



टीएचडीसी इंडिया लिमिटेड

THDC INDIA LIMITED

(श्रेणी-क, मिनी रत्न, सरकारी उपक्रम)

(Schedule “A” Mini Ratna Government PSU.)

Date: 03.11.2025

ADDENDUM TO ADVT NO.-08/2025 AND 09/2025

Compensatory Time for PwBDs candidate:

1. “Compensatory Time” shall be allowed for 20 minutes/hr of examination, for candidates with disabilities having functional limitations in writing as assessed by prescribed medical authority. (attached as Appendix-I and Appendix-II for your reference).
2. Only Candidates registered for Compensatory time (at the time of online registration) will be allowed such concessions since compensatory time given to such shall be system based, it shall not be possible for the test conducting agency to allow such time if he/she is not registered for the same. Candidates not registered for compensatory time shall not be allowed such concessions at the examination centre.

It is **IMPORTANT** to mention the following:

1. If at any stage it is found/verified that the compensatory time availed by the candidates by virtue of false declaration/undertaking, his/her candidature will be rejected and not considered for further recruitment process.
2. If the candidate qualifies the Screening Test/Computer Based Test and fulfills the eligibility criteria as mentioned in detailed advertisement is shortlisted for Personal Interview and fails to produce the document Appendix-I and Appendix-II (as applicable) at the time of Document Verification, his/her candidature will be rejected and not considered for further recruitment process.

**HR-Recruitment Section
THDC India Limited, Rishikesh.**

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/ Civil Surgeon/ 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

(eg. Visual Impairment- Ophthalmologist, Locomotor disability- Orthopedic specialist/ PMR)

APPENDIX-II

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: