



भा.वा.अ.शि.प. - शुष्क वन अनुसंधान संस्थान

(भारतीय वानिकी अनुसंधान एवं शिक्षा परिषद)

पर्यावरण, वन एवं जलवायु परिवर्तन मंत्रालय, भारत सरकार का स्वायत्त संस्थान

कृषि उपज मण्डी, न्यू पाली रोड़, जोधपुर-342005

ICFRE- ARID FOREST RESEARCH INSTITUTE

(Indian Council of Forestry Research & Education,

An Autonomous Body of the Ministry of Environment, Forests & Climate change, Govt. of India)

PO: KrishiUpazMandi, New Pali Road, Jodhpur - 342 005

Tel. No. 0291-2722549 (O)/2722764 (Fax)



No. 72/FS/393/CONFIDENTIAL/AFRI Recruitments/2023-24

Date: 15.12.2023

अधिसूचना

सामाजिक न्याय और अधिकारिता मंत्रालय, भारत सरकार के जारी किए गए दिशानिर्देश (दिनांक 29/08/2018 के कार्यालय ज्ञापन (OM) एफ.सं.34-02/2015-डीडी-III, या उसके बाद के किसी भी आदेश) की अनुपालन करते हुए दृष्टिहीनता या कम दृष्टि (40% दृष्टि या उससे कम) की बेंचमार्क विकलांगता वाले अभ्यर्थी जिन्होंने आफरी, जोधपुर में विभिन्न पदों के लिए आवेदन किया है, को सूचित किया जाता है कि: -

1. अभ्यर्थियों को परीक्षा लिखने में सहायता के लिए अपने साथ अपना 'SCRIBE' लाने की सुविधा प्रदान की जाएगी।
2. ऐसे अभ्यर्थी जो 'SCRIBE' की सेवाओं का विकल्प चुन रहे हैं, कृपया 'SCRIBE' के सम्पूर्ण विवरण के बारे में दिनांक 07.01.2024 तक ईमेल द्वारा निदेशक, AFRI जोधपुर को ईमेल आइडी apply.afri@icfre.org पर सूचित करें। ईमेल में अपना नाम और आवेदन संख्या का उल्लेख करें।
3. अभ्यर्थियों को भारत सरकार के उपर्युक्त कार्यालय ज्ञापन के अनुसार निम्नलिखित निम्न दो दस्तावेजों की हस्ताक्षरित और स्कैन की गई प्रति अनिवार्य रूप से ईमेल में संलग्न करनी होगी:
 - i. "परीक्षा लिखने के लिए दिव्यंगजन अभ्यर्थी की शारीरिक सीमा के संबंध में प्रमाण पत्र" (परिशिष्ट-I के रूप में संलग्नप्रारूप)। प्रमाण पत्र विकलांगता के विशेषज्ञ द्वारा दिया जाना चाहिए, जिस पर विधिवत हस्ताक्षर और मुहर लगी हो।
 - ii. "स्वयं द्वारा चयनित 'SCRIBE' के उपयोग के लिए वचन पत्र" (संलग्न परिशिष्ट-II के अनुसार)
4. अभ्यर्थी ध्यान दें कि 'SCRIBE' की योग्यता पद की न्यूनतम योग्यता से एक श्रेणी कम होनी चाहिए जिसके लिए अभ्यर्थी परीक्षा दे रहा है। इसलिए अभ्यर्थी आधार कार्ड की प्रति और परिशिष्ट-II में दिए गए प्रोफार्मा के अनुसार 'SCRIBE' का विवरण प्रस्तुत करेंगे। यदि बाद में 'SCRIBE' की योग्यता पद पर भर्ती की न्यूनतम योग्यता के बराबर या उससे अधिक पाई जाती है, तो अभ्यर्थी की अभ्यर्थिता रद्द कर दी जाएगी।

[Handwritten Signature]

(एम. आर. बालोच) भा. व. से.
निदेशक

संलग्नक:

- i. परिशिष्ट-I: "परीक्षा लिखने के लिए दिव्यंगजन अभ्यर्थी की शारीरिक सीमा के संबंध में प्रमाण पत्र"
- ii. परिशिष्ट-II: "स्वयं के SCRIBE के उपयोग के लिए वचन पत्र"



ON LINE



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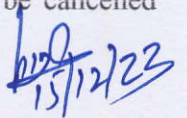
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NOTIFICATION

As per the "Guidelines for Conducting Written Examinations for persons with benchmark disabilities 2018" vide O.M. F.No. 34-02/2015-DD-III dated 29/08/2018 (or any subsequent orders, thereof) of the Ministry of Social Justice & Empowerment, Government of India, Divyangjan (PWD) Candidates with benchmark disability of Blindness or Low Vision (40% vision or less) who have applied for the various posts at AFRI, Jodhpur may kindly note that:-

1. The candidates will be provided facility of bringing their own 'SCRIBE' with them to assist in writing the exam.
2. Such candidates who are opting for the services of a 'SCRIBE' are requested to kindly inform us the details of the 'SCRIBE' who will be accompanying them, latest by 07/01/2024 by Email addressed to THE DIRECTOR, AFRI Jodhpur at the email ID: apply.afri@icfre.org mentioning their full name and application number.
3. The candidates are also supposed to mandatorily attach the signed and scanned copy of following two documents as per above mentioned OM of Government of India:
 - a. "CERTIFICATE REGARDING PHYSICAL LIMITATION IN AN EXAMINEE TO WRITE" (Format attached as Appendix -I). The Certificate should be given by a specialist of the disability, duly signed and stamped)
 - b. "LETTER OF UNDERTAKING FOR USING OWN SCRIBE" (as per Appendix - II attached)
4. The candidates may note that the qualification of the 'SCRIBE' should be one level below the minimum qualification for the post for which the examination is being conducted. The candidates will therefore be submitting the Aadhaar Card copy and details of the 'SCRIBE' as per proforma given in APPENDIX-II. In case the qualification of the 'SCRIBE' is subsequently found to have equal to or higher than the minimum qualification required for the recruitment to the post, the candidature of the candidate will be cancelled immediately.



(M.R. Baloch) IFS
Director

Enclosures:

- i. Appendix-I: "CERTIFICATE REGARDING PHYSICAL LIMITATION IN AN EXAMINEE TO WRITE"
- ii. Appendix-II: "LETTER OF UNDERTAKING FOR USING OWN SCRIBE"



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 with mentioned in the certificate of disability), S/o/D/o
_____ a resident of
_____ (Village/District/Stat)
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).

LETTER OF UNDERTAKING FOR USING OWN SCRIBE

I, _____, a candidate with _____
 (name of the disability) appearing for the (name of the examination) bearing Roll
 No. _____ at _____ (name of
 the centre) in the _____ District in _____ (name of the
 State). My qualification is _____.

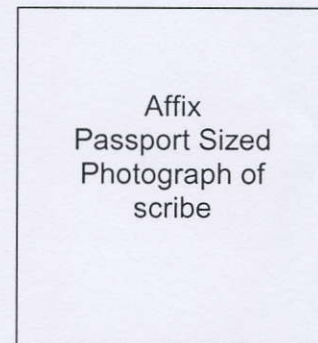
I do hereby state that _____ (name of the scribe)
 will provide the service of scribe for the undersigned for taking the aforesaid examination
 conducted by AFRI, Jodhpur for the post of _____
 on _____ (Date) from _____ to _____ (Time).

I do hereby undertake that his qualification is _____. In case,
 subsequently it is found that his qualification is not as declared by the undersigned and is
 higher than the qualification required for the recruitment to the post, I shall forfeit my right to
 the post and claims relating thereto.

(Signature of the candidate with Disability)

Place:

Date:



(Self- Attested Photograph)

Name of Scribe (BLOCK LETTERS)	Copy of Aadhar Card attached Yes / No	Aadhaar Card No.