

I/538349/2024



**RAILWAY RECRUITMENT CELL – WESTERN RAILWAY,
WESTERN RAILWAY PARCEL DEPOT,
ALIBHAI PREMJI MARG, GRANT ROAD (EAST), MUMBAI – 400 007.**

WEBSITE : www.rrc-wr.com

NOTICE

GDCE 01/2019 : JUNIOR CLERK CUM TYPIST

2nd TYPING TEST

Ref : Notice dated 25-01-2024 & 22-02-2024

1. List of 734 employees for 2nd Typing Test for the post of Jr. Clerk cum Typist has been published vide notice dated 25-01-2024. Typing Test will be held on **9th March'2024**.
2. Those PwBD candidates amongst 734 employees who want to avail exemption from typing test due to their disability are advised to send application along with Disability certificates and Rly. Doctor's certificate indicating employee's inability to appear for the Typing Test because of his/her physical disability (format enclosed) to RRC Office by **05-03-2024**.
3. In case of non-receipt of such application up to **05-03-2024**, no exemption from typing test will be granted to PwBD candidates.

Encl: as above

Date: 25-01-2024

APO(RRC)

Digitally Signed by Manisha
Walavalkar

Date: 28-02-2024 14:55:26

Reason: Approved

CERTIFICATE FOR TYPING SKILL TEST EXEMPTION FOR PERSONS WITH BENCHMARK DISABILITIES

Certificate No.....

Date:

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 :

Paste here your recent colour photograph showing the disability (The photograph should be attested by the Rly. Doctor)

A. 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.

B. Blindness or Low Vision:

- (i) B-Blind
- (ii) PB-Partially Blind

(C) Hearing impairment :

- (i) D-Deaf
- (ii) PD-Partially Deaf

(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 is percent.

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 Rly Doctor)

Name :

(Seal)

Counter signature of the CMS (with seal)

* Please delete the words which are not applicable

Place :

Date :