



सं/No. URDIP/4(126)/2024-Admin

दिनांक/Date: 08th May, 2025

सूचना/NOTICE

विषय/Subject: विज्ञापन संख्या 01 R/2024 के अंतर्गत कनिष्ठ आशुलिपिक के पद के लिए लिखित प्रतियोगी परीक्षा में शामिल होने वाले बेंचमार्क दिव्यांग (PwBD) उम्मीदवारों के लिए निर्देश।
Instructions for Persons with Benchmark Disabilities (PwBD) candidates appearing for the written competitive examination for the post of Junior Stenographer against Advt. No. 01 R/2024.

विज्ञापन संख्या 01 R/2024 के तहत कनिष्ठ आशुलिपिक के पद हेतु लिखित प्रतियोगी परीक्षा के लिए सूचीबद्ध किए गए सभी उम्मीदवारों की जानकारी के लिए यह सूचित किया जाता है कि परीक्षा की तिथि और स्थान सहित एडमिट कार्ड जल्द ही सीएसआईआर-यूआरडीआईपी वेबसाइट पर उपलब्ध करा दिए जाएंगे। इसके अलावा, सभी PwBD उम्मीदवार जिन्होंने आवेदन के दौरान खुद को PwBD उम्मीदवार के रूप में पंजीकृत किया है एवं इसके लिए पात्र हैं, उनका ध्यान निम्नलिखित पर आकर्षित किया जाता है:

It is for the information of all the candidates shortlisted for the written competitive examination for the post of Junior Stenographer against Advt. No. 01 R/2024 that the Admit Cards along with date & venue of the examination shall be made available on CSIR-URDIP website shortly. Further, attention of all the PwBD candidates who are eligible and have registered themselves as PwBD candidates during application is invited on the following:

1. अंधेपन, चलने-फिरने में अक्षमता (दोनों हाथ प्रभावित-बी.ए.) और मस्तिष्क पक्षाघात की श्रेणी में बेंचमार्क विकलांगता वाले उम्मीदवार के मामले में, यदि उम्मीदवार चाहे तो उसे स्क्राइब की सुविधा दी जाएगी। बेंचमार्क विकलांगता वाले अन्य श्रेणी के उम्मीदवारों के मामले में, स्क्राइब की सुविधा की अनुमति इस आशय का प्रमाण पत्र प्रस्तुत करने पर दी जा सकती है कि संबंधित उम्मीदवार को लिखने में शारीरिक रूप से अक्षमता है, और उसकी ओर से परीक्षा लिखने के लिए स्क्राइब आवश्यक है, यह प्रमाण पत्र सरकारी स्वास्थ्य देखभाल संस्थान के मुख्य चिकित्सा अधिकारी/सिविल सर्जन/ चिकित्सा अधीक्षक से प्राप्त होना चाहिए। अपने स्क्राइब का उपयोग करने के लिए वचन पत्र (अनुलग्नक-I) और उम्मीदवार के लिखने में शारीरिक रूप से अक्षमता के बारे में प्रमाण पत्र (अनुलग्नक-II) संबंधित अभ्यर्थी द्वारा निर्धारित प्रारूप में प्रस्तुत किया जाना आवश्यक है।

In case of persons with benchmark disabilities in the category of blindness, locomotor disability (both arm affected-BA) and cerebral palsy, the facility of scribe/reader/lab assistant shall be given, if so desired by the person. In case of other category of persons with benchmark disabilities, the provision of scribe/reader/lab assistant can be allowed on production of a certificate to the effect that the person concerned has physical limitation to write, and scribe is essential to write examination on his/her behalf, from the Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Government health care institution. **The letter of Undertaking for using own scribe (Annexure-I) and Certificate regarding physical limitation in an examinee to write (Annexure-II) is required to be furnished by the concerned candidate in the prescribed format.**

2. सामाजिक न्याय एवं अधिकारिता मंत्रालय द्वारा जारी दिनांक 10.08.2022 के कार्यालय ज्ञापन संख्या 29-6/2019-DD-III के अनुसार 40% से कम विकलांगता वाले और लिखने में कठिनाई वाले PwBD उम्मीदवारों को भी स्क्राइब की सुविधा दी जाएगी। उस स्थिति में **40% से कम विकलांगता वाले और लिखने में कठिनाई वाले व्यक्ति के लिए प्रमाण पत्र (अनुलग्नक-III) और 40% से कम विकलांगता वाले और लिखने में कठिनाई वाले अभ्यर्थी द्वारा वचन पत्र (अनुलग्नक-IV) निर्धारित प्रारूप में संबंधित उम्मीदवार द्वारा प्रस्तुत किया जाना आवश्यक है।**

The facility of scribe will also be allowed to PwBD candidates having disability less than 40% and having difficulty in writing in pursuance to OM No. 29-6/2019-DD-III dated 10.08.2022 issued by

the Ministry of Social Justice & Empowerment. In that case **the Certificate for person having less than 40% disability and having difficulty in writing (Annexure — III) and letter of undertaking by the candidate having less than 40% disability and having difficulty in writing (Annexure — IV) is required to be furnished by the concerned candidate in the prescribed format.**

3. यदि उम्मीदवार को अपना स्वयं का स्क्राइब लाने की अनुमति है, तो स्क्राइब की योग्यता परीक्षा देने वाले उम्मीदवार की योग्यता से एक दर्जा कम होनी चाहिए। हालाँकि, स्क्राइब की योग्यता मैट्रिक या उससे अधिक होनी चाहिए।

In case the candidate is allowed to bring his/her own scribe, the qualification of the scribe should be one step below the qualification of the candidate taking examination. However, the qualification of the scribe should always be matriculate or above.

4. परीक्षा के दौरान प्रति घंटे 20 मिनट का अतिरिक्त समय उस उम्मीदवार को दिया जाएगा जिसे स्क्राइब की सुविधा दी गई है। जो उम्मीदवार स्क्राइब की सुविधा के लिए पात्र हैं, परंतु स्क्राइब की सुविधा का लाभ नहीं उठा रहे हैं, उन्हें भी उक्त अतिरिक्त समय दिया जाएगा।

A compensatory time of 20 minutes per hour of examination will be provided to the person who are allowed use of scribe. The candidates who are eligible for use of scribe but not availing themselves of the facility of scribe will also be given compensatory time.

5. जिन दिव्यांग उम्मीदवारों ने स्क्राइब या प्रतिपूरक समय की सुविधा का लाभ उठाया है, उन्हें परीक्षा के दौरान दस्तावेज़ सत्यापन के समय स्क्राइब/प्रतिपूरक समय की पात्रता के लिए प्रासंगिक दस्तावेज़ प्रस्तुत करने होंगे। ऐसे सहायक दस्तावेज़ प्रस्तुत न करने पर उनकी परीक्षा के लिए उम्मीदवारी रद्द कर दी जाएगी।

The PwBD candidates who have availed themselves of the facility of scribes or compensatory time must produce relevant documents for the eligibility of scribe/compensatory time at the time of document verification during examination. Failure to produce such supporting documents will lead to cancellation of their candidature for the examination.

6. यदि कोई उम्मीदवार अपने स्वयं के स्क्राइब का विकल्प चुनता है, तो उस स्थिति में, वह स्क्राइब परीक्षा का उम्मीदवार नहीं होना चाहिए। यदि कोई उम्मीदवार परीक्षा में किसी अन्य PwBD उम्मीदवार की सहायता करते हुए पाया जाता है, तो दोनों उम्मीदवारों की उम्मीदवारी रद्द कर दी जाएगी।

If a candidates opts for his/her own scribe, in that case, that scribe should not be a candidate of the examination. If a candidate is detected as assisting another PwBD candidate as scribe in the examination, then the candidature of both the candidates will be cancelled.

7. सभी PwBD उम्मीदवार जिन्होंने आवेदन किया है और स्क्राइब के लिए पात्र हैं, उनसे अनुरोध है कि वे PwBD श्रेणी में अपनी पात्रता के अनुसार उपर्युक्त अनुलग्नक, सक्षम चिकित्सा अधिकारियों द्वारा विधिवत भरे और जारी किए गए, इस कार्यालय में ईमेल के माध्यम से hr1@urdip.res.in पर **25 मई, 2025** तक भेजें।

All the PwBD candidates who have applied and eligible for the scribe are requested to submit the abovementioned Annexures as per their eligibility in PwBD category, duly filled and issued by the Competent Medical Officers, to this office through email at hr1@urdip.res.in latest by **25th May, 2025** positively.

8. सभी उम्मीदवारों को सलाह दी जाती है कि वे सभी संबंधित अपडेट के लिए सीएसआईआर-यूआरडीआईपी की वेबसाइट: <https://urdip.res.in> को देखते रहें।

All the candidates are advised to visit CSIR-URDIP website: <https://urdip.res.in> frequently for all the related updates.

Sd/-

प्रशासनिक अधिकारी/Administrative Officer

संलग्न: उपरोक्तानुसार /Encl.: As above.

Letter of Undertaking for Using Own Scribe

I, _____, a candidate with _____

(name of the disability) appearing for the _____ (name of the examination and post) bearing Application No. _____.

My educational 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:

Exam Centre: _____ (to be filled by the candidate at the time of examination)

Annexure-II

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 (e.g. Visual impairment-Ophthalmologist, Locomotor disability-Orthopaedic specialist/PMR)

Annexure-III

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..... yrs, 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)
Orthopaedic / PMR specialist	Clinical Psychologist/ Rehabilitation Psychologist/Psychiatrist / Special Educator	Neurologist (if available)	Occupational therapist (if available)	Other Expert, as nominated by the 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 _____, a candidate with _____ (nature of disability/condition) appearing for the _____ (name of the examination and post) bearing Application No. _____.

My educational qualification is _____

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

I do hereby undertake that his/her 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 or certificate/diploma/degree and claims relating thereto.

(Signature of the candidate)

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

Place:

Date:

Exam Centre: _____ (to be filled by the candidate at the time of examination)