



एनएचपीसी लिमिटेड
(भारत सरकार का एक नवोत्पन्न उद्यम)
NHPC Limited
(A Government of India Navratna Enterprise)



मानव संसाधन विभाग
Human Resource Department
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CIN: L40101HR1975GOI032564

संख्या एनएच/भर्ती/04/2025/728

दिनांक: 15.10.2025

सूचना

अधिसूचना संख्या NH/Rectt./04/2025 के संदर्भ में, यह सूचित किया जाता है कि विज्ञापित पदों के लिए कंप्यूटर-आधारित परीक्षा (CBT), दिनांक 29-10-2025 को आयोजित की जाएगी।

कृपया ध्यान दें कि लेखक और/या प्रतिपूरक समय की सुविधा केवल उन्हीं को दी जाएगी जिन्हें लिखने में कठिनाई हो, बशर्ते कि वे इस आशय का प्रमाण पत्र प्रस्तुत करें कि संबंधित व्यक्ति को लिखने में कठिनाई हो रही है और उसकी ओर से परीक्षा लिखने के लिए लेखक आवश्यक है, जो सक्षम चिकित्सा प्राधिकारी द्वारा जारी किया गया हो। इस मेल के साथ एक प्रोफार्मा भी संलग्न है।

यदि परीक्षा के दिन परीक्षा केंद्र पर आवश्यक प्रमाण पत्र प्रस्तुत नहीं किया जाता है, तो उम्मीदवार को अन्य उम्मीदवारों के समान माना जाएगा। तदनुसार, लेखक की सुविधा और अतिरिक्त प्रतिपूरक समय की अनुमति नहीं दी जाएगी।

NOTICE

With reference to Notification no. NH/Rectt./04/2025, it is informed that the Computer-Based Test (CBT) for the advertised posts is scheduled to be held on 29-10-2025.

Please note that the facility of scribe and/or compensatory time shall be granted solely to those having difficulty in writing, subject to production of a certificate to the effect that person concerned has limitation to write and that scribe is essential to write examination on his/her behalf issued from the competent medical authority. A proforma is attached with this mail as well.

In case the required certificate is not produced at the examination centre on the day of the examination, the candidate will be treated at par with the other candidates. Accordingly, the facility of a scribe and additional compensatory time will not be allowed.

भर्ती अनुभाग / Recruitment Cell
एनएचपीसी लिमिटेड / NHPC Limited

हरित ऊर्जा का सशक्त आधार

APPENDIX-I

Certificate regarding physical limitation in an examinee to write

(For PwBDs candidates as per Section 2 (r) of RPwD Act 2016)

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)