

No.IIE-180/2017- 474 /OSSC

Date: 27.01.2022

NOTICE

Pursuant to Advertisement No.4372/OSSC dtd.27.12.2017 and in continuation to this office Notice No.341/OSSC dtd.19.01.2022, the main written examination for the post of Combined Auditor-2017 will be held on **03.02.2022** and **04.02.2022** in Bhubaneswar as per the following programme:

Programme

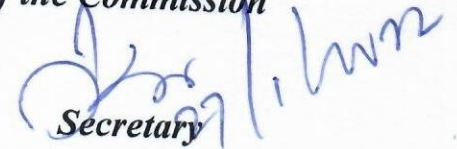
Date of Examination	Paper	Subject	Sitting	Reporting time	Gate closing time	Examination timings
03.02.2022 (Thursday)	Paper-I	Mathematics & General Studies (Objective type to be conducted through CBRE mode)	One sitting	09.00 AM	10.00 AM	10.30 AM to 12.30 PM
04.02.2022 (Friday)	Paper-II and Paper-III	General English and Odia Language (Subjective type to be conducted in question-cum-answer booklets separately for both the subjects) .	One sitting	12.30 PM	01.30 PM	02.00 PM to 04.00 PM

The venue of examination is mentioned in the Admission Letter. Candidates are advised to download **two Admission Letters** from **two different links** provided in the Home Page (What's New) of the website of the Commission www.osscc.gov.in from **28.01.2022** onwards by using their Application No. and Date of Birth to appear the examination on respective days.

The PwD candidates who have opted for taking assistance of scribe in the Online Application may visit the Notice No. 3453/OSSC dated 24.10.2019 available in the website of the Commission and may apply in the prescribed format (APPENDIX-I & II attached with this Notice) and submit the required documents alongwith Admission Letter as pointed out in the Notice No. 3453/OSSC dated 24.10.2019 only through e-mail orissassc@gmail.com by **30.01.2022** for taking necessary permission of the Commission which will be communicated to the concerned Examination Centre. No other mode of correspondence in this regard will be entertained and request(s) received after the said date will not be considered by the Commission.

Protocol of COVID -19 like use of sanitizer, social distancing and wear three layer masks must be adhered to during the examination.

By order of the Commission


Secretary

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
Government health care institution)

Name &n 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 –
Orthopedic specialist/PMR)

APPENDIX-II

DECLARATION BY THE PwD CANDIDATE FOR EXAMINATION CONDUCTED BY OSSC

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 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 _____ Vll- _____, PS- _____, District- _____ 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 declare 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.