

**National Institute of Open Schooling
Regional Centre, Pune
Dated: 23.07.2025**

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

All concerned learners/parents/guardians 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.
2. The amanuensis should not be from the same subject(s) in which the learner shall be appearing for the examination. However, if the learner and the Writer/Reader are from the same stream, then the educational qualification of the amanuensis, reader, lab assistant should be at least one class lower than that of the learner with disability appearing for examination.
3. The application should include:
 - A complete a valid Medical Certificate issued by a competent authority as mentioned in the NIOS Prospectus.
 - Application form (Annexure-1, Annexure-2/Annexure-3 & Annexure - 4) in the prescribed format.
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.
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, 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.
- ✓ 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 letters will be issued only after the hall ticket is released at NIOS website.**
- 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.

Appendix - II

**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

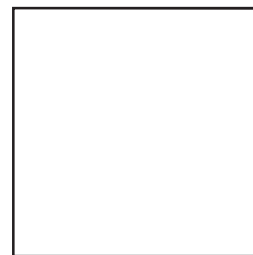
Appendix - III

**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