

**INDIA GOVERNMENT MINT
(A UNIT OF SPMCIL)
IDA.Phase.II, CHERLAPALLY, HYDERABAD- 500 051.**

F.No.I-240/Per./JOA&SUP(OL)/2020-21

Dated 19.11.2020

**Instructions to the candidates for Typewriting test
(On computer)**

The Unit will provide the computer for the test at the Centre's earmarked on the admit card/call letter.

2. The skill test in typewriting on Computer is a qualifying test only. Only those candidates who acquire minimum prescribed typing speed shall only be considered for appointment. It will consist of running matter with the following norms:

Post	Skill test norms on computer
Junior Office Assistant	English typing @ 40 w.p.m. (Time allowed - 10 minutes) (40 w.p.m. correspond to 12000 KDPH or 400 Words on an average of 5 key depressions for each word) Hindi typing @ 30 w.p.m. (Time allowed - 10 minutes). (30 w.p.m. correspond to 9000 KDPH or 300 Words on an average of 5 key depressions for each word) 5% mistakes of the total words typed may be ignored and thereafter for every mistake corresponding number of words will be deducted from the total words typed for arriving at the final speed.

3. Candidates are required to report to the centre one hour before the commencement of the test, or at the reporting time indicated on their Admission certificate.

4. The candidates will be required to take their seats 30 minutes before the commencement of the test. If the computer goes out of order, the candidate should not shout or disturb others, but should remain seated quietly and inform the invigilator.

5. Candidates should type their full name & roll number in the software provided on the screen. He should familiarize him/herself with respect to the software. Candidate will be given a time of 10 minutes for getting familiarized of the Software of which 05 Minutes time will be provided for a demo test before the actual test for which a demo essay is provided.

6. After completing the typing of the passage once, candidates are advised not to re-type the passage. They may please be seated at their earmarked place until completion of prescribed period of time.

7. Immediately after the typewriting test is over the candidate will have to write in his/her own handwriting one paragraph of about 50-60 words from the typewriting passage given to him/her on a separate sheet and will have to put his/her name and signature at the end.

8. Candidates should not tear any sheet given to them. When the printout of the passage typed by him is given to him he must write his roll No. and name on each page, sign and handover to the Selectioncommittee/invigilator.

9. The speed will be adjudged on the accuracy of typing on the Computer of a given text passage in 10 minutes.

10. Candidate must return the handwritten Paper along with the result sheet after appending his/her signature, LTI to the Selection Committee/Invigilator. They should not take either the any paper out of the Examination Hall.
11. Every candidate will be supplied with a photo-bearing attendance sheet. He/she will be required to sign it and put his/her Left Hand Thumb Impression before the beginning of the Test.
12. Candidates shall not be permitted to leave the Examination Hall until the expiry of the Test.
13. On completion of the test, they shall remain seated at their desks and wait until their scripts are collected and accounted for. They must not type, write, or erase after the expiry of the allotted time.
14. Silence must be observed in the Examination Hall.
15. They Shall keep their face masks intact until the completion of the entire examination process. Candidates are required to give a declaration with respect to their COVID-19 status along with the Admit card.
16. Candidates must abide by further instructions, if any, which may be given to them by the Supervisor/Invigilator. If any candidate fails to do so or indulges in disorderly or improper conduct he/she will render himself/herself liable to expulsion from the Test or such other penalty as the Competent Authority may deem fit.
17. Any request for change in time/date/centre/medium of the typewriting test will not be entertained under any circumstances. The data submitted by the candidates in the online application form is final.
18. Candidates must start typing from the beginning of the Question paper and must complete the whole paper.
19. Candidates must maintain silence and are forbidden from talking to/or consulting other candidates. If the candidates fail to do so or indulge in disorderly or improper conduct, they will render themselves liable for expulsion from the test or such other action, as the Competent Authority may deem fit.
- 20. IMPORTANT FOR CANDIDATES SEEKING EXEMPTION FROM TYPING TEST ON COMPUTER:** As per Government of India instructions on exemption from passing the Typewriting test on computer a) Physically handicapped persons who are otherwise qualified to hold a clerical post and who are certified as being unable to type by the medical board attached to a special employment exchange (or by a civil surgeon where there is no such board) may be exempted from passing the typing test. b) The term “Physically handicapped persons” does not cover those who are visually handicapped or who are hearing handicapped but cover only those whose physical disability permanently prevents them from typing. Therefore, candidates **other than visually handicapped and hearing handicapped** or equivalent status as per PwBD Act, 2016 are eligible for exemption from passing the typing test in case they submit a Certificate in Annexure-VIII attached to these instructions from Competent Medical Authority not below the rank of Civil Surgeon.

Candidates qualified in Phase-I Examination for the Post of Junior Office Assistants, who are ‘Persons with Benchmark Disability’ and who claim to be permanently unfit to take the Typing Test on Computer because of Physical Disability and seek exemption from appearing and qualifying in the Typing Test are required to send scanned copies of the following documents on email id: ramulu@spmcil.com & hr.igmh@spmcil.com latest by 04.12.2020

- i) Medical Certificate seeking exemption in prescribed format (Annexure-VIII) attached to these instructions from the Competent Medical Authority.
- ii) Certificate of disability in the prescribed format as per Annexures IVA, IV B & IV C of Advertisement No.01/2020 dated 01.07.2020.
- iii) Undertaking as per the format annexed with these instructions.

Further, the candidates should also report at the venue for skill test as per the date & time printed on the Call letter/Admit Card along with aforementioned documents (Original & one Set of Self-Attested Photocopies) for seeking exemption from Typing Test on Computer.

These candidates are required to produce all these documents in original before India Government Mint, Hyderabad at the time of document verification in the event of their shortlisting. If any candidate fails to produce any or all of the above documents, his/her candidature shall be cancelled for this recruitment at any stage and such candidates will have no claim against IGM, Hyderabad's decision.

However, these cases shall be reviewed on case-to-case basis and exemption shall be granted after review by the Competent Authority and candidates are bound by the decision of the Competent Authority. Last date for submission of Medical Certificate in Annexure-VIII and other documents as stated above is 04.12.2020.

Absence from typing skill test without obtaining / seeking exemption from the Competent Authority will disqualify the candidate, though he/she may be entitled to such exemption.

21. Candidates eligible for scribe as per Advertisement No.01/2020 will be given compensatory time of 5 minutes provided he/she has opted for scribe in the online application form. Therefore, duration of Typing Test for such candidates will be 15 minutes. Passage Dictators will be provided to 'Blind' or 'Low Vision' candidates for the Typewriting test on prior request. The Passage Dictator will read out the passage to 'B' or LV candidates within the allotted time period.

Joint General Manager (HR)

**CERTIFICATE FOR TYPING SKILL TEST EXEMPTION FOR PwBD's FROM APPEARING IN THE TYPE
WRITING TEST FOR THE POST OF JUNIOR OFFICE ASSISTANT**

**NAME & ADDRESS OF THE INSTITUTE / HOSPITAL
DISABILITY CERTIFICATE**

Date:

Certificate No.....

1. This is certified that Smt./Shri /Kum* son/
daughter* of Shri.....age
..... sex Male/
Female having identification marks as below.
.....
.....

is suffering from permanent disability of following category :

Locomotor or cerebral palsy:

- (i) BL-Both legs affected but not arms.
(ii) BA-Both arms affected: (a) Impaired reach (b) Weakness of grip
(iii) OL-One leg affected (right or left) (a) Impaired reach (b) Weakness of grip (c) Ataxic
(iv) OA-One arm affected (right or left) (a) Impaired reach (b) Weakness of grip (c) Ataxic
(v) BH-Stiff back and hips (cannot sit or stoop)
(vi) MW-Muscular weakness and limited physical endurance.

(Delete the category whichever is not applicable)

2. This is certified that Smt./Sri/Kumari..... being unable to perform the Typing
Skill Test because of his/her physical disability, i.e.,(indicate the
category whichever is applicable) **may be exempted from Typing Skill Test.**

3. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment of this case is not
recommended / is recommended after a period of..... year..... months..

4. Percentage of disability in his / her case ispercent.

5. Smt./Shri/Kum*meets the following physical requirement for:

- | | | |
|--|-----|----|
| (i) F-can perform work by manipulating with fingers. | Yes | No |
| (ii) PP-can perform work by pulling and pushing. | Yes | No |
| (iii) L-can perform work by lifting. | Yes | No |
| (iv) KC-can perform work by kneeling and
crouching. | Yes | No |
| (v) B-can perform work by bending. | Yes | No |
| (vi) S-can perform work by sitting. | Yes | No |
| (vii) ST-can perform work by standing. | Yes | No |
| (viii) W-can perform work by walking. | Yes | No |
| (ix) SE-can perform work by seeing. | Yes | No |
| (x) H-can perform work by hearing/speaking. | Yes | No |
| (xi) RW-can perform work by reading and writing. | Yes | No |

(Signature of Civil Surgeon)

Name :

Registration No. :

Seal:

Place :

Date :

* Please delete the words which are
not applicable

Counter signature of the Medical Superintendent/CMO/

Head of Hospital (with seal)*

Paste here your
recent colour
photograph
showing
the disability (The
photograph should
be attested by
the Civil Surgeon
of the Medical

Signature of candidate
in the above box below
the photograph

*If the Certifying Civil Surgeon is himself the Medical
Superintendent/CMO/Head of Hospital he/she can sign in both the
places.

UNDERTAKING BY THE CANDIDATE SEEKING EXEMPTION FROM TYPING TEST

I, _____ Roll No. _____ am a candidate for the post of Junior Office Assistant (Advt.No.1/2020 dated 01.07.2020) and would like to avail exemption from the requirement of appearing and qualifying in the typing test, in accordance with the Instructions issued vide F.No.I-240/Per/JOA&SUP(OL)/2019-20 dated 19.11.2020, as I am permanently unfit to take typing test because of physical disability. I am herewith attaching a copy of requisite certificate in the prescribed format (Annexure VIII), issued by Competent medical authority along with relevant medical certificate in prescribed format as per Annexure's IVA, IVB & IVC of the Advertisement No.01/2020.

I also undertake that I will produce all these documents in original during document verification before IGM, Hyderabad. If I fail to produce the same, I understand that IGM, Hyderabad may cancel my candidature for this examination/recruitment and I will have no claim against the decision of India Government Mint, Hyderabad.

(Signature of the Candidate)

Name of the Candidate:

Roll No:

Date:

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.:..... Date:

This is to certify that I have carefully examined Shri / Smt / Kum
son / wife / daughter of Shri Date of Birth
(DD/MM/YYYY) 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

(1) He / She has% (in figure)..... percent (in words)
permanent locomotor disability / dwarfism/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/Thumb
Impression of the person in
whose favour disability
certificate is issued

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

FORM-VI

ANNEXURE IV(B)

Certificate of Disability

(In case of multiple disabilities) [See Rule 18(1)]

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

Certificate No.:.....

Date:

1. This is to certify that we have carefully examined Shri/Smt./ Kum
 son/wife/daughter Of Shri
 Date of Birth(DD/MM/YYYY)
 Age.....years, Male/FemaleRegistration No.
 Permanent Resident of House No. Ward/Village/Street

Recent Passport
 Size
 Attested
 Photograph
 (Showing face
 only) of the person
 with disability

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	Locomotors 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			
16	Chronic Neurological Conditions			
17	Multiple Sclerosis			
18	Parkinson's Disease			
19	Hemophilia			
20	Thalassemia			
21	Sickle Cell disease			

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

In figures:percent , In wordspercent

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/afterYear..... months, and therefore this certificate shall be valid till

@ 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

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

FORM-VII

Certificate of Disability

(In cases other than those mentioned in Forms V and VI) [See Rule 18(1)]

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

Certificate No.: Date:

Recent Passport
Size
Attested
Photograph
(Showing face
only) of the
person
with disability

1. This is to certify that we have carefully examined Shri / Smt. / Kum

..... son / wife / daughter of

Shri..... Date of Birth (DD/MM/YYYY)

Age years, Male / Female Registration No.

..... Permanent Resident of House No Ward/Village/Street

..... whose photograph is affixed above and I am satisfied that He / She

is a case of _____ **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	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			

(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/afterYear months, and therefore this certificate shall be valid till (DD/MM/YYYY)

@ 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

Countersigned [(Countersignature and seal of the CMO / Medical Supdt.) Superintendent / Head of Government Hospital in case the certificate is issued by a medical authority who is not a government servant (with seal)]		(Authorised Signatory of notified Medical Authority) (Name and 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. The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996.