



# CONSORTIUM OF NATIONAL LAW UNIVERSITIES

Reg.No:DRB1/SOR/707/2018-2019.

## NATIONAL LAW SCHOOL OF INDIA UNIVERSITY

Post Bag No.7201, Nagarbhavi, Bengaluru-560072 Karnataka, India

Date: July 1, 2023

### **NOTIFICATION: GUIDELINES FOR PERSONS WITH BENCHMARK DISABILITIES/ PERSONS WITH DISABILITIES (“PWDS”)/ SPECIALLY ABLED PERSONS (“SAPS”)**

1. **Extra Time:** Candidates appearing for CLAT 2024 who are ‘**persons with benchmark disability**’ as defined in Section 2(r) of the Rights of Persons with Disabilities Act, 2016 (the “**Act**”) are entitled to extra time (compensatory time) of 40 (forty) minutes, for the two hour CLAT 2024. The total time that such candidates will be provided for CLAT 2024 will therefore be 2 (two) hours and 40 (forty) minutes.
2. Persons with benchmark disability seeking compensatory time should carry their **original Disability Certificate** to the Test Centre on the day of CLAT 2024.
3. **Scribe Assistance:** The facility of requesting a **scribe/ reader** is available to any person with a benchmark disability (not less than 40%), in the category of blindness, locomotor disability (both arm affected-BA), and cerebral palsy.
4. In addition, any other candidate with “specified disabilities” as defined in Section 2(s) of the Act, who has a physical limitation that impedes writing, is also eligible to opt for scribe/reader assistance. Such candidate must produce a certificate to the effect that they have a physical limitation that impedes writing, and that assistance of a scribe is essential for them to write the examination. The certificate must be duly attested by the Chief Medical Officer / Civil Surgeon / Medical Superintendent of a Government Healthcare Institution, in accordance with Office Memorandum dated 10th August 2022 available at <https://disabilityaffairs.gov.in/upload/uploadfiles/files/Vikash%20Kumar%20Guidelines%2010-8-22.pdf>. (Refer to **Appendix - I and fill the proforma.**)
5. Any candidates eligible to obtain the facility of a scribe/ reader as described in this Notification may make arrangements for their own scribe and bear the associated costs. (Refer to **Appendix-II and fill the proforma.**) If any such person is unable to make arrangements for their own scribe, they shall notify the Consortium of National



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Law Universities (the “**Consortium**”) that they require the Consortium to arrange a scribe/ reader for them, in the manner that the Consortium shall publish.

6. Any scribe/ reader arranged by a candidate for CLAT 2024 must meet the following qualifications:
  - (a) UG CLAT – The scribe should not have completed more than the 11th grade. The scribe should not be currently enrolled in the 12th grade or higher. The scribe must not be affiliated to any test-preparatory organisation or examination coaching centre.
  - (a) PG CLAT – The scribe should not have completed more than the 12th grade. The scribe should not be a law student, and must not be affiliated to any test-preparatory organisation or examination coaching centre.
7. The Consortium shall also provide appropriate support to those candidates with benchmark disabilities, and candidates described in para 4 above who request such facilities, on a case-by-case basis, in order to complete CLAT 2024 successfully. In the event any such candidate requires any support in this regard, they may contact the Consortium in the manner that the Consortium shall publish.
8. Candidates who would like to avail the facility of a scribe/ reader are required to send the duly filled proformas (**Appendix I, II, and III**) to the Consortium in the manner, and by the date, that the Consortium shall publish.

Sd/  
PRESIDENT, CONSORTIUM OF NLUs



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### APPENDIX I

**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.**

1. This is to certify that, we have examined Mr/Ms/Mrs ..... (name of the candidate), S/o /D/o ....., a resident of .....(Vill/PO/PS/District/State), aged ..... yrs, a person with ..... (nature of disability/condition), and to state that he/she has limitation which hampers his/her writing capability owing to his/her above condition. 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)                                     |
|--|---|----------------------------|---------------------------------------|--|
| Orthopedic / PMR specialist  | Clinical Psychologist/ Rehabilitation Psychologist/ Psychiatrist / Special Educator | Neurologist (if available) | Occupational therapist (if available) | Other Expert, as nominated by the Chairperson (if any) |
| (Signature & Name)   |   |                            |                                       |  |
| Chief Medical Officer/Civil Surgeon/Chief District Medical Officer.....Chairperson |   |                            |                                       |  |

Name of Government Hospital/Health Care Centre with Seal

Place:

Date:



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#### APPENDIX II

#### Letter of Undertaking for availing the Scribe Facility

I, a candidate with \_\_\_\_\_ (name of the disability),  
appearing for the \_\_\_\_\_  
(name of the examination bearing the Registration ID \_\_\_\_\_ at  
\_\_\_\_\_ (name of the centre in the District  
\_\_\_\_\_, \_\_\_\_\_ [name of the  
State).

My qualification is \_\_\_\_\_

I do hereby state that I am making my own arrangements for a scribe / reader for taking the  
aforesaid examination. The scribe/reader's name and qualification is (Name)  
\_\_\_\_\_ and (qualification) \_\_\_\_\_ -

In the event it is found that his/her/their qualification is not as declared by the undersigned  
and is beyond my qualification, I shall forfeit my right to be admitted to the programme that I  
have applied for, and all claims relating thereto.

(Signature of the candidate with Disability)

Place:

Date:



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### APPENDIX III

#### Scribe Declaration Form (To be submitted by the Scribe in case the Scribe has been arranged by the Candidate)

I, Mr./Ms./Mx. \_\_\_\_\_ son/daughter  
of \_\_\_\_\_  
resident \_\_\_\_\_ have  
consented to be the scribe for \_\_\_\_\_ son/daughter  
of \_\_\_\_\_ resident of  
\_\_\_\_\_  
\_\_\_\_\_

Admit Card Number \_\_\_\_\_

I hereby declare that I comply with the preconditions and I will not, directly or indirectly, help the candidate in answering any question in the CLAT 2024 examination, apart from reading out the questions and marking/clicking the answers as per the direction of the candidate.

Place: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of the Scribe)