



NOTIFICATION

No. 4(104)/2016-EI

11.08.2017

Sub: Tentative Schedule of Written Examination & Proficiency Test – Recruitment to the post of Junior Stenographer - Reg.

Ref: 1. Advertisement No.1/2017  
2. Notification of list of shortlisted candidates and Scheme of Examination dated 07.08.2017.

In continuation of this notification cited under reference (2), it is notified for information of the shortlisted candidates that the Written Examination/ Proficiency Test for recruitment to the posts of Jr Stenographers is scheduled to be held on **9th and 10th September 2017** (Saturday & Sunday) at 09.00 am onwards at **State Institute of Commerce Education, Old Mahabalipuram Road (OMR), Taramani, Chennai, 600 113** as detailed in the table below:

Name of the Post	Junior Stenographer
No of Posts	2 posts
Post Codes and Reservation	JS 1701 -UR, JS 1702-OBC

Examination	Date & Time	Venue
<b>Stage 1@: Written Examination (Qualifying)</b> Section A: General English : 50 Marks Section B: General Knowledge : 50 Marks Total duration of Exam: 2 hours Exam Details & Syllabus: 1. Written Examination will consist of Objective Type MCQs at the level of 10+2. 2. General Knowledge will include questions from Current Affairs, General Science, Computer Knowledge, Geography, History, Polity etc. 3. There will be no negative marking. 4. Questions of Section A will be only in English. Questions of Section B will be in English and Hindi.	<b>9th September 2017</b> (Saturday) <b>Reporting Time:</b> 9:00 AM <b>Exam Time:</b> 10:00 AM to 12:00 PM	State Institute of Commerce Education, Old Mahabalipuram Road (OMR), Taramani, Chennai Pin: 600 113 (Near Indira Nagar Railway Station)
<b>Stage 2: Typewriting test on Computer</b> 35 w.p.m in Hindi/40 w.p.m in English typewriting (10 minutes). 35/40 w.p.m correspond to 10500 KDPH/12000 KDPH (key depressions per hour) on an average of 5 key depressions for each word.	<b>10th September 2017</b> (Sunday) <b>Reporting Time:</b> 9:00 AM	
<b>Stage 3: Shorthand Test</b> Dictation: 10 Minutes @ 80 word per minute Transcription: 50 Minutes (English) / 65 Minutes (Hindi)		
<b>@ Results of Written Examination will be published on 09.09.2017 at 2.00 PM at Exam Centre and in CLRI website. Qualified candidates should stay back at the Exam Centre for verification of original certificates.</b>		
<b>Certificate Verification: (09.09.2017 at 2:30 PM onwards)</b> Certificate verification of candidates qualified in Written Examination will commence after the publication of Written Exam result. Candidates must bring all original certificates along with copies of 10 <sup>th</sup> /SSC, +2/XII or equivalent, Typewriting Certificates, Shorthand Certificates, Degree Certificate, OBC Certificate (in case of JS1702 OBC) etc. as mentioned in the application.		

Individual call letters will be sent to the shortlisted candidates separately.

  
(M ARUN MANIKANDA BHARATHI)  
SECTION OFFICER-EI



### अधिसूचना

सं. 4(104)/2016-EI

11.08.2017

विषय : लिखित परीक्षा एवं प्रवीणता परीक्षा की अनंतिम समय-सारणी - कनिष्ठ आशुलिपिक के पद की भर्ती हेतु

संदर्भ : 1. विज्ञापन सं.1/2017

2. लघुसूचित उम्मीदवारों की सूची और परीक्षा तारीख 07.08.2017 की तालिका की अधिसूचना

संदर्भ (2) के अंतर्गत इस अधिसूचना के क्रम में लघुसूचित उम्मीदवारों के सूचनार्थ यह अधिसूचित किया जाता है कि कनिष्ठ आशुलिपिकों के पदों पर भर्ती हेतु लिखित परीक्षा/प्रवीणता परीक्षा नीचे दी गई तालिकानुसार राज्य वाणिज्य शिक्षा संस्थान, पुराना महाबलिपुरम रोड (OMR), तरमणि, चेन्नई 600 113 में दिनांक 09 एवं 10 सितंबर 2017 (शनिवार एवं रविवार) प्रातः 9.00 बजे से आयोजित की जा रही है।

पद का नाम	कनिष्ठ आशुलिपिक
पदों की संख्या	2 पद
पद कोड एवं आरक्षण	JS 1701 -UR, JS 1702 -OBC

परीक्षा	दिनांक एवं समय	स्थान
<b>स्तर 1: लिखित परीक्षा (अर्हक परीक्षा)</b> भाग A: सामान्य अंग्रेजी : 50 अंक    भाग B: सामान्य ज्ञान : 50 अंक परीक्षा की कुल अवधि : 2 घंटे परीक्षा के विवरण एवं पाठ्यचर्या : 1. लिखित परीक्षा में 10+2 स्तर पर वस्तुनिष्ठ MCQ का प्रश्न पत्र होगा। 2. सामान्य ज्ञान में अद्यतन समाचार, सामान्य विज्ञान, भूगोल, इतिहास, राजनीति आदि से प्रश्न होंगे। 3. इसमें नेगेटिव मार्किंग नहीं होगा। 4. भाग-ए में प्रश्न केवल अंग्रेजी में होंगे और भाग-बी में प्रश्न हिंदी और अंग्रेजी में होंगे।	9 सितंबर 2017 (शनिवार) रिपोर्ट करने का समय : 9:00 AM  परीक्षा समय : प्रातः 10:00 से अपराह्न 12:00 बजे	राज्य वाणिज्य शिक्षा संस्थान, पुराना महाबलिपुरम रोड (OMR), तरमणि, चेन्नई पिन 600 113
<b>स्तर 2 : कंप्यूटर पर टंकण परीक्षा</b> हिंदी में 35 शब्द प्रति मिनट/ अंग्रेजी में 40 शब्द प्रति मिनट (10 मिनट)। 35/40 शब्द प्रति मिनट से संबंधित 10500 KDPH /12000 KDPH (कीडिपेशन प्रतिघंटा) प्रत्येक शब्द के लिए औसतन 5 कीडिपेशन	10 सितंबर 2017 (रविवार)  रिपोर्ट करने का समय: 9:00 AM	(इंदिरानगर रेलवे स्टेशन के पास)
<b>स्तर 3: आशुलिपि परीक्षा</b> श्रुतलेख : 10 मिनट में 80 शब्द प्रति मिनट अनुलेखन : 50 मिनट (अंग्रेजी) 65 मिनट (हिंदी)		

@ लिखित परीक्षा के परिणाम 09.09.2017 को अपराह्न 2.00 बजे परीक्षा केन्द्र में और सीएसआईआर वेबसाइट पर सूचित किए जाएंगे। योग्य उम्मीदवारों को प्रमाण पत्र वैधीकरण के लिए परीक्षा केन्द्र में ठहरना चाहिए।

लिखित परीक्षा के दिन प्रमाण पत्रों का वैधीकरण (09.09.2017 को अपराह्न 2.30 बजे से) :

आवेदकों को आवेदन में बताए गए अनुसार 10वीं/SSC, +2/बारहवीं कक्षा अथवा समकक्ष प्रमाणपत्र, टंकण प्रमाणपत्र, आशुलिपि प्रमाणपत्र, स्नातक उपाधि तथा OBC (यदि JS1702 OBC के मामले में) आदि मूल प्रमाण पत्रों को लाना होगा, यदि वैधीकरण के लिए लागू हों।

लघुसूचित उम्मीदवारों व्यक्तिगत स्तर पर कॉल लेटर भेजे जाएंगे।

  
(एम. अरुण मणिकण्ड भारति)

अनुभाग अधिकारी-EI

## उम्मीदवारों के लिए निदेश Instructions to the candidates:

1.	<p>उम्मीदवारों को सभी परीक्षाओं के दिन रिपोर्ट करते समय प्रवेश पत्र लाना होगा। Candidates should bring the Admit Card along with them at the time of reporting on all days of examination.</p>
2.	<p>परीक्षा में देर से अर्थात् परीक्षा के प्रारंभ के 15 मिनट बाद रिपोर्ट करने वाले उम्मीदवारों को सामान्य रूप से परीक्षा में उपस्थित होने की अनुमति नहीं दी जाएगी। परीक्षा समाप्त होने से पहले किसी भी उम्मीदवार को परीक्षा कक्ष छोड़ने की अनुमति नहीं दी जाएगी। Candidates reporting late for the Exam i.e, after 15 minutes from the commencement of Exam will not be normally permitted to attend the Examination. No candidate will be permitted to leave the Exam Hall before the completion of exam.</p>
3.	<p>परीक्षा में प्रवेश अनंतिम है। लिखित परीक्षा, टंकण परीक्षा और आशुलिपि परीक्षा के लिए बुलाए जाने मात्र से उनका सीएसआईआर-सीएलआरआई में पद के लिए कोई अधिकार नहीं बनता। Admission for the Examination is provisional. Mere calling for Written Examination, Typewriting test and Shorthand test does not confer any right for the post in CSIR-CLRI.</p>
4.	<p>टंकण परीक्षा का प्रतिलेख का मूल्यांकन पहले किया जाता है और इसमें उत्तीर्ण उम्मीदवारों के आशुलिपि के प्रतिलेखों का ही मूल्यांकन किया जाता है। The transcript of Typewriting test is evaluated first and <b>Shorthand transcript is evaluated only of those</b> candidates who have qualified in Typewriting test</p>
5.	<p>आरक्षित पदों (अ.पि.व.) के लिए चुने गए उम्मीदवारों को टंकण परीक्षा के समय सक्षम प्राधिकारी द्वारा निर्धारित प्रोफार्मा में जारी अपेक्षित समुदाय प्रमाण पत्र (अ.पि.व.) (मूल और एक प्रति) प्रस्तुत करने पर ही इन पदों के लिए उनकी पात्रता पर विचार किया जाएगा। Candidates who have been shortlisted against reserved post (OBC) will be considered for these posts if and only if they produce necessary Community Certificate (OBC) (original and a copy) in the prescribed proforma issued by the competent authority at the time of Typing Test.</p>
6.	<p>दिव्यांग उम्मीदवारों को सक्षम प्राधिकारी द्वारा निर्धारित प्रारूप में जारी विकलांगता प्रमाणपत्र प्रस्तुत करना चाहिए। Physically Handicapped (PH) candidates should produce disability certificates issued by the competent authority in the prescribed format.</p>
7.	<p>आवेदन करनेवाले उम्मीदवारों की यह जिम्मेदारी बनती है कि वे विज्ञापन एवं स्क्रीनिंग मानदंड के अनुसार पद हेतु अपनी योग्यता सुनिश्चित करें। भविष्य में चयन के दौरान या उम्मीदवार की नियुक्ति के पश्चात् या किसी भी स्थिति में यदि यह पाया जाता है कि उनकी नियुक्ति/पात्रता निर्धारित योग्यता के अनुसार नहीं है तो मामले के अनुसार उनकी पात्रता/नियुक्ति, रद्द/समाप्त की जा सकती है। It is the responsibility of the candidate to ensure his/her own eligibility for the post for which he/she is applying in accordance with the advertisement and Screening Criteria. In case, it is detected at any point of time in future during process of selection or even after appointment that candidate was not eligible as per prescribed qualification due to whatever circumstances, his/her candidature/appointment shall be liable to be cancelled/terminated as case may be.</p>
8.	<p>सत्यापन के समय मूल प्रमाणपत्र प्रस्तुत नहीं करनेवाले उम्मीदवारों को सामान्य रूप से प्रवीणता परीक्षा के लिए अनुमति नहीं दी जाएगी। <b>Candidates not producing any original certificates at the time of verification will not be normally permitted to attend the Proficiency Test.</b></p>
9.	<p>उम्मीदवारों को परीक्षा स्थल में कोई इलेक्ट्रॉनिक उपकरण, मोबाइल फोन लाने की अनुमति नहीं है। Candidates should not bring any electronic devices, mobile phones etc. to the examination venue.</p>
10.	<p>पर्यवेक्षकों और अन्वीक्षकों द्वारा दिए गए अन्य निदेशों का सावधानी से पालन किया जाना चाहिए। Any other instructions given by the supervisors and invigilators should be followed scrupulously.</p>
11.	<p>टंकण एवं आशुलिपि परीक्षाएँ उसी दिन पूर्ण किए जाएंगे, तथापि यदि परीक्षाएँ देर से समाप्त होती हैं,</p>



	<p>तो उम्मीदवारों को देर तक रहने के लिए तैयार होना चाहिए। Typewriting and shorthand tests would be completed on the same day, however candidates should come prepared to stay late, in case of late completion of the tests.</p>
12.	<p>परीक्षा में उपस्थित होने के लिए कोई यात्रा भत्ता / महंगाई भत्ता नहीं दी जाएगी। No TA/DA will be paid for appearing Examination.</p>
13.	<p>उम्मीदवारों को चेन्नई में रहने के लिए अपनी व्यवस्था स्वयं करनी होगी। Candidates should make their own arrangements for their stay in Chennai.</p>
14.	<p>उम्मीदवारों को आवेदन पत्र में उल्लिखित माध्यम में ही टंकण और आशुलिपि परीक्षाओं में भाग लेना होगा। Candidates must attend the typewriting and shorthand tests in the same medium as mentioned in the application.</p>

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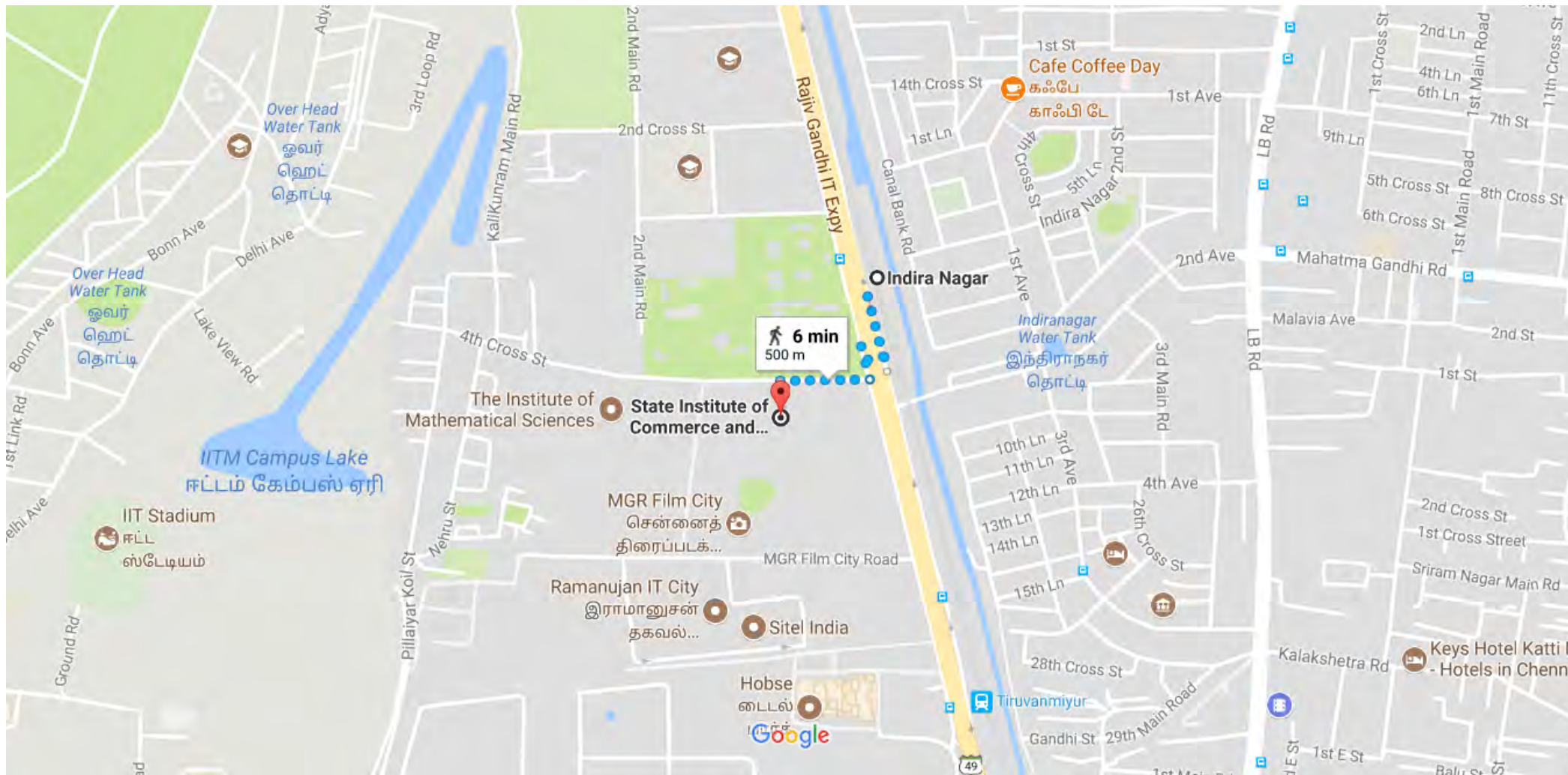
  
अनु. अधि / S.O-E.I  
के.च.अ.सं / CLRI



Indira Nagar to State Institute of Commerce and Education Directorate of Technical Educational

Walk 500 m, 6 min

**Indira Nagar Railway station is in the Chennai Beach to Velacherry MRTS Route**



Map data ©2017 Google India 200 m



via Service Ln and 4th Cross St  
Mostly flat

6 min

500 m

**Annexure**

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES  
APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri/Smt./Kumari \_\_\_\_\_ son/daughter of \_\_\_\_\_ of village/town \_\_\_\_\_ in District/Division \_\_\_\_\_ in the State/Union Territory \_\_\_\_\_ belongs to the \_\_\_\_\_ community which is recognised as a backward class under the Government of India, Ministry of Social Justice and Empowerment's Resolution No. \_\_\_\_\_ dated \_\_\_\_\_. \* Shri/Smt./Kumari \_\_\_\_\_ and /or his/her family ordinarily reside(s) in the \_\_\_\_\_ District/Division of the \_\_\_\_\_ State/Union Territory. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M. No. 36012/22/93-Estt. (SCT) dated 8.9.1993\*\*.

District Magistrate  
Deputy Commissioner etc.

Dated:

Seal

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\*- The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

\*\* - As amended from time to time.

Note:- The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

Form-II  
 Disability Certificate  
 (In cases of amputation or complete permanent paralysis of limbs  
 and in cases of blindness)  
 (See rule 4)  
 (NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE  
 CERTIFICATE)

Recent PP size Attested Photograph (Showing face only) of the person with disability
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Certificate No. ....  
 .....

Date:

This is to certify that I have carefully examined Shri/Smt/Kum.....  
 son/wife/ daughter of Shri..... Date of Birth .....

(DD/ MM/ YY)

Age ..... years, male/female .....

Registration No. .... permanent resident of House No. ....

Ward/Village/Street ..... Post Office ..... District

..... State .....

whose photograph is affixed above, and am satisfied that:

(A) he/she is a case of :

= locomotor disability

= blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is.....

(A) He/ She has .....% (in figure)..... percent (in words)  
 permanent physical impairment/blindness in relation to his/her ..... (part of  
 body) as per guidelines (to be specified).

2. The applicant has submitted the following document as proof of residence;-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Signature/Thumb impression of the person in whose favour disability certificate is issued.
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Form-III  
 Disability Certificate  
 (In case of multiple disabilities)  
 (NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE  
 CERTIFICATE)  
 (See rule 4)

Recent PP size Attested  
 Photograph (Showing  
 face only) of the person  
 with disability

Certificate No. ....

Date: .....

This is to certify that we have carefully examined Shri/ Smt/Kum. .... /son/wife/daughter of Shri  
 .... Date of Birth..... Age .....years,  
 male/female.....

(DD) (MM) (YY)

Registration No..... permanent resident of House No.....

Ward/Village/Street..... Post Office .....

District.....State ..... whose photograph is affixed above, and are satisfied that:

(A) He/she is a Case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S.No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/ mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

(B) In the light of the above, his /her over all permanent physical impairment as per guidelines (to be specified), is as follows:-

In figures:- .....percent

In words:- .....percent



2. This condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

3. Reassessment of disability is :

(i) not necessary,

Or

(ii) is recommended/ after ..... years..... months, and therefore this certificate shall be valid till .....

(DD) (MM)

(YY)

@ e.g. Left/Right/both arms/legs

# Single eye/both eyes

£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority.

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Name and seal of Member

Name and seal of Member

Name and seal of the  
Chairperson

Signature/Thumb impression of the person in whose favour disability certificate is issued.
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Form-IV  
 Disability Certificate  
 (In cases other than those mentioned in Forms II and III)  
 (NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE  
 CERTIFICATE)  
 (See rule 4)

Recent PP size Attested Photograph (Showing face only) of the person with disability
--

Certificate No. ....  
 .....

Date:

This is to certify that I have carefully examined Shri/Smt./Kum .....  
 son/wife/daughter of Shri ..... Date of Birth.....

(DD)

(MM) (YY)

Age ..... years, male/female.....

Registration No. .... permanent resident of House No..... Ward/Village/Street  
 ..... Post Office ..... District..... State .....

whose photograph is affixed above, and am satisfied that he/she is a case of  
 ..... disability. His/her extent of percentage physical impairment/disability  
 has been evaluated as per guidelines (to be specified) and is shown against the relevant  
 disability in the table below:-

S.No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/ mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

(Please strike out the disabilities which are not applicable.)

2. The above condition is progressive/ non-progressive/ likely to improve/not likely to improve.

3. Reassessment of disability is :

(i) not necessary

Or

(ii) is recommended/ after ..... years ..... months, and therefore

this certificate shall be valid till .....  
(DD) (MM)

(YY)

@ e.g. Left/Right/both arms/legs

# e.g. Single eye/both eyes

£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)  
(Name and Seal)

Countersigned

(Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal))

Signature/Thumb impression of the person in whose favour disability certificate is issued.

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.

Note: The principal rules were published in the Gazette of India vide notification number S.O. 908 (E), dated the 31st December, 1996.