STATE SELECTION BOARD
DEPARTMENT OF HIGHER EDUCATION
GOVERNMENT OF ODISHA
BHUBANESWAR – 09

Website: - www.ssbodisha.ac.in / E-mail: - ssbdeptofhe@gmail.com

No. SSBBBSR-EXAM-DEV-0002-2026/1775 / SSB, Dated 17.11.2026

NOTICE

Important instruction regarding recruitment examination wrt Advt. No. 01/2026

In pursuance of the Advertisement No. 01/2026 dt. 09.03.2026, Corrigendum Notice No. 1704 dt. 31.10.2026 and Examination Schedule Notice No. 1733 dt. 07.11.2026 for conduct of Written Examination for the posts Junior Assistant and Junior Clerk, the Board has been pleased to notify the following terms and conditions.

1. **Hall Ticket (Admit Card) Information**: Date, Venue, Timing and center details of the examination will be available in the Hall ticket / Admit card. No hard copy of Hall ticket / Admit card will be sent to any candidate by post.
2. **Static Mock test**: The Static Mock Test Link will be provided to help candidates to familiarize themselves with the online examination interface, navigation, question display, answer selection, and other basic features before appearing for the actual examination. Candidates are advised to access the mock link in advance to understand the examination environment and navigation process. (Please Note: *This mock test is for familiarization and practice purposes only. The questions/content displayed in the mock test are indicative and should not be considered as representative of the actual examination questions, difficulty level, or final question paper*).
3. **Normalization Methodology**: Since examination will be conducted in different dates in multiple shifts using multiple question sets, Normalization methodology for Computer Based Test Examinations shall be adopted by the Board to convert raw score into Normalized Score. The Normalized Score obtained by the candidates in the Main Examination shall be taken into consideration for determining their final order of merit. The normalization method will be notified on the SSB website.

4. The question paper shall be in both English and Odia language except General English section which will exclusively in English language. In case of any discrepancy, ambiguity or error in translation, interpretation or typing between in the English and Odia version of any question, the English version shall prevail and be treated as a final for all proposes.
5. Examination Centers have been identified in all districts. But due to inadequate infrastructure/capacity at Examination Centers in some districts, some candidates are allocated Examination Centers other than their preferred district given at the time of submission of online application.

6. PwD candidates having benchmark disability shall be allowed compensatory time of 60 minutes (@20 minutes per hour) as per rules after submission PwD scribe details under Appendix -I & II (copy enclosed).

All other terms and conditions of the Advertisement published shall remain unaltered.

Candidates are advised to visit the website of the State Selection Board at regular intervals for updates.

By order of the President

Rajesh 17/11/26

Secretary
State Selection Board

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 candidates 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

CDM & PHO / Civil Surgeon / Medical Superintendent of a Government Health Care Institution.

Name and 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)

APPENDIX – II

Letter of undertaking for using Own Scribe

I _____, a candidate with _____ (name of the disability) appearing for the _____ (name of the examination) bearing Application ID:_____,Date of Birth_____. My qualification is _____.

I do hereby state that _____ (name of the Scribe) will provide the service of Scribe / reader for the undersigned for taking the aforesaid examination.

I do hereby undertake that his / her qualification is _____. In case, subsequently it is found that his / her qualification not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims relating thereto.

Signature of the candidate with Disability

Place:
Date: