सीएसआईआर-चौथा पैरेडाइम संस्थान CSIR-FOURTH PARADIGM INSTITUTE बेंगलुरु – 560 037/BENGALURU – 560 037

No.4PI/02(2)/2025

11 October 2025

सूचना / NOTIFICATION

Subject: Instructions for the Typing Test for the Post of Junior Secretariat Assistant (Gen/F&A/S&P) against CSIR-4PI Advt. No.02/2025

and

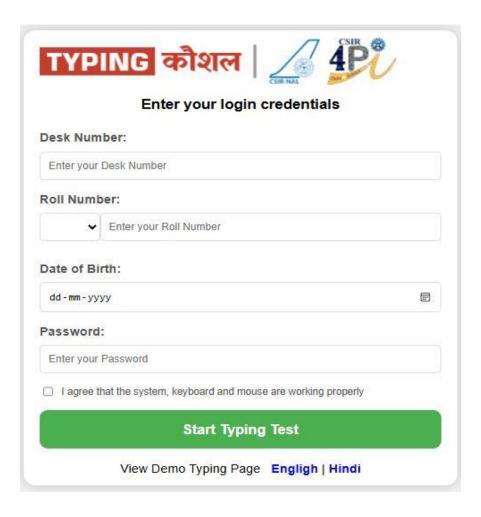
to the Post of Junior Secretariat Assistant (Gen/F&A/S&P) / Jr. Stenographer against CSIR- NAL Advt. No.03/2025 –reg.

In continuation to this Institute Notification of even no. dated 30.09.2025 and 09.10.2025, this is for information of all candidates appearing for the Typing Test on computer for the Recruitment to the post of Junior Secretariat Assistant (Gen/F&A/S&P) against CSIR-4PI Advt. No.02/2025 and to the Posts of Junior Secretariat Assistant (Gen/F&A/S&P)/Jr. Stenographer against CSIR- NAL Advt. No.03/2025.

Instructions for Typing Test:

- The Typing Test on computer is qualifying in nature only.
- Merely qualifying for the typing test will not confer any right to claim for appointment to the post. The final selection will be made purely based on the marks obtained in Paper-II of the Written Exam.
- The medium of Typing Test will be Hindi or English. The choice of Typing Test given by the candidate in the Admit card has been treated as final and no request for change in the medium of Typing Test will be entertained.
- > The font for Typing Test on computer in Hindi will be Mangal Hindi Remington (GAIL).
- Each candidate will be provided the typing passage on their computer Screen (upper box). The Candidate will type the text in the lower box. Candidate must start typing from the starting of the text content given. The candidates have to start typing the given passage on their Computer Screen after the 'Start' signal by the invigilator.
- The screenshot/interface of the home page (mock typing test and final typing test) on the software to be used for examination will be as under:

The computer home screen for the typing test will appear like below:



The candidates are to click view demo typing page and screen (for **English demo typing page**) will appear like below.

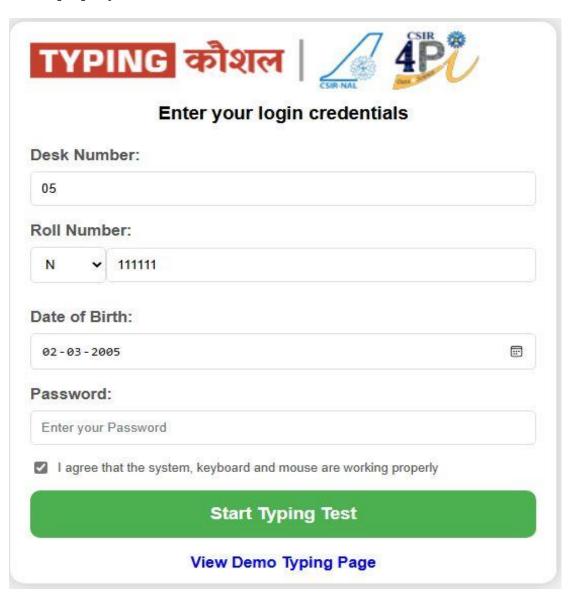
Time for demo typing is 2 Minutes.



<< Back to Typing Exam

After completion of the demo typing test, the candidates are to fill:

- The desk number will be provided at the time of biometric attendance.
- ullet Roll Number: Select $oldsymbol{N}$ or $oldsymbol{F}$ from the dropdown and type roll number as mentioned on the admit card
- Date of birth
- Password will be announced by invigilator before start of typing test and the candidates to fill the same.
- Candidates to click "I agree that the system, keyboard and mouse are working properly".



Invigilator will announce to start typing test and Candidates are to click "Start Typing Test" and start typing the passage available on upper box of the computer screen from the beginning of the passage. Time duration for typing test (in English or Hindi as mentioned in the admit card) is 10 Minutes and the typed paragraph will be Auto-saved at the end of 10 Minutes.

The paragraph and typing window appears as below:

TYPING कौशल 4P	09:44	Welcome Yashaswini Y LogOut
January's industrial production, February's retail inflation and the economy and the financial markets, that is both concerning and aided by a steady and welcome fall in food inflation, which ha barometer of people's spending on monthly groceries, fell to an hoped for a spike in consumption demand to buttress the gover inflation is also well within the Reserve Bank of India's (RBI) mec at a time when there has been a liquidity squeeze in the domes against a depreciating rupee, the United States proposed tariffs-in	I heartening. In the real of id reached a 15-month halmost two-year low. This rnment's full year GDP gr dium-term inflation target stic financial system due t	economy, February's retail inflation is a seven-month low igh of last October. February's food inflation, which is a s would come as a relief to India's policymakers who had owth target for the 2025 financial year. February's retail , signalling a probable, albeit much-needed, repo rate cut o the worrisome sight of foreign investors as they hedge
The RBI's February 0.25 basis point repo rate cut after a gap economy, to spur economic activity while continuing to focus on due to the light of foreign portfolio and institutional investors, is slated for later this month. This is expected to inject over two tri concerns in the financial system, January's industrial production per the real economy, as growth was led by increase in output of prim	inflation moderation. Am the RBI conducted two ti illion into the banking syst print at an eight-month hi	id the 1.7 trillion liquidity squeeze in the banking system ranches of dollar/rupee swap auctions, with another one teem to address long-term liquidity concerns. Despite such gh from December is another indicator of the resilience in
Meanwhile, the panic among retail investors was palpable from the with fourth month of declining stock returns. Retail investors, larg post COVID-19, but fresh Systematic Investment Plans dipped markets could be worrisome, but the buoyancy in the real economic	gely from salaried middle to 44.6 lakh, the lowest	and upper-middle classes, had shocked the stock markets in the fiscal year. Therefore, while volatility in financial

The time left is displayed on the top middle.

Candidates to note that Ctrl + C and Ctrl + V are disabled in the keyboard. Backspace is available.

The candidates are to sign the printed typescript and hand over to invigilator without fail. Else, his/her candidature will be cancelled and he/she will not be considered for further recruitment process.

Instructions for PwBD candidates regarding Typing Skill Test (on computer):

- (a) The instructions for PwBD candidates regarding typing test in computer shall be as per Government of India/CSIR guidelines.
- (b) Persons with Disabilities candidates who claim to be permanently unfit to take the Computer Typing Speed Test because of a physical disability may, with the prior approval of the Director, CSIR-4PI be exempted from the requirement of appearing and qualifying at such test, provided such a candidate submits a Certificate in the prescribed format to the Director, CSIR-4PI 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 must substantiate their claim by furnishing the relevant Disability Certificate as per the formats provided. **Such an exemption should be submitted by the candidate within 12.10.2025** failing which any claim for seeking exemption from Typing Test will not be entertained by the Institute. All the above documents are to be sent to this Institute email ID i.e. recruit.4pi@csir.res.in. These documents will be verified with the originals on the day of Typing Test. Otherwise their claim for seeking exemption from Typing Test will not be entertained.
- (c) PwBD candidates who are exempted from the typing skill test, must attend venue of Typing test on the day of test with admit card alongwith the original certificate(s) for exemption from the Typing Test and Valid Photo Id for attendance and biometric etc.
- (d) In case of Persons with Benchmark Disabilities (PwBD) in the category of 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. Therefore, duration of Typing Test for such candidates will be 15 minutes. For availing this compensatory time, the candidate should provide original PwBD Certificate from notified Medical Authority in the prescribed format as per advertisement and as provided vide CSIR-4PI notification dated 07.10.2025. If the candidate fails to produce the required certificate (in original) on the date of typing test, he/she will not be eligible for compensatory time.
- (e) Scribe/Passage Reader will be allowed to those VH candidates for the Typing test who have opted for the same in the online Application Form. The Scribe/Passage Reader will read out the passage to VH candidate within the allotted time period. The Scribe/Passage Reader is to be identified and arranged by the candidate at own cost and as per own choice. The qualification of the Scribe/Passage Reader should be one step below the qualification of the candidate taking the examination. A person acting as a Scribe/Passage Reader for one candidate cannot be a Scribe/Passage Reader for another candidate. The Scribe/Passage Reader arranged by the candidate should not be a candidate for the same examination.
- (f) The candidate shall be responsible for any misconduct on part of the Scribe/Passage Reader brought by him/her during test.

- (g) Candidate as well as the Scribe/Passage Reader will have to give a suitable undertaking, in the prescribed format "Letter of Undertaking for Using Own Scribe/Passage Reader" as provided in the CSIR-4PI Notification dated 07.10.2025.
- (h) In case, it transpires at a later stage 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 online examination.
- (i) Guidelines are subject to change in terms of GOI / CSIR guidelines / clarifications, if any, from time to time.

General Instruction:

- ➤ Candidates are required to report at the venue at least 30 minutes before the reporting time indicated on their admit card. The Candidate must bring the admit card issued to him/her by the Institute for securing admission to the test. Candidates reporting later than the time mentioned above may not be allowed to appear for the typing test.
- ➤ One valid photo Identity Proof (i.e. AADHAAR / VOTER ID / PAN, etc.) in original and a photo copy of the same duly self-attested and stapled with the admit card to be submitted to the invigilator during the typing Test.

Note: Ration Card and Learners' Driving Licence will not be accepted as a Valid Identity proof for this purpose.

- > The candidates will be required to take their seat well before the commencement of typing test. If the computer goes out of order during proficiency test, the candidates should not shout or disturb others, but should remain seated quietly and inform the Invigilator. Necessary arrangements will be made for completion of their test.
- > CANDIDATES MUST STRICTLY ABIDE BY THE INSTRUCTIONS GIVEN BY THE EXAMINATION FUNCTIONARIES (SUPERVISOR / INVIGILATOR, ETC). Non-observance of any of the instructions given by the exam functionaries or indulging in disorderly or improper conduct may lead to expulsion from the Test and cancellation of the candidature.
- > Every candidate will be required to sign in an attendance sheet, before the beginning of the Test.
- ➤ Candidate shall not be permitted to leave the examination Hall until the completion of the Test and without permission of the test administrator/invigilator. On completion of the test, the candidates shall remain seated at their desks and wait for further instructions.
- > Candidates should not take either script or any blank typing paper out of the Examination hall.
- > Candidates will have to appear for the typing Test at his/her own cost.

- Any request for change of **date/time/ venue/ medium** of the test etc. will **NOT** be entertained by the Institute under any circumstances.
- ➤ Silence must be observed in the examination Hall. Smoking / Chewing tobacco in the Examination Hall is strictly prohibited.
- ➤ Possession of prohibited items, mobile/cellular phone or any communication/ electronic gadgets (whether in use or not) in the Test Venue is strictly prohibited. Failure to do so shall invite disciplinary action as the Competent Authority may deem fit, such as cancellation of candidature etc. Candidates are advised not to bring any prohibited items to the venue as safety arrangement cannot be assured.
- > All subsequent information / notification/ corrigendum/ addendum regarding the recruitment drive would be notified only in the Institute website. Therefore, the candidates are advised to visit the Institute official website i.e. www.csir4pi.res.in regularly for any update.
- > Room wise list will be displayed at the entrance of the venue. Candidates may check his/her room and report at the room within the reporting time only. The candidate will not be allowed to enter the room after the reporting time mentioned against his/her Roll No. in any case.

-Sd-Controller of Administration

Form-V

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case 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.

Certifi	cate No.						Date:			
This	is	to	certify	that	I	have	•	examined		
								fe/daughter		
								MM/YY)		
								pe		
House	No.		Ward	/ L	/illage	/Street			Post	Office
			Distric	t			State			whose
photog	raph is a	affixed a	bove, and an	n satisfi	ed that	:				
	dwarfiblindndiagnos	ness (Ple	ase tick as ap /her case is _					percent (ii		
locomo	otor dica	hility/dy	/0 warfiem / bli	ndnass	in rolat	ion to his	/hor	percent (n	n words) pc	(part
of body specific	y) as per ed).	guidelin	nes (late of issue of		
	TI				6	I				
Natu	re of Do	cument		Date	of Issu	e		Details of auth certificate	hority issuin	g

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

Signature/thumb impression of the person in whose favor certificate of disability is issued

Form - VI

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

Certific	cate No				Date:									
	This	is	to	certify		son/wife/	daught	er			of	Shri/Sn	Shri	
	emale _	_ Ward, _, whos	/Village	Rege/Street _ograph is	istration	NoPo	st Offi	ce	_ pe	ermanent	resident	ge of Hous	se No	
èvalua	ited as p	oer guid	delines		numl	ber and	date of	issue of	the	guideline	es to be	sability has specified)		
S No	Disabil	ity			Affected	Affected part of body				Permanent physical impairment / mental disability (in %)				
1.	Locomo	otor disa	bility		@						, (,	1	
2.	Muscula	ar Dystro	ophy											
3.	Leprosy	/ cured												
4.	Dwarfis	m												
5.	Cerebra	al Palsy												
6.	Acid att	ack Vict	tim											
7.	Low vis	ion			#									
8.	Blindne	SS			#									
9.	Deaf				£									
10.	Hard of	Hearing	9		£									
11.	Speech	and La	nguage	disability									1	
12.	Intellect	tual Disa	ability											
13.	Specific	Learnir	ng Disal	oility										
14.	Autism	Spectru	m Disoi	der										
15.	Mental	illness											1	

	and Seal of Member	Name and Seal of Membe	r Name and Seal of the
5	Signature and seal of th	e Medical Authority	
Natu	re of document	Date of issue	Details of authority issuing certificate
4	The applicant has subm	nitted the following document	as proof of residence:
	£ eg Left/Right/both ear	s 4	
	@ eg Left/right/both arm # eg Single eye	ns/legs	
	valid till (DD/MM/YY)		
	(ii) is recommended/afte	er vears	months, and therefore this certificate shall
	(i) not necessary,	OR	
3	Reassessment of disabi	ility is :	
2	This condition is progres	ssive/non-progressive/likely	to improve/not likely to improve
n wor	ds:		percent
n figu	res:	percent	
		es to be specified), is as foll	
(B) In	the light of the above, his	s/her over all permanent ph	/sical impairment as per guidelines (numb
21.	Sickle Cell disease		
20.	Thalassemia		
19.	Haemophilia		
18.	Parkinson's disease		
		,	

Affected part of body

Diagnosis

Permanent physical impairment / mental disability (in %)

Signature/thumb impression of the person in whose favour certificate of disability is issued

S No

16. 17. Disability

Multiple sclerosis

Chronic Neurological Conditions

Form – VII Certificate of Disability (In cases other than those mentioned in Forms V and VI) (Name and Address of the Medical Authority issuing the Certificate) (See rule 18(1))

Recent passport size attested photograph (Showing face only) of the person with disability

Certif	icate No E	Date:					
This son/w	is to certify that I have carefull vife/daughter of Shri Ageyears, male/	y examined	Shri/Smt	/Kum	Date	of Birth ([DD/MM/YY)
rocido	Age years, male/	Mord/Millogo/9	Ne	gistration ino			Post Office
	ent of House No \ District						
affixe exten	d above, and am satisfied that he/sh t of percentage physical impairment/ ue of the guidelines to be specified)	ne is a case o disability has	f been eva	luated as per g	uideline	disab s (numb	ility His/her er and date
S No	Disability	Affected p body	art of	Diagnosis	i	Permanent impairment/m 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						

S No	Disability	Affected body	part	of	Diagnosis	Permanent physical impairment/mental disability (in %)
16.	Parkinson's disease					
17.	Haemophilia					
18.	Thalassemia					
19.	Sickle Cell disease			•		

(Please strike out the disabilities which are not applicable)

(Flease strike out the di	Sabilities writer are in	ot applicable)
2 The above condition is progre	ssive/non-progressive	e/likely to improve/not likely to improve
3 Reassessment of disability is:		
(i) not necessary, or (ii) is recommended/after certificate shall be valid till (DD/		months, and therefore this
@ - eg Left/Right/both arms/leg: # - eg Single eye/both eyes € - eg Left/Right/both ears	s	
4 The applicant has submitted to	he following documer	nt as proof of residence:
Nature of document	Date of issue	Details of authority issuing certificate
		(Authorised Signatory of notified Medical Authority)
		(Name and Seal)
	f the Chief Medical	ntersigned Officer / Medical Superintendent / Head of Government al authority who is not a Government servant (with seal)}
Signature/thumb impression of the whose favour certificate of disability		
Note: In case this certificate is i only if countersigned by the Chi		authority who is not a Government servant, it shall be valid the District

PROFORMA-VII

Letter of Undertaking for Using Own Scribe

I								_,	a	C	andidate		with
				((name	of	•	the	disability)	a	ppearing	for	the
					_ (nar	ne	of	the	examination	on)	bearing	Roll	No.
						at	_						
(name	of	the	Centre)	in	the	D	Distr	ict					,
					(nan	ne	of	the	State/UT).	N	Ay quali	fication	ı is
									·				
I do herel	oy sta	te that							(name	of t	he scribe)	will pr	ovide
the service	e of s	cribe/re	eader/lab as	sistan	t for th	e uno	ders	igned	for taking th	he a	foresaid e	xamina	tion.
I do here	by u	ndertak	e that his/h	ner qu	alificat	tion	is _					In	case,
subseque	ntly i	is fou	nd that his	/ her	qualifi	catio	n is	not a	as declared l	oy t	he unders	igned a	and is
beyond m	ıy qua	lificati	on, I shall f	orfeit	my rig	ht to	the	post	and claims r	elat	ing thereto).	
								(Sign	ature of the	can	didate witl	h Disat	oility)
Place:													

PROFORMA-VIII

Certificate regarding physical limitation in an examinee to write

This is to certify that, I have examined M	// Ir./Ms./Mrs		
(name of the candidate with disability), a	a person with		
(nature and percentage of disability as	s mentioned in the c	ertificate of disability),	S/o, D/o
	a	resident	of
		(Village/Dis	trict/Sate)
and to state that he/she has physical limi	tation which hampers	his/her writing capabiliti	es owning
to his/her disability.			
			Signature
Chi	ef Medical Officer/Civ	ril Surgeon/Medical Supe	erintendent
	of a	government health care	Institution
		Name & D	esignation
Name of Government Hospital / Health G	Care Centre with Seal		
Place:	<u> </u>		
Date:	<u> </u>		

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

PROFORMA-XII

candidates	who	seek	exempti	on	from	appe	aring	in	the	Typewriti	ng	Test
This is	to	certify	that,	Sh	/Smt /Ki	ıım				S/	o,	D/o
11113 13		certify	criac,	511.,	, 51110., 10	u			 а	reside		of
						(V	/illage/l	 Distrio	_	e)		ering
						,	0 ,		•	,		Ü
from _												
Clinical diag	nosis a	s a result	of which h	ne/ s	he has t	he follo	owing o	lisabil	ities.			
(Brief descri	ntion o	f his/hor	· disahilitie	c)								
(brief descri	ption o	1 1113/1161	uisabilities	3)								
This is a per	manon	t disabili	ty and the	ovto	nt of his	/ har d	licahilit	v wor	ks to	% of	dicak	sili+v
-	ability	is	-	exte to	interf		with	y woi Ty	_	writing	(spe	-
iiiis uisc	ынц	13	likely (ιο	IIICEIII	CIC	WILII	ı y	ρe	wiitiiig	(spe	ciry).
Photograph (of							Sigr	nature			
Candidate			Chief	Med	dical Off	icer / C	ivil Sur	geon	/ Med	ical Superir	tend	ent
learly showi	ng				of Gove	rnmen	t health	n care	Institu	ution		
face with												
ffected porti	on		Nam	0 8 .	Designa [.]	tion:						
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							Pla	ce:				
Signature of	candic	late:										
Name:												
Roll Number	r:											

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

PROFORMA-XIII

<u>Undertakin</u>	g by	the	Persons	with I	<u>Benchmark</u>	Disabilitie	<u>s candidates</u>	who seek
<u>exemption</u>		from	ар	pearing	in	the	Typewriting	Test
PwBD can exemption	didate from becau	of (ring in t	Advertise he Typin	ment No. g Test as	02/2025 I am pern	and would like nanently unfit to by of each of the	e to avail o take the
(i)		al Auth	nority, i.e.	_	-		test from the nt Health Care Ins	-
(ii)	Certifi	cate of				al Authority	as per Proforma	
	docum my ca	nent v indidat	verification ture for e	n. If I fa	ail to pro	duce the s bearing in t	cuments in orig ame, CSIR-4PI i he Typewriting	may cancel
Signature: _								
Name of th	e Cand	idate: ₋						
Roll Numbe	er:							
Date:								