

**National Institute of Open Schooling  
Regional Centre, Pune  
Dated: 16.07.2025**

**NOTICE**

**Special Provision for Reader/Writer/Extra Time/Use of Computer/Calculator for Public Examination (Oct-Nov, 2025)**

All concerned learners are hereby informed that the National Institute of Open Schooling (NIOS) provides special provisions to learners with disabilities appearing in Public Examination, such as the use of Reader/Writer, Extra Time, Use of Computer or Calculator, etc., as per the NIOS norms.

Learners who wish to avail any such facility for the Oct-Nov, 2025 Public Examination must submit their applications along with the required documents to the Regional Centre, Pune by **29.08.2025**. Applications received after the due date will not be considered.

**Eligibility and Conditions:**

1. The amanuensis (Writer/Reader) should not be related to the examinee and should be at least one class lower in educational qualification than the learner. The writer must not be from the same subject in which the learner is appearing.
2. The application should include:
  - A Bonafied Certificate of the writer issued by the Head of the Institution (if the writer is currently studying).
  - A valid Disability Certificate issued by a competent authority as mentioned in the Annexure-I (Details of the examinee, Sl. No. 05).
  - A complete Application form (Annexure-1, Annexure-2/Annexure-3 & Annexure - 4) in the prescribed format.
3. Learners with temporary disabilities must also submit a recent Medical Certificate indicating the nature and duration of disability.
4. If a learner wants to opt for a Reader, Computer, Calculator, or Extra Time, the same must be clearly mentioned in the application.
5. The learner may opt for different writers for different subjects, if needed. In such cases, separate applications must be submitted for each writer, with details of the subjects required.
6. Learners must clearly mention their Contact Number and Email ID (IN CAPITAL LETTERS ONLY) while filling Annexure-1.

**Additional Instructions:**

- ✓ Learners who require the assistance of a Reader/Writer must fill Annexure-2 along with Annexure-1.
- ✓ Learners who require the assistance of a Caregiver must fill Annexure-3 along with Annexure-1.
- ✓ A passport-size photo of the Reader/Writer/Caregiver must be affixed on Annexure-2 or Annexure-3, and one additional photo must be attached separately with the application.

- ✓ Photocopies of the educational qualification certificates of the proposed Reader/Writer must be attached with the application. If these are not attached, the application will be rejected without any further communication.
- ✓ If the proposed Reader/Writer claims to be non-matriculate qualification or hides their educational qualification, then a sworn affidavit must be submitted along with the application.
- ✓ The Second page of Annexure-1 must clearly mention the subject codes along with the name of amanuensis (Writer/Reader).
- ✓ Annexure-2 and Annexure-3 must have the Signature of the Head of the Institution along with Name and Official Seal. Otherwise, the form will be rejected without any intimation.
- ✓ The Medical Certificate (Annexure-4) must clearly mention the recommendation, and it should bear the Signature and Seal of the Doctor.
- ✓ Only such medical Certificates will be accepted which are issued as per the norms mentioned in the Annexure-I (Details of the examinee, Sl. No. 05).
- ✓ The Student's NIOS identity card must be attached with the application. The identity card should reflect "Disability(D)" status. If the ID card mentions "General(G)", the learner must first get it corrected through E-Service before applying for any special provision.

#### **Important Notes:**

- Applications must be submitted to the Regional Centre, Pune either by hand or post, on or before **29.08.2025**.
- **Application sent via E-mail will not be accepted under any circumstances.**
- Incomplete applications or those submitted without the necessary supporting documents shall be summarily rejected.
- Prior approval must be taken from the Regional Centre, Pune for the use of Computer/reader/writer/calculator/extra time/etc. during examination.
- Learners using computers must report one hour in advance on the day of examination for verification of the devices as per the guidelines.
- **The approval letter will be issued only after the hall ticket is released.**
- The list of approved and not approved applications with discrepancies, if any will be published on the official website of NIOS Regional Centre, Pune.

For More details visit our official website <https://rcpune.nios.ac.in/> time to time.

Regional Director  
NIOS, RC PUNE



**APPLICATION BY THE PARENT**

Name: \_\_\_\_\_

Relationship with the Examinee: \_\_\_\_\_

Parent/Teacher/Care Giver/Any Other (please specify): \_\_\_\_\_

Address: \_\_\_\_\_

Contact No. \_\_\_\_\_

E-mail Id: \_\_\_\_\_

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

To,

The Regional Director,  
National Institute of Open Schooling,  
Regional Centre: \_\_\_\_\_

**Subject: Application for need specific provisions to be made available during the NIOS examination.**

Sir,

It is submitted that my son/daughter/ward who is a person with disability/special needs will be appearing in the NIOS examination scheduled from \_\_\_\_\_ to \_\_\_\_\_ for Block 1/ Block 2/ On-Demand Examination.

Details of the examinee:

1. Name: \_\_\_\_\_
2. Enrolment Number: \_\_\_\_\_
3. Programme enrolled in: Secondary/ Senior Secondary/ Vocational/ OBE/ Life Enrichment/ Life Skills Programme (Tick the Appropriate one): \_\_\_\_\_
4. Nature of Disability: \_\_\_\_\_
5. Certificate issued by: Name of the Hospital (Government Hospital/Government Medical Institute only): \_\_\_\_\_
6. Medical Certificate Sl. No. \_\_\_\_\_ Date: \_\_\_\_\_
7. Copy of the Medical Certificate with recommendations.

8. Subject-wise specific provisions required:

S.No.	Subject and Code	Specific Provisions Required Indicate the clause of provisions mentioned in appendix		Details of self arranged assistive devices. Details of amanuensis/ care giver in the given format at Annexure 2
		From the Centre Superintendent	Self arranged	

You are kindly requested to provide the above mentioned general and specific provisions for my son/ daughter/ward during the examination. The required documentary proofs are enclosed.

Yours sincerely,

**Enclosure: Attested Copies of:**

1. Copy of the medical certificate
2. Copy of the identity card of the examinee
3. Bonafied Certificate with photograph of the amanuensis affixed and signed by the Principal
4. Copy of the identify card of the amanuensis.\*
5. Copy of the identity card of any other person who will accompany the examinee.\*

\* The amanuensis and the accompanying person will be required to carry the same identity proof during the examination.

**PROFORMA FOR INFORMATION REGARDING AMANUENSIS/LAB ASSISTANT/  
READER TO BE ISSUED BY STUDY CENTRE**

*(To be submitted to the Regional Director, two weeks prior to the examination.)*

Name: \_\_\_\_\_

Name of the Father/Mother/Guardian: \_\_\_\_\_

Details of Educational Qualification: \_\_\_\_\_

Whether the Amanuensis has studied the same subjects? No/Yes

If yes, the Amanuensis should be one class junior to the examinee. Refer to the Clause 8.2.3 (iii)

The above person will act as Amanuensis for:

Name of the Examinee:

Enrolment No.:

Study Centre name:

Study Centre No.:

Subject and Date of the Examination:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I hereby declare that I have read the clause 8.2 of the NIOS Guidelines for Centre Superintendents for Theory Examination/ Chapter 6 of Prospectus and the Amanuensis selected is as per the norms.

Signature of the Head of the Institution

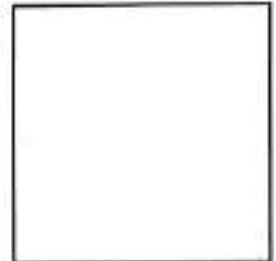
Name

Designation

Seal

**CERTIFICATE ISSUED BY STUDY CENTRE FOR NEAR RELATIVES, CARE GIVER OR  
CONCERNED TEACHER TO ACCOMPANY LEARNERS WITH SPECIFIC DISABILITIES  
DURING EXAMINATION IN SPECIFIC CASES**

*(To be submitted to the Regional Director, two weeks prior to the examination)*



Name: \_\_\_\_\_

Relationship with the Examinee:

The above person will act as a support which includes motivating and helping the examinee find his/her examination room during the examination:

Name of the Examinee:

Enrolment No.:

Study Centre name:

Study Centre No.:

Subject and Date of the Examination:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I hereby declare that I have read the clause 8.2.2 (ix) of the NIOS Guidelines for Centre Superintendents for Theory Examination/ Chapter 6 of Prospectus and the same has been informed and explained to the above mentioned person.

Signature of the Head of the Institution

Name

Designation

Seal



**MEDICAL CERTIFICATE**

Date: \_\_\_\_\_ OPD NO. \_\_\_\_\_

Name of the Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Registration: \_\_\_\_\_ LD No.: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mothers Name: \_\_\_\_\_

School's Name: \_\_\_\_\_ Class Studying in \_\_\_\_\_

Psychological Assessment: \_\_\_\_\_ Date: \_\_\_\_\_

ISC Verbal IQ: \_\_\_\_\_ Performance IQ: \_\_\_\_\_ Global IQ: \_\_\_\_\_

Interpretation: \_\_\_\_\_

KBI Performance IQ: \_\_\_\_\_

Educational Assessment: \_\_\_\_\_ Date: \_\_\_\_\_

Dyslexia, Dysgraphia, Dyscalculia, Slow Learner, Intellectual Disability, Autistic ADHD

Diagnostic: \_\_\_\_\_

**Recommendations**

1. Remedial Education
2. Treatment for ADD/ADHD
3. Provisions
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_

Signature of the Doctor with seal