सत्यमेव जयते

# Public Service Commission, West Bengal
## 161A, S.P. Mukherjee Road, Kolkata-700026

**No. 284-PSC(Selection)/1S-02/2024** **Date: 27th November, 2026.**

## Important Announcement

**Subject: Important announcement regarding Appendix-I, required for PwBD candidates for recruitment to the post of Industrial Development Officer (Advertisement No.15/2024).**

In continuation of the Advertisement No. 15/2024, published on the Commission's website on 06.11.2026, it is to state that CANDIDATES WITH BENCHMARK DISABILITIES HAVING LIMITATION IN WRITING INCLUDING THAT OF SPEED AND PRODUCING VALID APPENDIX-I, WILL BE ALLOWED COMPENSATORY TIME OF 20 MINUTES PER HOUR IN THE WRITTEN EXAMINATION.

The facility of Scribe will be allowed to any person with Benchmark Disability as defined u/s. 2(r) of the RPwD Act, 2016 and has limitation in writing including that of speed. In case persons with Benchmark Disabilities in the category of Blindness, Locomotor Disability (both arms affected – BA) and cerebral palsy, the facility of scribe shall be given, if so desired by the person. Engagement of scribe shall not be accepted after final submission of the application. PwBD candidates will have to bring their own Scribe (if opted for Scribe during submission of the application).

**PwBD candidates, who opt for Scribe and/ or Compensatory Time, shall be required to produce APPENDIX-I (proforma given below) at the time of Written Examination, certifying their physical limitation. The APPENDIX-I must be duly certified by Chief Medical Officer/ Medical Superintendent of a Government Health Care Institution on or before 14.12.2026.**

**Deputy Secretary**

**PSC,W.B.**

**APPENDIX- 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/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.

(e.g. Visual impairment-Opthalmologist, Locomotor disability – Orthopaedic specialist/PMR).