



Dr. Rajendra Prasad Central Agricultural University

Pusa, Samastipur, Bihar -848125

IMPORTANT INFORMATION & INSTRUCTIONS
TO THE CANDIDATES OF PwD CATEGORY SHORTLISTED/CALLED FOR
COMPUTER PROFICIENCY TEST (CPT) AND TYPING SPEED TEST
FOR THE POST OF
JUNIOR ACCOUNTS CLERK & LOWER DIVISION CLERK

Dated: 14th December 2021

1. This is with reference to:
 - i. Advertisement No. 01/2020 dated 6th February 2020;
 - ii. Advertisement No. 01/2021 dated 3rd February 2021;
 - iii. Written Examination held for the post of (i) Junior Accounts Clerk on 8th August 2021; and (ii) Lower Division Clerk on 7th August 2021; and
 - iv. List of candidates short-listed/called for (i) Computer Proficiency Test for the post of Junior Accounts Clerk; and (ii) Computer Proficiency Test and Typing Speed Test for the post of Lower Division Clerk; uploaded on the University Website.

2. The following guidelines are applicable to PwD Candidates shortlisted/called for (i) Computer Proficiency Test for the post of Junior Accounts Clerk; and (ii) Computer Proficiency Test and Typing Speed Test for the post of Lower Division Clerk.
 - i. Computer Proficiency Test and Typing Test will be conducted on Computer only.
 - ii. Persons with benchmark disability in the category of Visually Impaired, Orthopedically Handicapped (afflicted by cerebral palsy), Orthopedically Handicapped (both arm affected), Orthopedically Handicapped candidates who has a locomotor disability wherein the dominant writing extremity is affected to the extent of slowing down the performance of the candidate (such deficiency to be indicated in the certificate, issued by competent authority, submitted by the candidate) will be allowed compensatory time of 05 minutes.
 - iii. Visually Impaired candidates are eligible for scribe/passage/question dictator.
 - iv. The Scribe/Passage/Question Dictator is to be identified by the candidate at their own cost and as per their own choice.

- v. The scribe/Passage/question dictator will read out the passage to Visually Impaired candidates only within the allotted time.
- vi. Passage will not be provided in Brail for the Visually Impaired candidates.
- vii. A person acting as a Scribe/Passage/Question Dictator for one candidate cannot be a Scribe/Passage/Question Dictator for another candidate.
- viii. The Scribe/Passage/Question Dictator arranged by the candidate should not be a candidate for the same examination.
- ix. The candidate shall be responsible for any misconduct on the part of the Scribe/Passage/Question Dictator brought by him/her during Computer Proficiency Test and/or typing test.
- x. Persons with Disabilities candidates who claim to be permanently unfit to take the Computer Proficiency Test and/or Typing Test because of a physical disability may, with the prior approval of the RPCAU, PUSA be exempted from the requirement of appearing and qualifying at such test, provided such a candidate submits in the attached format (Appendix - I) to the RPCAU, Pusa from the competent Medical Authority, i.e. Chief Medical Officer/Civil Surgeon/Medical superintendent of a Government health care institution, declaring him/her to be permanently unfit for the Computer Proficiency Test and/or Typing Test because of a physical disability.
- xi. PwD candidates who are exempted from the Computer Proficiency Test and/or Typing Speed Test, must visit/reach the Venue of Computer Proficiency Test/Typing Test on the 26th December 2021 along with their Admit Card, Valid Photo Id, One Passport size colour photograph, duly approved Proforma (Appendix-I) for attendance, etc.
- xii. Candidate as well as the scribe/Passage/question dictator will have to give a suitable undertaking, in the prescribed format 'Letter of Undertaking for Using Own Scribe/Passage dictator' as Appendix-II.
- xiii. Candidates are advised to refer Point No. IV of OM File No. 34-02/2015-DD-III dated 29th August 2018 issued by Department of Empowerment of persons with Disabilities (Divyangjan), Ministry of Social Justice and Empowerment referred above and required to produce a certificate (wherever applicable) to the effect that the person concerned has physical limitation to write and scribe is essential to write examination on his/her behalf as per attached format (Appendix - III) from Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Government health care institution.
- xiv. In case it later transpires that he/she did not fulfil any laid down eligibility criteria or suppressed material facts, the candidature of the applicant will stand cancelled, irrespective of the result of the examination.
- xv. Guidelines are subject to change in terms of GOI guidelines/clarifications, if any, from time to time.

(RECRUITMENT CELL)
RPCAU, PUSA

Medical certificate to be produced by the Persons with Benchmark Disabilities candidates who seek exemption from appearing in the Typing Speed Test/ Computer Proficiency Test

This is to certify that Mr/Ms/Mrs _____ son/daughter/wife of Shri _____, a resident of _____ (Village/District/State), is suffering from _____

_____. Clinical diagnosis as a result of which he/she has the following disabilities. (Brief description of his/her disability)-----

-----This is a permanent disability and the extent of his/her disability works out to _____% of disability. This disability is likely to interfere with Typewriting.

(Specify) _____

Signature

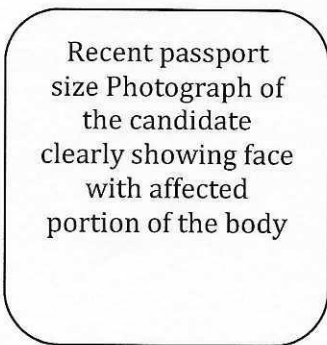
Chief Medical Officer/Civil Surgeon/Medical superintendent of a Government health care institution

Name & Designation.

Name of Government Hospital/Health Care Centre with Seal

Place:

Date:



Signature of candidate:

Name of the candidate:

Application number:

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

DECLARATION/UNDERTAKING BY PERSON WITH DISABILITIES (PWD)
CANDIDATES WHO WISH TO USE SCRIBE/PASSAGE/QUESTION DICTATOR
(Letter of Undertaking for Using Own Scribe/Passage Dictator)

I _____ a candidate with _____ (name of the disability) appearing for the _____ (name of the examination) bearing Roll No. _____ at _____ (centre name) in the _____ (City), _____, (name of State). My highest qualification is _____ and scribe's highest qualification is _____ We (Candidate & Scribe) together hereby declare that _____ (name of the scribe) will provide the service of scribe/reader/lab assistant for the candidate for taking the aforesaid examination and also undertake that we (Candidate & Scribe) have read/been read out the instructions of '**Guidelines regarding Persons with Disabilities (PWD) using the services of a Scribe/Passage Dictator**' issued by RPCAU, PUSA and hereby undertake to abide by them. It is also stated that the Scribe arranged by the candidates should not be a candidate for the same examination and also cannot be a Scribe for another candidate. We also understand that in case it is detected at any stage of recruitment and even after recruitment that we do not fulfil the eligibility norms and/or that the information furnished by us is incorrect/false or that we have suppressed any material fact(s), or that scribe's qualification is not as declared, and I Shall forfeit my right to the post and claims relating thereto.

Given under our signature:-

 Signature and Left Hand Thumb
 Impression of the **Scribe/Passage Dictator**

 Signature and Left Hand Thumb
 Impression of the **Candidate**

Correspondence Address

Roll No.:
 ARN No.
 Post Name

ID Proof Type:*
 ID Number:

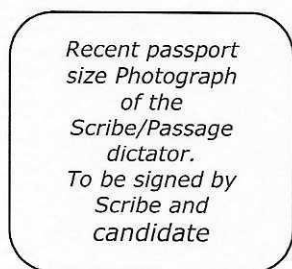
Date of Typing Test/CPT

Phone No.....
 Mobile No., if any

Test Centre:

Correspondence address:

Phone No.....
 Mobile No., if any



Signature of the RPCAU, PUSA Rep.

***Scribe/Passage dictator is required to carry his ID proof in original at the time of Examination.**

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 (eg. Visual impairment-Ophthalmologist, Locomotor Disability-Orthopaedic specialist/PMR.