Examination Guidelines for AIBE

1. **Candidates are required to carry this admit card** along with Govt. issued one Photo ID proof to their respective examination centre. **Candidates without admit cards shall not be allowed** to enter the examination centre.
2. The candidate is advised to visit the examination centre at least one day in advance so that she/he can reach the examination centre on the date of the examination in time.
3. Candidates should **report** at their respective Examination Centre by **11:30 AM.**
4. Candidates will not be allowed to enter the Examination Centre after **01:15 PM.**
5. **Candidates are allowed to carry only BARE ACTS (without notes and comments) inside the examination centre.**
6. **Mobile phones, digital/smart watches, bags, handbags, calculators, electronic gadgets/equipment, papers, books, notes (except BARE ACTS without notes and comments) etc. are strictly not allowed inside the examination centre.** Any candidate found using or in possession of such unauthorized material or indulging in copying or adopting unfair means are liable to be summarily disqualified.
7. Candidates **shall not be allowed** to leave the examination hall before the conclusion of the examination and without handing over the Answer sheet.
8. All markings on the answer sheet must be with **Blue/Black Ball Point Pen** only. Using a pencil for marking on the answer sheet will lead to Disqualification of the exam.
9. **Candidates are advised to fill the Question Booklet Set Code and Roll Number and all other necessary information correctly on the OMR answer sheet. Any errors or omissions in these entries will lead to the direct rejection of the answer sheet.**
10. In case of more than **40% disability, 20 minutes extra time per hour will be allowed to the candidate.** Kindly submit a certified copy of your disability certificate to the invigilator to avail the extra time.
11. **In case of any disability, which prevents a candidate from writing the exam himself/herself [blindness, locomotor disability (both arms affected - BA) and cerebral palsy], then such candidates who are appearing for the All-India Bar Examination, are entitled to have the assistance of a scribe, who is undergraduate and is not pursuing the study of law or any other humanities course and such scribe shall be required to carry school/college identity card, age and address proof viz Aadhar Card. No scribe shall be provided by the examination centre.** Details of scribe should be filled as per the attached proforma **(Appendix-II).**
12. In the case of all other specified disabilities i.e., except blindness, locomotor disability (both arm affected-BA only), and cerebral palsy, the facility of scribe/reader/lab assistant must be allowed on production of a certificate to the effect that the person concerned has a functional limitation to write, caused by the specified disability and, therefore, a scribe is essential to write the examination on his/her behalf. **The certificate is to be issued, after due medical examination by the Chief Medical Officer/Civil Surgeon/ Medical Superintendent of a Government healthcare institution as per the attached proforma (Appendix-I).**
13. The candidature to the examination is provisional. Only those candidates who fulfil the eligibility criteria should appear in the exam. If at any stage it is found that you are not eligible for the All India Bar Examination, your candidature will be rejected.
14. **Candidates found cheating/resorting to unfair means by the invigilators shall ordinarily be debarred from taking the exam.**

Appendix-I

Certificate for recommendation of scribe/reader/lab assistant and/or Compensatory Time for persons with disabilities as defined under Section 2(s) of the RPwD Act 2016 and have limitation in writing as specified in the Guidelines.

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 disability/condition. He/ she requires support of scribe/ reader/lab assistant/and or Compensatory Time as specified in the Guidelines, for writing the examination.

2. The above candidate uses aids and assistive device such as prosthetics & orthotics, hearing aid (name to be specified)/ other (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 Examining Bodies and is valid up to (it is valid for maximum period of one year or less as may be certified by the medical authority)

Signature of medical authority

Name of Government Hospital/ Health Care Centre with Seal

Place

Date

Appendix-II

Letter of Undertaking by the persons with disabilities as defined under section 2(s) of RPwD Act 2016 using the services of scribe/reader/lab assistant during written examinations conducted by various authorities as specified in the Guidelines.

I, a _____candidate with _____(nature of disability/condition) appearing for the_____(name of the examination) bearing Roll No. _____ at_____(name of the center) in the district_____, _____(name of the State) My educational qualification is_____.

2. I do hereby state that_____(name of the scribe) will provide the service of scribe/reader/lab assistant for the undersigned for taking the aforementioned examination. I further declare that there is no conflict of interest of any kind that may affect the impartiality of the examination.

3. I do hereby undertake that his/her qualification is_____. In case, subsequently, it is found that his/her qualification is not as declared by the undersigned and is beyond the specified qualification for the examination as mentioned in the existing guidelines. I shall forfeit my right to the post/position/academic seat I am competing for and claims relating thereto.

(Signature of the candidate)

(Counter-signature by the parent/ guardian, if the candidate is minor) Place:
Date: