



सीएसआईआर – राष्ट्रीय वांतरिक्ष प्रयोगशालाएं  
CSIR-National Aerospace Laboratories  
बेंगलुरु Bengaluru – 560017

No.A-12024/03/2025-Rect.

06.10.2025

**अधिसूचना NOTIFICATION**

Sub: Guidelines for PwBD for Typing Test for the posts of Junior Secretariat Assistant (Gen./S&P/F&A) and Junior Stenographer – reg.

Ref: (i) CSIR-NAL Notifications dated 24 & 30.09.2025  
(ii) CSIR-4PI Notifications dated 25 & 30.09.2025

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In continuation to the above notifications, this is for information to all concerned regarding guidelines for Persons with Benchmark Disabilities (PwBD) for the typing test for the posts of Junior Secretariat Assistant (Gen./S&P/F&A) and Junior Stenographer of CSIR-NAL against Advt. No.03/2025 and Junior Secretariat Assistant (Gen./S&P/F&A) of CSIR-4PI against Advt. No.02/2025 scheduled to be held during 15<sup>th</sup> to 18 October, 2025 at MSRIT, Bengaluru.

Accordingly, all the concerned may submit the required documents through email to [recruit.nal@nal.res.in](mailto:recruit.nal@nal.res.in) by 12.10.2025 at 05:00 PM. Any request received beyond 12.10.2025 at 05:00 PM will not be entertained.

**Sd/-**  
**Sr. Controller of Administration**

Encl: Guidelines for PwBD along with annexure

### **Guidelines for Persons with Benchmark Disabilities**

1. The instructions for PwBD candidates regarding typing test for JSA shall be as per Go/CSIR guidelines.
2. In case of Persons with benchmark disabilities (PwBD) in the category of Visually impaired (blindness), 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. For availing this compensatory time, the candidate should provide original PwBD Certificate from notified Medical Authority as per the **VII,X,XI** whichever is applicable. If the candidate fails to produce the required certificate (in original) on the date of Typing test, he/she is not eligible for compensatory time.
3. Visually impaired (VI) Candidates are eligible for scribe/passage dictator. The Scribe/ Passage dictator is identified by the candidates at their own cost and as per their own choice. Passage will not be provided in Braille for the VI candidates. The scribe/Passage dictator will read out the passage to VI candidates only within the allotted time.
4. A person acting as a Scribe/Passage dictator for one candidate cannot be a Scribe /Passage dictator for another candidate and the scribe/Passage dictator arranged by the candidate should not be a candidate for the same examination.
5. The candidate shall be responsible for any misconduct on the part of the scribe/Passage dictator brought by him during the Typing test.
6. Candidates as well as the scribe/passage dictator have to submit in the prescribed format 'Letter of Undertaking for using own scribe as per **Annexure XIV**.
7. Candidates with Benchmark Disabilities who claim to be permanently unfit to take the Typing Test because of a physical disability may seek exemption from typing test which shall be governed by the guidelines laid down by Govt. of India/CSIR.
8. All such candidates are required to produce original Medical Certificate for claiming exemption from typing test as per **Annexure-XII** from the competent Medical Authority i.e., the Civil Surgeon of a Government Health Care Institution declaring him to be permanently unfit for the Typing Test because of a physical disability. In addition, such candidates are required to take prior approval from the Competent Authority, CSIR-NAL intimating this office by **12.10.2025 (05:00 PM)** through email to **recruit.nal@nal.res.in** mentioning their particulars such as name, father's name, Roll No., application No., Post Applied, Post Code, date of birth, category, PwBD with details of disability along with the certificate of disability (as per **annexure VII, X, XI** whichever is applicable) and undertaking **as per Annexure-XIII** failing which they will not be allowed for any exemption. **Any request received beyond 12.10.2025 (05:00 PM) will not be entertained.** No further request in this regard will be entertained under any circumstances.

9. Only those candidates who submit proper medical certificate for exemption from typing test will specifically be permitted for exemption of typing, but **they have to physically remain present in the typing test center and affix his/her signature in the attendance sheet.**
10. Absence from typing test without seeking exemption & obtaining permission from the CSIR-NAL will disqualify the candidate, though he/she may be entitled to such exemption.
11. The PwBD candidates who are availing the facility of scribe/passage reader and/ or compensatory time must produce relevant documents for the eligibility of scribe/ compensatory time at the time of Document Verification conducted by CSIR-NAL. Failure to produce such supporting documents will lead to cancellation of their candidature for the typing test. Details of scribe along with the certificate of disability (as per **annexure VII,X,XI** whichever is applicable) and undertakings as per **as per Annexure XIV** may be sent through email to [recruit.nal@nal.res.in](mailto:recruit.nal@nal.res.in) by **12.10.2025 (05:00 PM)** and **any request received beyond 12.10.2025 (05:00 PM) will not be entertained.** Also, it is pertinent to mention that the candidates who will submit the said request will also be required to carry the original Certificates/Annexures on the date of the Typing test for the purpose of verification. In case, the candidate fails to produce the required documents (in original) on the date of examination, he/she shall not be allowed to avail the above exemption from appearing in the typing test.
12. Candidates are advised to visit regularly website of CSIR-NAL ([www.nal.res.in](http://www.nal.res.in))

Sd/-  
**Sr. Controller of Administration**

## Annexure-XII

### Form of Medical Certificate to be produced by the Persons with Benchmark Disabilities candidates who seek exemption from appearing in the Typewriting Test

This is to certify that, Sh./Smt./Kum \_\_\_\_\_ S/o, D/o  
\_\_\_\_\_ a resident of  
\_\_\_\_\_ (Village/District/Sate) suffering  
from \_\_\_\_\_.

Clinical diagnosis as a result of which he/ she has the following disabilities.

(Brief description of his/her disabilities)

\_\_\_\_\_  
\_\_\_\_\_

This is a permanent disability and the extent of his/ her disability works to \_\_\_\_\_ % of disability.

This disability is likely to interfere with Typewriting(specify):

\_\_\_\_\_  
\_\_\_\_\_

Signature

Chief Medical Officer / Civil Surgeon / Medical Superintendent of  
Government health care Institution

Name & Designation

Name of Government Hospital / Health Care Centre with Seal

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Photograph of  
Candidate  
clearly showing  
face with  
affected portion  
of the body

Signature of candidate:

Name: \_\_\_\_\_

Roll Number: \_\_\_\_\_

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

**Undertaking by the Persons with Benchmark Disabilities candidates who seek exemption from appearing in the Typewriting Test**

I, \_\_\_\_\_ Roll No. \_\_\_\_\_ am a PwBD candidate of CSIR-NAL Advertisement No. 03/2025 and would like to avail exemption from appearing in the Typing Test as I am permanently unfit to take the typing test because of physical disability. I am attaching a copy of each of the following documents:

- (i) Medical Certificate seeking exemption from typing test from the Competent Medical Authority, i.e. the Civil Surgeon of a Government Health Care Institution as per Annexure-XII
- (ii) Certificate of Disability from notified Medical Authority as per Annexure VII/X/XI, whichever is applicable.

I also undertake that I will produce all these documents in original during document verification. If I fail to produce the same, CSIR-NAL may cancel my candidature for exemption from appearing in the Typewriting Test, and I will have no claim against the decision of CSIR-NAL.

Signature.....

Name of the Candidate .....

Roll Number .....

Date.....

**UNDERTAKING BY PERSON WITH DISABILITIES (PwBD)**  
**CANDIDATES WHO WISH TO USE SCRIBE/PASSAGE DICTATOR**  
**(Letter of undertaking for using Own Scribe/Passage Dictator)**

I \_\_\_\_\_ a candidate with  
 \_\_\_\_\_ (name of disability) appearing  
 for the \_\_\_\_\_ (name of 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 scribe) will provide the service of scribe/passage dictator for the candidate for taking  
 the aforesaid examination and also undertake that we (Candidate & Scribe) have read/been  
 read out the instructions of '**Guidelines for Persons with Disabilities including use of  
 Scribe/Passage Dictator**' issued by CSIR-NAL / CSIR-4PI and it is 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 can not 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  
 Correspondence Address

.....  
 ID Proof Type: \* .....  
 ID Number: .....

STD Code : ..... Phone No. : .....  
 Mobile No., if any .....

Recent passport  
 size Photograph  
 of the  
 Scribe/Passage  
 dictator.  
 To be signed by  
 Scribe and  
 Candidate

\_\_\_\_\_  
 Signature and Left Hand Thumb  
 Impression of the Candidate

Roll No.: .....  
 Post Code & Post Name :

Date of Skill test .....  
 Shift .....  
 Skill Test Centre : .....  
 City: .....  
 Correspondence address :  
 .....  
 .....  
 STD Code: .... Phone No.: .....  
 Mobile No., if any .....

Authorized Signature.

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

Certificate of Disability  
(IN CASES OTHER THAN THOSE MENTIONED IN FORMS V AND VI)

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

Recent PP Size  
Attested  
Photograph  
(Showing face  
only) of the  
Person with  
disability

Certificate No.: \_\_\_\_\_

Date: \_\_\_\_\_

1. 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 are 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:

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 Neurology Conditions			
15.	Multiple sclerosis			
16.	Parkinson's			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

(Please strike out of 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:

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:-

Nature of Document	Date of Issue	Details of authority issuing certificate

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

Countersigned

(Countersigned 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.

Note: The principal rules were published in the Gazette of India by Ministry of Social Justice and Empowerment vide notification number 489, dated 15.06.2017



**Certificate of Disability**

**(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in cases of blindness)**

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

Recent PP 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 (\_\_\_\_\_ 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)

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

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./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 Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (.....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			
16	Chronic Neurological 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 overall 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)  
@ 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.

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