

INSTRUCTIONS FOR PWD CANDIDATES REGARDING TYPING SKILL TEST (ON COMPUTER)

The following guidelines are applicable to PwD Candidates shortlisted for Typing 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 from the requirement of appearing and qualifying at such test, provided such a candidate submits in the attached format (**Appendix-I**) to CSIR-AMPRI from 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. PwD candidates who are exempted from the typing skill test, must attend venue of Typing skill 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 biometric 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 No. 34-02/2015-DD-III 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 Central Government health care institution.
14. For PwD candidates opting to use Scribe are required to give the Undertaking as per format provided (**Annexure-IV**). It is to be ensured by the candidate that qualification of scribe should not be more than the minimum qualification criteria of the examination and the qualification of scribe should be one step below the qualification of the candidate taking Typing test.
15. 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.
16. Guidelines are subject to change in terms of GOI guidelines/clarifications, if any, from time to time.

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(Controller of Administration)

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-Orthopaedic specialist/PMR).

DECLARATION/UNDERTAKING BY PERSON WITH DISABILITIES (PWD)
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
Disabilities (PWD) using the services of a Scribe/Passage Dictator**' issued by
CSIR-AMPRI and 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 can not 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 CSIR AMPRI
representative.**

***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-Orthopaedic specialist/PMR).

Letter of Undertaking for Using Own Scribe

I _____, a candidate with _____ (name of disability) appearing for the _____ (name of the examination) bearing Roll No. _____ at _____ (name of the center) in the District _____, _____ (name of the State}, My qualification is _____.

I do hereby state that _____ [name of the scribe] will provide the service of scribe/reader /lab assistant for the undersigned for taking the aforesaid examination.

I do hereby undertake that his qualification is _____. In case, subsequently it is found that his qualification is 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