

जैम २०२६



स्नातकोत्तर उपाधि हेतु संयुक्त प्रवेश परीक्षा

Form for Choice of Scribe

Enrolment ID						
Name of the Candidate						
Qualifying Degree			Qualifying Discipline			
Percentage of Disability			Nature of Disability			
Date of Exam		15 February, 2026	Test Paper - I			
		13 1 ebidary, 2020	Test Paper - II			
Declaratio		on by the candidate		Please tick and sign against the appropriate declaration (only one)		
(a)	NOT requi	derstood the meaning ire scribe assistance ou declare this option in this declaration a	for JAM 2026.	Signature of the candidate Date:		
(b)	request Or for a scribe Note: If you against (b)	derstood the meani rganizing Institute, Ja e assistance ou declare this optio in this declaration and APPENDIX - I.	AM 2026 to arrange n, you have to sign	Signature of the candidate Date:		
(c)	I have understood the meaning of scribe and <u>I shall arrange my OWN scribe for assistance</u> Note: (i) If you declare this option, you have to sign against (c) in this declaration and submit along with Form - II, Form - III and APPENDIX - I . Note: (ii) Since you have opted to arrange your own scribe, Organizing Institute, JAM 2026 will			Signature of the candidate		
	not be responsible to arrange the scribe.			Date:		



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Declaration to be made by the PwD candidate requesting the assistance of scribe from Organizing Institute, JAM 2026

FORM I

Enrolment ID			
Name of the Candidate			
Date of Even	15 February, 2026	Test Paper - I	
Date of Exam		Test Paper - II	

Declaration to be made by the PwD candidate (with JAM 2026 scribe assistance)

I hereby declare that:

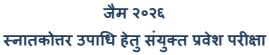
- I request Organizing Institute, JAM 2026 to arrange for scribe assistance.
- I have read and fully understood the instructions and meaning of scribe and the nature of assistance that a scribe can provide to me in the JAM 2026 Examination.
- I have read and fully understood the instructions and meaning of scribe and the nature of assistance that a scribe can provide to me in the JAM 2026 Examination.
- My physical disability is such that the assistance of a scribe is essential to me in the JAM 2026 Examination. I will engage the scribe only for reading the question paper, instructions on the screen and/or in mouse-clicks, if I am not able to do so.
- I will not engage the scribe in any type of communication other than the above and shall not ask the scribe to translate, emphasize or interpret the contents of the test paper.
- In case I am found to violate any of the above guidelines, or my declaration is found to be incorrect, my JAM 2026 candidature will stand disqualified.

Date: Signature of the scribe



Date:

JAM 2026 Joint Admission Test for Masters





Declaration to be made by the PwD candidate requesting the assistance of OWN scribe

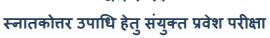
FORM II

Signature of the scribe

Enrolment ID			
Name of the Candidate			
Date of Exam	15 February, 2026	Test Paper - I	
		Test Paper - II	
Declaration to be	e made by the PwD can	didate (with OWN s	scribe assistance)
I hereby declare that:			
 responsible to arrange I read and fully under assistance that a scril My physical disability 2026 Examination. I was on the screen and/or I will not engage the strong ask the scribe to the incorrect, my JAM 202 I do hereby state that scribe) will provide the examination. I do hereby undertaked the year In 	arrange my own scribe e the same. erstood the instructions be can provide to me in the is such that the assistantial engage the scribe only in mouse-clicks, if I am rescribe in any type of contranslate, emphasize or inviolate any of the above 26 candidature will stand the service of scribe / in that his/her highest quality is not one step below	and meaning of some the JAM 2026 Example of a scribe is essent for reading the questoot able to do some the naterpret the contents guidelines, or my deal disqualified. Treader for myself for a found that his/herest	cribe and the nature of sination. sential to me in the JAM stion paper, instructions han the above and shall s of the test paper. eclaration is found to be



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To be filled by th	e scribe if the C	Candidate ha	s arranged O	WN scrib	е	FORM III	
Enrolment ID							
Name of the Candid	ate						
Date of Exam	15 Februa	15 February, 2026		Test Paper - I			
Date of Exam	101 00100			Test Paper - II			
Name of the scribe (in identity card)	as						
Date of birth of the scribe (dd/mm/yyyy))					Docto photo of the	
Address of the scribe	e				Paste photo of the scribe here		
Email ID of the scrib	e		Mobile number of the scribe				
Educational qualification (highest) of the scribe							
Relation between ca	Indidate and scribe	e, if any	_				
ID Proof of the scribe	Driving Licence	Passport	PAN Card Voter ID 0		Card	Aadhaar Card	
ID Proof No.							
Declaration to be made by the scribe							
 I hereby declare that: I have read and fully understood the instructions and meaning of scribe and the nature of assistance that a scribe can provide to a PwD candidate in the JAM 2026 Examination. During the examination, I will not engage in any type of communication with the candidate other than reading verbatim the Examination related instructions and the test paper that appear on the computer screen and in mouse-clicks, if the candidate is not able to do so. I shall not translate, emphasize or interpret the contents of the test paper, even if I am asked to do so by the candidate. I will carry an original photo identification card of myself for producing the same at the time of examination. My highest qualification is awarded in the year 							
Date:			;	Signature c	of the	scribe	



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APPENDIX-I

Certificate regarding physical limitation in an examinee to write

This is to certify that, I have examined Mr./Ms./
(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 reading/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 (e.g., Visual Impairment-Ophthalmologist, Locomotor disability – Orthopedic specialist / PMR).