dated: 13/03/2023.

The central government has laid down the revised guidelines for conducting written examinations for Persons with Benchmark Disabilities vide paper read as (2) above . According to the above guidelines “ There should be a uniform and comprehensive policy across the country for persons with benchmark disabilities for written examination taking in to account improvement in technology and new avenues opened to the persons with benchmark disabilities providing a level playing field. Policy should also have flexibility to accommodate the specific needs on case-to-case basis ”.

The UGC vide paper read as (3) above has directed for the strict compliance of the above guidelines in conducting written examinations for Persons with Benchmark Disabilities.

The list of 21 categories of Benchmark Disabilities as per the schedule “Rights of PwD Act 2016” is given in Table 1 below.

Table I – Categories of Benchmark Disabilities

| Sl. No. | Differently Abled Category |
|----------------|-----------------------------------|
| 1 | Blindness |
| 2 | Low vision |
| 3 | Leprosy Cured Persons |

| | |
|----|--|
| 4 | Hearing Impairment (deaf and hard of hearing) |
| 5 | Locomotor Disability |
| 6 | Dwarfism |
| 7 | Intellectual Disability |
| 8 | Mental Illness |
| 9 | Autism Spectrum Disorder |
| 10 | Cerebral Palsy |
| 11 | Muscular Dystrophy |
| 12 | Chronic Neurological conditions |
| 13 | Specific Learning Disabilities |
| 14 | Multiple Sclerosis |
| 15 | Speech and language disability |
| 16 | Thalassemia |
| 17 | Haemophilia |
| 18 | Sickle Cell Disease |
| 19 | Multiple Disabilities including deaf-blindness |
| 20 | Acid attack victims |
| 21 | Parkinson's disease |

Having considered the matter the Hon'ble Vice Chancellor is pleased to grant special concessions and provisions for candidates with Benchmark Disabilities in the written examinations for UG and PG Programmes conducted by the University in the following manner.

Award of Grace Marks

The criteria for distribution of Grace Marks that can be awarded to the eligible candidates according to the percentage of disability is given below.

1 (A). PHYSICAL DISABILITY: Locomotor Disability, Leprosy cured persons, Dwarfism, Muscular Dystrophy, Acid attack victims, Cerebral Palsy, Blindness, Low Vision Speech and Language Disability.

Table II A -Distribution of Grace marks

| Sl No | Disability in Percentage | Percentage of Grace Marks to be awarded |
|-------|--------------------------|---|
| 1. | 40 % to 65% | 10% of maximum marks for all theory exams |
| 2. | 66 % to 80% | 20% of maximum marks for all theory exams |
| 3. | 81% and above | 25% of maximum marks for all theory exams |

Note 1 : Blind candidates having 81% to 100% disability and securing I/II/III places in Sports/Cultural/Youth Festival Activities conducted by Kerala Federation of the Blind at /University/Inter University level will be awarded 5% Grace Marks. They Shall be granted a total of 30% (25+5) Grace Marks including the benefit specified in Table II A.

1(B). PHYSICAL DISABILITY – Hearing Impairment (Deaf and hard of Hearing)

Table II B -Distribution of Grace Marks

| Sl.No | Disability in Percentage | Percentage of Grace Marks to be awarded |
|------------------------|---|---|
| 1 | Deaf – Candidates having 40% and above disability | 25% of maximum marks for all theory exams |
| Hard of Hearing | | |
| 1 | 40% to 65 % disability | 10% of maximum marks for all theory exams |
| 2 | 66% to 80 % disability | 20% of maximum marks for all theory exams |
| 3 | 81% and above disability | 25% of maximum marks for all theory exams |

2. INTELLECTUAL DISABILITY

Table III - Distribution of Grace Marks

| | |
|---|---|
| Specific Learning Disability (Candidates having 40% and above disability) | |
| <ul style="list-style-type: none"> • Dyslexia • Disgraphia • Dyscalculia • Dyspraxia • Developmental Aphasia | 10% of maximum marks for all theory exams |
| Candidates having 40% and above disability | |
| <ul style="list-style-type: none"> • Autism Spectrum Disorder • Mental (Developmental) Disability | 25% of maximum marks for all theory exams |

3. MENTAL ILLNESS (Mental Behaviour) (Candidates having 40% and above disability)

Grace Marks granted based on the classification(Mild/Moderate) in the Medical Certificate from Medical Board (form VI, RPWD ACT 2016).

Table IV - Distribution of Grace Marks

| | |
|-----------------|--|
| Mild | 10% of maximum marks for all theory exams. |
| Moderate | 15% of maximum marks for all theory exams. |

4. DISABILITY CAUSED DUE TO :

Chronic Neurological conditions such as – Multiple Sclerosis, Parkinsons’s disease **Blood Disorder such as – Haemophilia, Thalassemia, Sickle Cell disease.**

Table V - Distribution of Grace Marks

| (Candidates having 40% and above disability) | |
|--|--|
| Chronic Neurological conditions such as, <ul style="list-style-type: none"> • Multiple Sclerosis • Parkinson’s disease | 25% of maximum marks for all theory exams. |
| Blood disorder such as <ul style="list-style-type: none"> • Haemophilia • Thalassemia • Sickle Cell disease | |

5. MULTIPLE DISABILITIES INCLUDING DEAF –BLINDNESS**Table VI - Distribution of Grace Marks**

| | |
|--|--|
| Candidates having 40% and above disability | 25% of maximum marks for all theory exams. |
|--|--|

Concessions other than Grace Marks

The criteria for granting compensatory time , Service of Scribe /reader/interpreter /lab assistant , use of computer/ Braille converter is given in Table VII below.

Table VII

| Sl No | Specified Disability | Concessions |
|-------|---|---|
| 1 | <u>PHYSICAL DISABILITY</u> A. Locomotor Disability i) Leprosy Cured person ii) Dwarfism iii) Muscular dystrophy | (a) Compensatory time not less than 20 min/hr (b) Service of Scribe /reader/interpreter/ lab assistant (c) If not availing (a) & (b) , Additional time of minimum 1 hr/3 hrs duration |

| | | |
|---|--|--|
| | iv) Acid attack Victims v) Cerebral palsy vi) Candidates with a permanent nature of disability who are unable to move their hands freely and write with normal speed | (d) Use of computer/ Braille converter |
| | B. Visual Impairment a (A Disability of 40% to 80%) i. Blindness ii. Low Vision | a) Compensatory time not less than 20 min/hr (b) Service of Scribe /reader/interpreter /lab assistant (c) If not availing (a) & (b) , Additional time of minimum 1 hr/3 hrs duration (d) Use of computer/ Braille converter |
| | b (A Disability of 81 % and above) i. Blindness ii. Low Vision | (a) Compensatory time not less than 20 min/hr (b) Service of Scribe /reader/interpreter /lab assistant (c) If not availing (a) & (b) , Additional time of minimum 1 hr/3 hrs duration (d) Use of computer/ Braille converter (e) Exemption from the payment of examination fee for all University Examinations including Supplementary and improvement Examinations. |
| | C. Hearing impairment (i) Deaf and Hard of Hearing D. Speech and language disability | (a) Compensatory time not less than 20 min/hr (b) Service of Scribe /reader/interpreter /lab assistant (c) If not availing (a) & (b) , Additional time of minimum 1 hr/3 hrs duration (d) Use of computer/ Braille converter (e) Exemption from writing the second Language (when exempted from writing second language , the University average marks are given for theory part and corresponding marks for internal part). (f) Exemption from appearing for oral examinations (Their internal grades shall be calculated proportionally to the grade of the theory papers). |
| 2 | INTELLECTUAL DISABILITY | a) Compensatory time not less than 20 min/hr b) Service of scribe/reader/interpreter/lab assistant. |

| | | |
|---|---|--|
| | <p>(i) Specific Learning disabilities Like dyslexia, dysgraphia, dyspraxia, developmental aphasia</p> <p>(ii) Autism Spectrum Disorder</p> <p>(iii) Mental (Developmental) Disability</p> | <p>c) If not availing (a) & (b) , additional time minimum 1 hr/3hrs duration.</p> <p>d)use of computer /converter</p> <p>e) Content based evaluation.</p> <p>f) Exemption from writing the Second Language (when exempted from writing second Language, University average marks are given for theory part and corresponding marks for internal part).</p> |
| 3 | <p>MENTAL BEHAVIOUR</p> <p>(" mental illness" means a substantial disorder of thinking, mood ,perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize reality to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub normality of intelligence)</p> | <p>a) Compensatory time not less than 20 min/hr</p> <p>b) Service of scribe/reader/interpreter/lab assistant.</p> <p>c) If not availing (a) & (b), additional time minimum 1 hr/3hrs duration.</p> <p>d)use of computer /Braille converter</p> |
| 4 | <p>DISABILITY CAUSED DUE TO</p> <p>i) Chronic Neurological condition. (multiple Sclerosis, Parkinson's disease)</p> <p>ii) Blood Disorder (Haemophilia, Sickle Cell Disease, Thalassemia)</p> | <p>a) Compensatory time not less than 20 min/hr</p> <p>b) Service of scribe/reader/interpreter/lab assistant.</p> <p>c) If not availing (a) & (b), additional time minimum 1 hr/3hrs duration.</p> <p>d)use of computer /Braille converter</p> |
| 5 | <p>MULTIPLE DISABILITIES</p> | <p>a) Compensatory time not less than 20 min/hr</p> <p>b) Service of scribe/reader/interpreter/lab assistant.</p> <p>c) If not availing (a) & (b), additional time minimum 1 hr/3hrs duration.</p> <p>d)use of computer / Braille converter</p> |

Note 2: For other differently abled categories not covered in Table I. the benefits of additional time, the service of the scribe/interpreter and the use of the computer shall be granted, on producing a medical certificate approved by the medical board (Form VI, RPWD ACT 2016).

Note 3 : Only on producing a medical certificate (Form VI, RPWD ACT 2016) approved by the Medical Board, the eligible benefits shall be granted.

Note 4: If percentage (%) of permanent disability is not recorded on the medical certificate issued by the medical board (Form VI, RPWD ACT 2016), benefits other than Grace Marks shall be granted.

Note 5 : The term Sub Normality of intelligence /intellectual Sub Normality diagnosed by Medical Board shall be included in the category of mental (developmental) disability.

Note 6 : If the differently abled candidate who seeks the assistance of a scribe/reader/interpreter/lab assistant, a certificate should be produced from the Chief Medical Officer/ Civil Surgeon /Medical Superintendent of a government health care institution of the effect that the candidate has physical limitation to write, and scribe/reader/interpreter/lab assistant is essential (in proforma at Appendix-I of the guidelines for conducting written exams for persons with Benchmark disability, issued by the Ministry of Social Justice .

Note 7 : The educational qualifications of the scribe shall be immediately less than those of the differently abled candidate. The scribe shall not be a relative of the differently abled candidate. The Scribe should produce a certificate to that effect.

Note 8 : The answer script of the differently abled candidate who avails the benefit of content based evaluation should be titled, specially packed and given for evaluation by chief examiner.

Note 9 : It shall be the responsibility of the LSC Coordinator to submit the list of students eligible for the benefits of special concession to the University in the beginning of the relevant semesters itself , along with all supporting documents .

Note 10 : No request for giving concessions in retrospective effect will be considered.

*Note 11 : Grace marks shall normally be given for written examination only . But if the marks of a candidate are below the required minimum for a pass in internal component of the written examinations, the grace marks can also be redistributed to that item to get a pass. However, **grace marks shall not be redistributed to Viva/Practical/Lab Examinations to get a pass.***

Note 12 : Course wise distribution shall be followed and grace marks shall not be awarded to a candidate if he/she fails to secure a minimum 5% of the maximum marks of the ESE of the Programme.

Note 13 : In no case exemption from appearing for any written examination shall be permitted.

Note 14 : The Hon'ble Vice Chancellor is the sanctioning authority to grant the above mentioned concessions to the candidates with benchmark disabilities. In case of doubt/suspicion the advice of Director Medical Education shall be obtained directly.

Note 15 : A certificate of identification countersigned by the Head of the Institution concerned shall be issued to the scribe.

Note 16 : The information that grace marks are granted shall be included in the mark list/ grade card of the students who avail the benefit.

Orders are issued accordingly



Dr. Gracious J
Controller of Examinations

- Encl: 1. Schedule of Specified Disability, RPWD ACT, 2016.
2. Form VI - Certificate of Disability as per RPWD ACT, 2016.
3. The Proforma at Appendix I of "Guidelines for conducting written examination for Persons with Benchmark Disabilities 2018", issued by the Ministry of Social Justice and Empowerment.
4. Format of application for Grace Marks/ Scribe.

Copy to:

PS to VC/PVC
PA to Registrar/FO/CE/CC
Directors, All Regional Centres
Coordinators, All Learner Support Centres
All Head of Schools
Director, CIQA
Academic Sections
Ad.A2
PRO
University Website
Stock File /File Copy

File No: EX-I/32/SOU/2023



Sreenarayanaguru Open University

UG/PG Examinations

Application for the service of Scribe / Grace Mark / Compensatory time etc.

1. Personal Details

Applicant's Name : _____

(As in University records)

Father's Name : _____

Mother's Name : _____

Date of Birth : _____ Age: _____
(DD/MM/YYYY)



Mobile No : _____ E-mail ID: _____

Gender : Male ☐ Female ☐ Other ☐

Name of Guardian/ Caretaker: _____ His/Her Contact No. : _____

Relation with the Guardian : _____

2. Address Details

| Communication Address: | Permanent Address: |
|------------------------|--------------------|
| | |
| | |
| | |
| Pin:..... | Pin:..... |

3. Disability Details

Please fill in the following details & **attach disability certificate**

Sr. /Reg. No. of Certificate: _____ Date of Issue: _____
(DD/MM/YYYY)

Disability Percentage: _____

Name & Designation of Issuing Authority: _____

Disability Type: _____

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Low Vision | <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Thalassemia |
| <input type="checkbox"/> Leprosy Cured | <input type="checkbox"/> Sickle Cell Disease | <input type="checkbox"/> Acid Attack Victim | <input type="checkbox"/> Locomotor Disability |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Dwarfism | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Specific Learning Disabilities | <input type="checkbox"/> Speech and Language Disability | | |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Chronic Neurological Conditions | | |
| <input type="checkbox"/> Multiple Disabilities including Deaf Blindness | | | |
| <input type="checkbox"/> Other _____ (specify) | | | |

Required Assistance : Scribe / Reader / Lab Assistance / Grace Mark / Compensatory time

4. Enrollment Details

Enrollment Number: _____ Programme Name: _____

Name of RC: _____ Name of LSC: _____

Year of Admission: _____

5. Identity Details

Attached Identity Proof: _____ Driving Licence / PAN Card / Ration Card / Voter ID / Aadhar Card

Identity Proof Number: _____

Aadhaar Card Number: _____

6. Declaration

I _____, (Name of the applicant) do hereby declare that what is stated above is true to the best of my own information and belief.

Place: _____

Date: _____

Applicant's Signature/Thumbprint:

Enclosure:

1. Certificate Of Disability
2. Copy of ID proof (Aadhar/ Voter's ID/ Driving License/ PAN)
3. Student ID copy
4. Certificate regarding
5. Physical limitation to write

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Letter of Undertaking for using Scribe

I _____, a candidate with _____ (name of the disability) appearing for the _____
(name of the examination) bearing Enrollment No. _____ at _____
(name of the Examination Centre) _____.

I do hereby state that _____ (name of the scribe) with ID.No. will provide the service of scribe/reader for the undersigned for taking the aforesaid examination.

I do hereby undertake that his/her qualification is _____. In case, subsequently it is found that his/her qualification is not as declared by the undersigned and is beyond my qualification, I understand that I am liable to forfeit my performance in the examination.

(Signature of the candidate with Disability)

Place:

Name of the Regional Centre:

Date:

Name of the Learner Support Centre:

ANNEXURE I

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 (eg. Visual impairment- Ophthalmologist, Locomotor disability - Orthopaedic specialist/PMR)

Form-VI
Certificate of Disability
(In case of multiple disabilities)
[See rule 18(1)]

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING
THE CERTIFICATE)

Recent Passport size
Attested Photograph
(showing face
only) of the person
with disability

Certificate No:

Date:.....

This is to certify that we have carefully examined Shri/Smt/Kum.....
.....son/wife/daughter of
Shri..... Date of
Birth.....(DD)/(MM)/(YY).....Age years,
male/female. Registration No..... permanent
Resident of HouseNo.....Ward/
Village/Street..... Post Office.....
District.....State.....whose
photograph is affixed above, and are satisfied that:

- He/she is a Case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

| Sl. No | Disability | Affected part of body | Diagnosis | Permanent Physical Impairment/mental disability (in %) |
|--------|----------------------|-----------------------|-----------|--|
| 1 . | Locomotor disability | @ | | |

| | | | | |
|-----|---------------------------------|---|--|--|
| 2. | Muscular Dystrophy | | | |
| 3. | Leprosy cured | | | |
| 4. | Dwarfism | | | |
| 5. | Cerebral Palsy | | | |
| 6. | Acid attack Victim | | | |
| 7. | Low vision | # | | |
| 8. | Blindness | # | | |
| 9. | Deaf | £ | | |
| 10. | Hard of hearing | £ | | |
| 11. | Speech and Language disability | | | |
| 12. | Intellectual disability | | | |
| 13. | Specific Learning Disability | | | |
| 14. | Autism Spectrum Disorder | | | |
| 15. | Mental illness | | | |
| 16. | Chronic Neurological Conditions | | | |
| 17. | Multiple sclerosis | | | |
| 18. | Parkinson's disease | | | |
| 19. | Haemophilia | | | |
| 20. | Thalassemia | | | |
| 21. | Sickle disease Cell | | | |

In the light of the above, his /her over all permanent physical impairment as per guidelines (.....number and date of issue of the guidelines to be specified), is as follows:-

In figures: percent

In words:percent

- This conditions progressive/non-progressive/ likelyto improve/ not likely to improve.
- Reassessment of disability is :
- not necessary,

Or

- is recommended/ afteryears.....months, and therefore this certificate shall bevalid till (DD)/(MM)/(YY)

@ e.g. Left/right/both arms/legs

e.g. Single eye

£ e.g. Left/Right/both ears

- The applicant has submitted the following documents as proof of residence:-

| Nature of Document | Date of Issue | Details of authority issuing certificate |
|--------------------|---------------|--|
| | | |

- Signature and seal of the Medical Authority.

| Name and seal of Member | Name and seal of Member | Name and seal of the Chairperson |
|-------------------------|-------------------------|----------------------------------|
| | | |