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The form of certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under the Government of India

This is to certify that Shri / Shrimati / Kumari* Son/daughter* of of village/town*..... in District/Division*.....of the State/Union Territory*.....belongs to the..... caste/tribe* which is recognized as a Scheduled Caste/Scheduled Tribe* under: -

@ The Constitution (Scheduled Castes) Order, 1950 @ The Constitution (Scheduled Tribes) Order, 1950

@ The Constitution (Scheduled Castes) Union Territories Order, 1951 @ The Constitution (Scheduled Tribes) Union Territories Order, 1951

[as amended by the Scheduled Castes and Scheduled Tribes List (Modification) Order, 1956; the Bombay Reorganisation Act, 1960, the Punjab Re-organisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976., the State of Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Reorganisation) Act, 1987.]

@ The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956

@ The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976

@ The Constitution (Dadar and Nagar Haveli) Schedule Castes Order, 1962 @ The Constitution (Dadar and Nagar Haveli) Scheduled Tribes Order, 1962 @ The Constitution (Pondicherry) Scheduled Castes Order, 1964 @ The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967

@ The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968 @ The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968 @ The Constitution (Nagaland) Scheduled Tribes Order, 1970

@ The Constitution (Sikkim) Scheduled Castes Order, 1978 @ The Constitution (Sikkim) Scheduled Tribes Order, 1978

@ The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989 @ The Constitution (SC) Order (Amendment) Act, 1990

@ The Constitution (ST) Order (Amendment) Act, 1991

@ The Constitution (ST) Order (Second Amendment) Act, 1991

@ The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act 2002 @ The Constitution (Scheduled Castes) Order (Amendment) Act, 2002

@ The Constitution (Scheduled Castes and Scheduled Tribes) Orders (Amendment) Act, 2002 @ The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002

@ The Constitution (Scheduled Caste) Order (Amendment) Act 2007

%2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration to another,

This certificate is issued on the basis of the Scheduled Castes / Scheduled Tribe certificate issued to Shri / Shrimati* Father / Mother of Shri / Shrimati / Kumari*

..... of village/town*/Territory**
..... in District/Division* of the State/Union Territory* who
belong to the caste/tribe* which is recognized as a Scheduled Caste/Scheduled Tribe* in the State/
Union Territory* issued by the
..... dated.....

%3. Shri/ Shrimati/ Kumari*.....and/ or* his/ her* family
ordinarily resides in village/town*..... of District/Division* of the
State/ Union Territory* of.....

Signature.....

**Designation.....

(With Seal of Office)
State/Union Territory *

Place:

Date:

* Please delete the words which are not applicable. @ Please quote specific Presidential Order.

% Delete the paragraph which is not applicable

NOTE: The term "ordinarily reside (s)" used here will have the same meaning as in Section 20 of the Representation of the People Act. 1950.

**List of authorities empowered to issue Scheduled Caste/Scheduled Tribe Certificate

- (i) District Magistrate/ Additional District Magistrate/ Collector/ Deputy commissioner/ Additional Deputy Commissioner/ Deputy Collector/ 1st Class stipendiary Magistrate/ Sub-Divisional Magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner. (not below of the rank of 1st Class Stipendiary Magistrate).
- (ii) Chief Presidency Magistrate/ Additional Chief Presidency Magistrate/ Presidency Magistrate.
- (iii) Revenue Officers not below the rank of Tehsildar.
- (iv) Sub Divisional Officer of the area where the candidate and/or his/her family normally resides
- (v) Administrator/Secretary to Administrator/Development Officer (Lakshadweep)

Note:

ST candidates belonging to Tamil Nadu State should submit caste certificate ONLY FROM THE REVENUE DIVISIONAL OFFICER

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 village/town In District/Division
belongs to the community which is recognized as a backward class under the
Government of India, Ministry of Social Justice and Empowerment's Resolution
No.
..... dated* and/or his 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, OM No.
36033/3/2004- Estt. (Res) dated 9th March, 2004, O.M. No. 36033/3/2004-Estt. (Res) dated 14th October,
2008 and O.M. No. 36033/1/2013-Estt. (Res) dated 27th May, 2013**

Dated:

Signature.....

Designation.....\$

..... 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.

\$ - List of Authorities empowered to issue Other Backward Classes certificate

- (i) District Magistrate/ Additional District Magistrate/ Collector/ Deputy commissioner/ Additional Deputy Commissioner/ Deputy Collector/ 1st Class stipendiary Magistrate/ Sub-Divisional Magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner. (not below of the rank of 1st Class Stipendiary Magistrate).
- (ii) Chief Presidency Magistrate/ Additional Chief Presidency Magistrate/ Presidency Magistrate.
- (iii) Revenue Officers not below the rank of Tehsildar.
- (iv) Sub Divisional Officer of the area where the candidate and/or his/her family normally resides
- (v) Administrator/Secretary to Administrator/Development Officer (Lakshadweep)

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

Form of declaration to be submitted by the OBC - NCL candidate (in addition to the community certificate)

I Son/daughter of Shri.....resident of village / town / city district statehereby declare that I belong to the community which is recognized as a backward class by the Government of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No. 36102/22/93-Estt.(SCT) dated 8-9-1993. It is also declared that I do not belong to persons/sections (Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum dated 8-9-1993, O.M. No. 36033/3/2004-Estt.(Res.) dated 9th March, 2004 and O.M. No. 36033/3/2004-Estt.(Res.) dated 14th October, 2008 and as amended time to time.

I also declare that the condition of status / annual income for creamy layer of my Parents / guardian is within prescribed limits as on last date of application.

Signature

..... Full

Name

Address

Place:.....

Date:.....

CSIR - Central Drug Research Institute, Lucknow

Government of
(Name & Address of the Authority Issuing the Certificate)

Income & Asset Certificate to be produced by Economically Weaker Sections

Certificate No:

Date:

Valid for the year.....

This is to certify that Shri / Smt. / Kumari..... Son / daughter / wife of..... Permanent resident of, Village / Street, Post Office, Territory Pin Code..... whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his / her family** is below Rs. 8 lakhs (Rupees Eight Lakh only) for the financial year His / her family does not own or possess any of the following assets**:

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above
- III. Residential plot of 100 SQ. Yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in. areas other than the notified municipalities.

2. Shri /Smt. / Kumari..... belongs to the caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

Signature with seal of Office.....

Name.....

Designation.....

Recent passport
size attested
photograph of
the applicant

*Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2: The term “Family” for this purpose include the person, who seeks benefit of reservation, his / her parents and siblings below the age of 18 years as also his / her spouse and children below the age of 18 years

***Note 3: The property held by a “Family’ in different locations or different places / cities have been clubbed while applying the land or property holding test to determine EWS status.

Form-V
Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in cases of blindness) [See rule 18(1)]

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent passport size
attested photograph
(showing face only) of the
person with disability

Certificate No.....

This is to certify that I have carefully examined Shri / Smt / Kumari
..... 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
- Dwarfism
- Blindness

(Please tick as applicable)

(B) The diagnosis in his / her case is

(A) He / she has.....% (in figure) percent (in words)
permanent Locomotor Disability / dwarfism / blindness in relation to his / her.....(part
of body) as per guidelines (number and date of issue of the 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)

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

Servicemen (Re-employment in Central Civil Service and Posts) Rules, 1979, as amended from time to time.

Place: Date:

.....

Signature and Name of Candidate

Form-VI
Certificate of Disability
(In cases of Multiple
Disabilities) [See rule 18(1)]
(Name and Address of the Medical Authority issuing the Certificate)

Recent passport 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. / Kumari.
 son / wife / daughterof Shri
 Date of Birth (DD/MM/YY) Age
 years, male / female. Registration No.
 permanentresident 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 Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guideline (..... number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:

| Sl. No. | Disability | Affected Part of Body | Diagnosis | Permanent Physical Impairment/Mental Disability (in%) |
|---------|--------------------------------|-----------------------|-----------|---|
| 1. | Locomotor disability | @ | | |
| 2. | Muscular Dystrophy | | | |
| 3. | Leprosy cured | | | |
| 4. | Dwarfism | | | |
| 5. | Cerebral Palsy | | | |
| 6. | Acid attack Victim | | | |
| 7. | Low vision | # | | |
| 8. | Blindness | # | | |
| 9. | Deaf | € | | |
| 10. | Hard of Hearing | € | | |
| 11. | Speech and Language disability | | | |

| | | | | |
|----------------|--------------------------------|------------------------------|------------------|--|
| 12. | Intellectual Disability | | | |
| 13. | Specific learning Disability | | | |
| 14. | Autism Spectrum Disorder | | | |
| 15. | Mental illness | | | |
| Sl. No. | Disability | Affected Part of Body | Diagnosis | Permanent Physical Impairment/Mental Disability (in%) |
| 16. | ChronicNeurological Conditions | | | |
| 17. | Multiple sclerosis | | | |
| 18. | Parkinson's disease | | | |
| 19. | Haemophilia | | | |
| 20. | Thalassemia | | | |
| 21. | Sickle Cell disease | | | |

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (..... number and date of issue of the guidelines to be specified), is as follows: In figures..... percent

In Words..... percentage

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)

@ - eg. Left/Right/both

arms/legs # - eg. Single eye

/both/eyes

€ - eg. 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 |
|---|---------------|--|
| CSIR - Central Drug Research Institute, Lucknow | | |

5. Signature and Seal of the Medical Authority.

| | | |
|-------------------------|-------------------------|----------------------------------|
| | | |
| 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 Certificate of Disability is issued.

Form-VII Certificate of Disability
(In cases other than those mentioned in Forms V and VI)
(Name and Address of the Medical Authority issuing the
Certificate)
 [See rule 18(1)]

Recent passport 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 (DDD/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 (..... number and date
 of issue of the guidelines to be specified) and is shown against the relevant disability in the table below:

| Sl. No. | Disability | Affected Part Of Body | Diagnosis | Permanent Physical Impairment/Mental Disability (in%) |
|---------|---------------------------------|-----------------------|-----------|---|
| 1. | Locomotor disability | | | |
| 2. | Muscular Dystrophy | | | |
| 3. | Leprosy cured | | | |
| 4. | Cerebral Palsy | | | |
| 5. | Acid attack Victim | | | |
| 6. | Low vision | # | | |
| 7. | Deaf | € | | |
| 8. | Hard of Hearing | € | | |
| 9. | Speech and Language disability | | | |
| 10. | Intellectual Disability | | | |
| 11. | Specific learning Disability | | | |
| 12. | Autism Spectrum Disorder | | | |
| 13. | Mental illness | | | |
| 14. | Chronic Neurological Conditions | | | |
| 15. | Multiple sclerosis | | | |
| 16. | Parkinson's disease | | | |
| 17. | Haemophilia | | | |
| 18. | Thalassemia | | | |
| 19. | Sickle Cell disease | | | |

(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)

@ - eg. Left/Right/both

arms/legs # - eg. Single eye

/both/eyes

€ - eg. 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 Chief Medical Officer/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 certificate of disability 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.

Certificate for person with specified disability covered under the definition of Section 2 (s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing.

This is to certify that, we have examined Mr/Ms/Mrs (name of the candidate), S/o /D/o, a resident of (Vill/PO/PS/District/State), aged years, a person with (nature of disability/condition), and to state that he/she has limitation which hampers his/her writing capability owing to his/her above condition. He/she requires support of scribe for writing the examination.

2. The above candidate uses aids and assistive device such as prosthetics & orthotics, hearing aid (name to be specified) which is / are essential for the candidate to appear at the examination with the assistance of scribe.

3. This certificate is issued only for the purpose of appearing in written examinations conducted by recruitment agencies as well as academic institutions and is valid upto (it is valid for maximum period of six months or less as may be certified by the Medical Authority)

Signature of Medical Authority

| (Signature & Name) | (Signature & Name) | (Signature & Name) | (Signature & Name) | (Signature & Name) |
|--|--|---------------------------|---------------------------------------|--|
| Orthopedic / PMR specialist | Clinical Psychologist / Rehabilitation Psychologist/Psychiatrist/ Special Educator | Neurologist(if available) | Occupational therapist (if available) | Other Expert, as nominated by Chairperson (if any) |
| (Signature & Name) | | | | |
| Chief Medical Officer/Civil Surgeon/Chief District Medical Officer.....Chairperson | | | | |

Name of Government Hospital/Health Care Centre with Seal

Place:

Date:

Letter of Undertaking by the person with specified disability covered under the definition of Section 2 (s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing.

I, candidate with (nature of disability / condition) appearing for the (name of the examination) bearing Roll No. a
t
..... (name of the centre) in the District, (name of the state). My educational qualification is -

1. I do hereby state that..... (name of the scribe) will provide the service of scribe for the undersigned for taking the aforementioned examination.
2. 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)

(Counter signature by the parent/guardian, if the candidate is minor)

Place:

Date:

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Letter of Undertaking for Using Own Scribe

I, a candidate with (name of the disability) appearing for the (name of the examination) bearing Roll No.

..... at(name of the centre) in the District (name of the State/UT). 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/her qualification is In case, subsequently it is found that his / her 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:

CSIR - Central Drug Research Institute, Lucknow

Certificate Regarding Physical Limitation of 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/oa resident of (Village/District/Sate) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Signature
of 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 (e.g. Visual impairment - Ophthalmologist, Locomotor disability - Orthopedic specialist / PMR).

CSIR - Central Drug Research Institute, Lucknow

Certificate to be Produced by Serving/Retired/Released Armed Forces Personnel for availing the Age Concession for Posts Filled by Direct Recruitment

A. Form of Certificate applicable for Released/Retired Personnel

It is certified that Rank Namewhose date of birth is

..... has rendered service from to.....in Army/ Navy/ Air Force.

2. He has been released from military services:

% a) on completion of assignment otherwise than

- i) by way of dismissal, or
- ii) by way of discharge on account of misconduct or inefficiency, or
- iii) on his own request, but without earning his pension, or
- iv) he has not been transferred to the reserve pending such release

% b) on account of physical disability attributable to Military Service.

% c) on invalidment after putting in at least five years of Military service

3. He is covered under the definition of Ex-Serviceman (Re-employment in Central Civil Services and Posts) Rules. 1979 as amended from time to time

Place:

Date:

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Signature, Name and Designation of the
Competent Authority**

SEAL

%. Delete the paragraph which is not applicable.

B. Form of Certificate for Serving Personnel

(Applicable for serving personnel who are due to be released within one year)

It is certified that No. Rank Name is serving in the Army / Navy / Air Force from

2. He is due for release retirement on completion of his specific period of assignment on

3. No disciplinary case is pending against him.

Place:

Date:

Signature, Name and Designation of the
Competent Authority***

SEAL

Candidate (Serving Personnel) furnishing certificate B as above will have to give the following undertaking:

Undertaking to be given by serving Armed Force personnel who are due to be released within one year

I understand that if selected on the basis of the recruitment/Examination to which this application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the appointing authority that I have been duly released/retired/discharged from the Armed Forces and that I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen (Re-employment in Central Civil Service and Posts) Rules, 1979, as amended from time to time.

CSIR - Central Drug Research Institute, Lucknow

Place:

Date:

Signature and Name of Candidate

C. Form of Certificate applicable for Serving ECOs/SSCOs who have already completed their initial assignment and are on extended assignment

It is certified that No. Rank
Name

..... whose date of birth is..... serving in the Army /
Navy / Air
Force from.....

2. He has already completed his initial assignment of five years on.....and is on
extended
assignment till.....

3. There is no objection to his applying for civil employment and he will be released on three
months notice on selection from the date of receipt of offer of appointment.

Place:

.....

Date:

.....

Signature, Name and Designation of the
Competent Authority***

SEAL

CSIR - Central Drug Research Institute, Lucknow

वैज्ञानिक तथा औद्योगिक अनुसंधान परिषद
COUNCIL OF SCIENTIFIC & INDUSTRIAL RESEARCH
अनुसंधान भवन, 2 रफी मार्ग, नई दिल्ली-110001
Anusandhan Bhawan, 2, Rafi Marg, New Delhi-110001

Annexure - C
ADVT. NO. CSIR-CDRI/02/2025



स./No. 5-1(116)/2011-PD

दिनांक/Date: 13.07.2015

प्रेषक / From :

संयुक्त सचिव (प्रशासन)
Joint Secretary (Admn.)

सेवा में / To :

The Directors/Heads of all
National Labs./Instts. of CSIR
Hqrs./Complex/Centres/Units

विषय/Sub : **Criteria for Evaluation of type-scripts of typewriting test in Hindi/English for recruitment of Asstt. Gr.III - clarification reg.**

संदर्भ/ Ref : **CSIR-SERC letter No.A1(614)88-Rct. Dated 12.05.2015**

महोदय/Sir,

In continuation of CSIR letter No.7-4(3)/2006-R&A dated 12th March, 2007 approval of the Competent Authority is hereby conveyed for adopting Staff Selection Commission's methodology for calculating the accurate typing speed, i.e. upto 5% mistakes may be ignored for UR/OBC /SC/OH/VH candidates and upto 7% mistakes may be ignored for ST/HH/Ex.S candidates.

For example:- For a typing test of 10 minutes:-

5% mistakes of total words typed are ignored.

| | | |
|---------------------|---|--------------|
| Total strokes typed | : | 1600 |
| Words typed | : | 1600/5=320 |
| Mistakes | : | 19 |
| Ignorable mistakes | : | 5% of 320=16 |
| Admissible mistakes | : | 19-16=3 |

As per formula : **No.of words (-) Number of Mistakes**

$$\begin{aligned} &= \frac{10}{(320/10) - 3} \\ &= 32-3 \\ &= 29 \text{ w.p.m} \end{aligned}$$

For computing the typing speed for skill test on computer for the post of Asstt. Gr.- III (G/F&A/S&P), the same formula may be applied in addition to the instructions issued vide CSIR letter No. 5-1(116)/2011-PD dated 23.04.2014.

भवदीय/Yours faithfully

विनोद कुमार
(विनोद कुमार /Vinod Kumar)
अवर सचिव (नीति) / US(PD)

प्रतिलिपि/Copy to:

- 1) Head, IT Division with the request to make this OM available on the website & Policy Repository.
- 2) कार्यालय प्रति/Office copy



No. 5-1(116)/2011-PD

Dated: 23.04.2014

From

संयुक्त सचिव (प्रशासन)
Joint Secretary (Admn.)

To,

The Directors/Heads of all
CSIR National Labs./Instts./Hqrs.
/Complex/Centres/Units.

Sub: Skill Test Norms on Computer for the post of Asstt. Gr.III (G/F&A/ S&P) – reg .

I am directed to invite reference to the approval of the Governing Body in its 183rd meeting held on 29.10.2013, on the above subject wherein it is laid down in the amended rule for the post of Assistant Gr.III (G/F&S/S&P) to be filled by Direct Recruitment and by Departmental Test Quota that proficiency in computer typing speed and in using computer shall be as per the prescribed norms fixed by DoPT from time to time.

In this regard, it is stated that as per DoPT OM No. AB-14017/20/2008-Estt (RR) dated 17.05.2010, the Skill Test Norms on Computer as on date are as under:

English Typing @ 35 w.p.m.
Hindi Typing @ 30 w.p.m.
(Time allowed – 10 mts.)

(35 w.p.m. and 30 w.p.m. correspond to 10500 KDPH/9000 KDPII on an average of 5 key depressions for each word).

It is requested that the above Skill Test Norms on Computer may be brought to the notice of all concerned for information, guidance and compliance and in case of any change in norms in future by DoPT, the same will be communicated.

Yours faithfully

D. Vijayalakshmi
(D. Vijayalakshmi)
Deputy Secretary

Copy to:

1. Head, IT Division with the request to make this circular available on the website & Policy Repository.
2. Office copy.

EVALUATION OF TRANSCRIPTS OF STENOGRAPHY TESTS – NATURE OF MISTAKES

1. FULL MISTAKES: The following mistakes are treated as full mistakes:-

- a) Every omission of word or figure. In case a group of words is omitted, mark as many mistakes as the actual number of words omitted.
- b) Every substitution of a wrong word or figure. The number of mistakes will be equal to the number of words/ figures dictated which have been replaced/ substituted by other word(s)/ figure(s). However, if a figure is written correctly either in numeral or words both will be acceptable and will not be counted as mistake.
- c) Every addition of a word or figure or a group of words or figures not occurring in the dictated passage.

2. HALF MISTAKES: The following are treated as half mistakes:-

- a) Wrong spelling, including transposition of letters in a word and also omission of a letter or letters from a word. Mis-spelling of proper nouns and unfamiliar names are ignored. If the wrongly spelt word occurs more than once in the passage it will be treated as a single half mistake.
- b) Using singular or plural noun and vice versa.
- c) Use of small letter at the beginning of the sentence.

NOTE

- a) More than one error in a single word: All the errors are counted but the total mistakes counted in a single word should not exceed one full mistake.
- b) Every passage will be accompanied by a list of words which can be spelt/ written in more than one form. All the spellings/ forms of words will be acceptable and not counted as error. For example the word 'Honorable' is written as Hon'ble, Hon., honourable and hon. – all these forms will be treated as correct.
- c) CANDIDATES ARE NOT PENALISED FOR ANY TYPE OF ERRORS OR MISTAKES OTHER THAN THOSE DESCRIBED ABOVE.
- d) The above guidelines will be valid for Hindi Stenography Skill Test also.

Mukul

ADVT. NO. CSIR-CDRI/02/2025

e) Method of calculation of mistakes in Stenography Skill Test:-

$$\text{Percentage of Errors} = \frac{(\text{Full Mistakes} + \text{Half Mistakes}/2) \times 100}{\text{Number of words in the master passage}}$$

Number of words in the master passage

Percentage will be rounded off to two decimal places. For example 5.009 will be treated as 5.01 and 5.001 will be treated as 5.00.

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