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:

<table>
<thead>
<tr>
<th>Name of the Post</th>
<th>Junior Stenographer</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of Posts</td>
<td>2 posts</td>
</tr>
<tr>
<td>Post Codes and Reservation</td>
<td>JS 1701 - UR, JS 1702 - OBC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Examination</th>
<th>Date &amp; Time</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1(^{\circ}): Written Examination (Qualifying)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section A: General English</td>
<td>9th September 2017 (Saturday)</td>
<td></td>
</tr>
<tr>
<td>Section A: General Knowledge</td>
<td>Reporting Time: 9:00 AM</td>
<td>State Institute of Commerce Education, Old Mahabalipuram Road (OMR), Taramani, Chennai, Pin: 600 113 (Near Indira Nagar Railway Station)</td>
</tr>
<tr>
<td>Total duration of Exam: 2 hours</td>
<td>Exam Time: 10:00 AM to 12:00 PM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage 2: Typewriting Test on Computer</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>35 w.p.m in Hindi/40 w.p.m in English</td>
<td>10th September 2017 (Sunday)</td>
<td></td>
</tr>
<tr>
<td>typewriting (10 minutes)</td>
<td>Reporting Time: 9:00 AM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage 3: Shorthand Test</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dictation: 10 Minutes @ 80 word per minute</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transmission: 50 Minutes (English) / 65 Minutes (Hindi)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

@ 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.

Certificate Verification: (09.09.2017 at 2:30 PM onwards)
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\(^{th}\)/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
नोट - इस पाठ्यपुस्तक के क्रम में लघुपृष्ठित उम्मीदवारों के सूची और परीक्षा तारीख 07.08.2017 की तालिका की अधिसूचना संदर्भ (2) के अंतर्गत इस अधिसूचना के क्रम में लघुपृष्ठित उम्मीदवारों के सूचनायें यह अधिसूचित किया जाता है कि कलिन्था आमूलिकों के पदों पर भर्तिदेहरु लिखित परीक्षा/प्रवीणता परीक्षा नीचे दी गई तालिकाते राज्य वाणिज्य शिला संस्थान, पुराना महाविद्युम्प रोड (OMR), तरस्मण, चेन्नई 600 113 में दिनांक 09 और 10 सितंबर 2017 (शनिवार एवं रविवार) प्रत: 9:00 बजे से आयोजित की जा रही है।

<table>
<thead>
<tr>
<th>पद का नाम</th>
<th>कलिन्था आमूलिक</th>
<th>पदों की संख्या</th>
<th>पद कोड एवं आवेदण</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>JS 1701 - UR, JS 1702 - OBC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### परीक्षा 1: लिखित परीक्षा (आईआई परीक्षा)

- **इंग्लिश परीक्षा**: 
  - भाग A: सामान्य अंग्रेजी : 50 अंक (भाग B: सामान्य ज्ञान : 50 अंक)
  - परीक्षा के विचार्य एवं वार्तालाप : 
    1. लिखित परीक्षा में 10+2 तरतूद में संयुक्त MCQ का प्रश्न पत्र होगा।
    2. सामान्य ज्ञान में अप्रतिम समाचार, सामाजिक विज्ञान, भूगोल, इतिहास, राजनीति
      आदि का प्रश्न होगा।
    3. इसमें नेमेडिक विषयों भी होगा।
  - 4. भाग-ए में प्रश्न ये अंग्रेजी में होगा और प्रश्नों का हिंदी और अंग्रेजी में होगा।

### परीक्षा 2: एवं धारण परीक्षा

- हिंदी में 35 शतांत्र प्रति मिनट/ अंग्रेजी में 40 शतांत्र प्रति मिनट (10 मिनट)। 35/40 शतांत्र प्रति मिनट संयुक्त 10500 KDPH /12000 KDPH (कीडीप्रेशन प्रतिघंटा) प्रत्येक शतांत्र के लिए औसतन 5 कीडीप्रेशन

### परीक्षा 3: आमूलिक परीक्षा

- भ्रमण: 10 मिनट में 80 शतांत्र प्रति मिनट
- अनुसंधान: 50 मिनट (अंग्रेजी) 65 मिनट (हिंदी)

- **लिखित परीक्षा** के परिणाम 09.09.2017 को आयोजित कर दिए जाएंगे। उम्मीदवारों को प्राप्त पत्र वैधता के लिए परीक्षा केन्द्र में डराता विधि द्वारा जाए।

- **लिखित परीक्षा** के दिन प्रमाण पत्र का वैधता (09.09.2017 को आयोजित 2.30 बजे से) : आवेदकों के आदेश के प्रवास में बाधा गई अनुसूची 10वीं/SSC, +2/विद्याविश्वास कायम अथवा समकक्ष प्रमाणपत्र, तंत्र प्रमाणपत्र, आमूलिक प्रमाणपत्र, स्नातक प्रमाणपत्र तथा OBC (यदि JS 1702 OBC के मामले में) आदि मूल प्रमाण पत्रों को लाना होगा, यदि वैधता के लिए लागू हो।

उम्मीदवारों को लघुपृष्ठित स्थल पर कॉल लेटर भेजें जाए।
Instructions to the candidates:

1. Candidates should bring the Admit Card along with them at the time of reporting on all days of examination.

2. 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.

3. 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.

4. The transcript of Typewriting test is evaluated first and Shorthand transcript is evaluated only of those candidates who have qualified in Typewriting test.

5. 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.

6. Physically Handicapped (PH) candidates should produce disability certificates issued by the competent authority in the prescribed format.

7. 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.

8. Candidates not producing any original certificates at the time of verification will not be normally permitted to attend the Proficiency Test.

9. Candidates should not bring any electronic devices, mobile phones etc. to the examination venue.

10. Any other instructions given by the supervisors and invigilators should be followed scrupulously.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>12.</td>
<td><strong>परीक्षा में उपस्थित होने के लिए कोई यात्रा भत्ता/महंगाई भत्ता नहीं दी जाएगी।</strong> No TA/DA will be paid for appearing Examination.</td>
</tr>
<tr>
<td>13.</td>
<td><strong>उम्मीदवारों को चेन्नई में रहने के लिए अपनी व्यवस्था स्वयं करनी होगी।</strong> Candidates should make their own arrangements for their stay in Chennai.</td>
</tr>
<tr>
<td>14.</td>
<td><strong>उम्मीदवारों को आयोजन पत्र में उल्लिखित माध्यम में ही टेस्ट और आश्रुतिपरीक्षाओं में भाग लेना होगा।</strong> Candidates must attend the typewriting and shorthand tests in the same medium as mentioned in the application.</td>
</tr>
</tbody>
</table>
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

*- 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)

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:-

<table>
<thead>
<tr>
<th>Nature of Document</th>
<th>Date of Issue</th>
<th>Details of authority issuing certificate</th>
</tr>
</thead>
</table>

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

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

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

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

(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:-
   
<table>
<thead>
<tr>
<th>Nature of Document</th>
<th>Date of Issue</th>
<th>Details of authority issuing certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Signature and seal of the Medical Authority.
   
<table>
<thead>
<tr>
<th>Name and seal of Member</th>
<th>Name and seal of Member</th>
<th>Name and seal of the Chairperson</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Certificate No. ..........................  Date: ..........................

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

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<tr>
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<td>Both Eyes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Hearing impairment</td>
<td>£</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Mental retardation</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Mental-illness</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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:-

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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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.