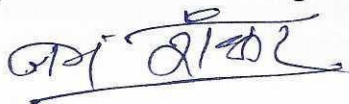


**INSTRUCTIONS FOR PwBD CANDIDATES REGARDING TYPING TEST (ON
COMPUTER) AND STENOGRAPHY TEST**

The following guidelines are applicable to PwBD candidates shortlisted for typing test or stenography test.

1. Typing test will be conducted on computer.
2. Persons with Benchmark Disability in the category of visually impaired, orthopedically handicapped (afflicted by cerebral palsy), orthopedically handicapped (both arm affected), orthopedically handicapped candidates who has a locomotor disability wherein the dominant writing extremity is affected to the extent of slowing down the performance of the candidate (such deficiency to be indicated in the certificate, issued by competent authority, submitted by the candidate) will be allowed compensatory time of **05 minutes**.
3. VI Candidates are eligible for scribe/passage dictator.
4. The Scribe/ Passage dictator is identified by the candidate at own cost and as per own choice.
5. The Scribe/ Passage dictator will read out the passage to VI candidates only within the allotted time.
6. Passage will not be provided in Brail for the VI candidates.
7. A person acting as a Scribe/Passage dictator for one candidate cannot be a Scribe /Passage dictator for another candidate.
8. The scribe/Passage dictator arranged by the candidate should not be a candidate for the same examination.
9. The candidate shall be responsible for any misconduct on the part of the scribe/Passage dictator brought by him during typing test.
10. Persons with Disabilities candidates who claim to be permanently unfit to take the Typing test because of a physical disability may be exempted by CSIR-CEERI from the requirement of appearing and qualifying at such test, provided such a candidate submits in the attached format (**Appendix-I**) to the competent Medical Authority, i.e. Chief Medical Officer/ Civil Surgeon/ Medical superintendent of a Government health care institution, declaring him/ her to be permanently unfit for the typing test because of a physical disability.
11. PwBD candidates who are exempted from the typing test, must attend venue of Typing test on the day of test with admit card, Valid Photo Id, One Passport size colour photograph, duly approved Proforma (**Appendix-I**) for attendance and FRAS etc.
12. Candidate as well as the scribe/ passage dictator will have to give a suitable undertaking, in the prescribed format 'Letter of Undertaking for Using Own scribe/ passage dictator' as **Appendix-II**.
13. Candidates are advised to refer point No. IV of OM dated 29th Aug, 2018 issued by Department of Empowerment of persons with Disabilities (Divyangjan), Ministry of Social Justice and Empowerment referred above and required to produce a certificate (wherever applicable) to the effect that the person concerned has physical limitation to write and scribe is essential to write examination on his/ her behalf as per attached format (**Appendix-III**) from Chief Medical Officer/ Civil Surgeon/ Medical superintendent of a Government health care institution.
14. In case it later transpires that he/ she did not fulfil any laid down eligibility criteria or suppressed material facts, the candidature of the applicant will stand cancelled, irrespective of the result of the online examination.
15. Guidelines are subject to change in terms of GOI guidelines/ clarifications, if any, from time to time.



APPENDIX-I

Medical certificate to be produced by the Persons with Benchmark Disabilities
candidates who seek exemption from appearing in the Typewriting Test

This is to certify that Mr/ Ms/ Mrs
_____ son/daughter/wife of
Shri _____, a resident of
_____(Village/ District/ State), is suffering
from _____

Clinical diagnosis as a result of which he/ she has the following disabilities. (Brief
description of his/ her disability) _____

This is a permanent disability and the extent of his/ her disability works out to _____ %
of disability. This disability is likely to interfere with Typewriting
(Specify) _____

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:

Recent passport
size Photograph of
the candidate
clearly showing face
with affected
portion of the body

Signature of candidate:

Name of the candidate:

Application number:

Note: Certificate should be given by a specialist of the relevant stream/disability (eg. Visual impairment-Ophthalmologist, Locomotor disability-Orthopedic specialist/PMR).



**DECLARATION/UNDERTAKING BY PERSON WITH BENCHMARK DISABILITIES
(PWBD) CANDIDATES WHO WISH TO USE SCRIBE/PASSAGE DICTATOR**
(Letter of Undertaking for Using Own Scribe/Passage Dictator)

I _____ a candidate with _____ (name of the disability) appearing for the _____ (name of the examination) bearing _____ Application No. _____ at _____ (centre name) in the _____ (City), _____, (name of State). My highest qualification is _____ and scribe's highest qualification is _____. We (Candidate & Scribe) together hereby declare that _____ (name of the scribe) will provide the service of scribe/ reader/lab assistant for the candidate for taking the aforesaid examination and also undertake that we (Candidate & Scribe) have read/been read out the instructions of '**Guidelines regarding Persons with Benchmark Disabilities (PwBD) using the services of a Scribe/ Passage Dictator**', CSIR-CEERI hereby undertake to abide by them. It is also stated that the scribe arranged by the candidates should not be a candidate for the same examination and also cannot be a scribe for another candidate. We also understand that in case it is detected at any stage of recruitment and even after recruitment that we do not fulfil the eligibility norms and/or that the information furnished by us is incorrect/ false or that we have suppressed any material fact(s), or that scribe's qualification is not as declared and I Shall forfeit my right to the post and claims relating thereto.

Given under our signature:-

Signature and Left Hand Thumb
Impression of the **Scribe/Passage Dictator**

Signature and Left Hand Thumb
Impression of the **Candidate**

Correspondence Address

.....
.....
.....

ID Proof Type: *

ID Number:

STD Code: Phone No.....

Mobile No., if any

Application No.:

Seat No.....

Post Code & Post Name

Date of Skill test.....

Shift.....

Skill Test Centre:

City:

Correspondence address:

.....
.....
.....

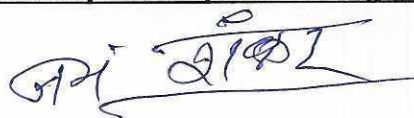
STD Code: Phone No.....

Mobile No., if any

Recent passport
size Photograph
of the
Scribe/Passage
dictator.
To be signed by
Scribe and
candidate

Signature of the Council Authority

***Scribe/Passage dictator is required to carry his ID proof in original at the time of Examination.**



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).

