

EAST CENTRAL RAILWAY
(Railway Recruitment Cell)
Polson complex, Dighaghat, Patna-11
Tele No.0612-2560029 & 2560035
Website: www.rrcecr.gov.in Email: rrcecr@yahoo.co.in
Notice No. GDCE/04/2013 & 2016 dt.05.07.2017

INDICATIVE NOTICE

Ref: Employment Notice No. ECR/HRD/Rectt/GDCE/2016

Information about tentative dates for Typing Skill Test and Aptitude Test for Jr. Clerk and ALP categories under GDCE Quota of Employment Notice No. ECR/HRD/Rectt/GDCE/2016.

Result of candidates shortlisted after Written Exam for Typing Skill Test for Jr. Clerk category and those shortlisted for Aptitude Test for ALP category under GDCE were published on 14.06.2017. It was advised that candidates should be in readiness for Typing Skill Test/Aptitude Test.

The tentative dates for Typing Skill Test and Aptitude Test are as under:

Sl.No.	Name of the Post	Tentative date for Typing Skill Test/Aptitude Test
1	JUNIOR CLERK (2016 Notification)	27.07.2017 (Typing Skill Test)
2	ASSTT. LOCO PILOT (2016 Notification)	28.07.2017, 29.07.2017, 31.07.2017 & 01.08.2017 (Aptitude Test)

Typing Skill Test will be conducted in Hindi/English on computer/manual typewriter machine as per choice of the candidates. The candidate willing to type on manual typewriter machine should bring his/her own typewriter machine. In any case, RRC/ECR will not provide typewriter machine. Electronic typewriter machine will not be allowed.

'Krutidev' font will be used for Hindi and 'Times New Roman' font for English. The candidates who are willing to type on computer should prepare for Typing Skill Test accordingly.

PWD candidates seeking exemption from Typing Skill Test, must be present with the Medical Certificate (as per Proforma given in Annexure-I) at the Venue on the date of Typing Skill Test.

Admit Card alongwith instructions will be uploaded on RRC/ECR's website: www.rrcecr.gov.in preferably 2 weeks before the Typing Skill Test/ Aptitude Test.

Chairman/RRC

पूर्व मध्य रेल
(रेलवे भर्ती प्रकोष्ठ)
पॉलसन कॉम्प्लेक्स, दीघाघाट पटना-800011
दूरभाष सं०:- 0612-2560029 & 2560035
Website: www.rrcecr.gov.in E-mail:rrcecr@yahoo.co.in
सूचना सं०: जीडीसीई/04/2013 & 2016 दिनांक 05.07.2017

सांकेतिक सूचना

संदर्भ: रोजगार सूचना सं० ईसीआर/एचआरडी/भर्ती/जीडीसीई/2016.

रोजगार सूचना सं० ईसीआर/एचआरडी/भर्ती/जीडीसीई/2016 के अंतर्गत जी.डी.सी.ई. कोटा के तहत आयोजित होने वाले टंकण कौशल जाँच तथा अभिक्षमता जाँच हेतु संभावित तिथि संबंधी सूचना।

जी.डी.सी.ई. कोटा के तहत अवर लिपिक कोटि के लिए टंकण कौशल जाँच और सहायक लोको पायलट कोटि के लिए अभिक्षमता जाँच हेतु लिखित परीक्षा के बाद चयनित अभ्यर्थियों का परिणाम दिनांक 14.06.2017 को प्रकाशित किया गया था। Shortlisted अभ्यर्थियों को सलाह दिया गया था कि वे टंकण कौशल जाँच/अभिक्षमता जाँच हेतु तैयार रहें।

टंकण कौशल जाँच और अभिक्षमता जाँच हेतु संभावित तिथियाँ निम्न हैं:

कोटि(पद) का नाम	टंकण कौशल जाँच/अभिक्षमता जाँच हेतु संभावित तिथि
अवर लिपिक(2016 अधिसूचना)	27.07.2017 (टंकण कौशल जाँच)
सहा० लोको पायलट (2016 अधिसूचना)	28.07.2017, 29.07.2017, 31.07.2017 एवं 01.08.2017 (अभिक्षमता जाँच)

अभ्यर्थियों की टंकण कौशल जाँच उनके पसंद के अनुसार वैयक्तिक कम्प्यूटर/मैनुअल टंकण मशीन पर हिन्दी/अंग्रेजी भाषा में ली जायेगी। मैनुअल टंकण मशीन पर टंकण करने के इच्छुक अभ्यर्थी को अपना टंकण मशीन लाना है। रेलवे भर्ती प्रकोष्ठ/पूमरे द्वारा किसी भी स्थिति में मैनुअल टंकण मशीन उपलब्ध नहीं कराया जायेगा। इलेक्ट्रॉनिक टंकण मशीन लाने की अनुमति नहीं होगी।

'Krutidev' font का उपयोग हिन्दी टंकण के लिए और 'Times New Roman' Font का उपयोग अंग्रेजी टंकण के लिए किया जायेगा। कम्प्यूटर पर टंकण करने के इच्छुक अभ्यर्थी तदनुसार टंकण कौशल जाँच की तैयारी करें।

टंकण कौशल जाँच से छूट चाहने वाले दिव्यांग/शारीरिक रूप से अशक्त अभ्यर्थियों को टंकण जाँच के दिन परीक्षा केन्द्र पर चिकित्सकीय प्रमाण-पत्र (Annexure-I पर दिये गये प्रोफॉर्मा के अनुसार) के साथ उपस्थित होना है।

टंकण कौशल जाँच/अभिक्षमता जाँच हेतु प्रवेश-पत्र आवश्यक निर्देशों के साथ रेलवे भर्ती प्रकोष्ठ/पूमरे के वेबसाईट www.rrcecr.gov.in पर preferably 2 सप्ताह पहले अपलोड कर दिया जायेगा।

अध्यक्ष/आरआरसी

CERTIFICATE FOR TYPING SKILL TEST EXEMPTION FOR PERSONS WITH DISABILITIES (PWD)

NAME & ADDRESS OF THE INSTITUTE /HOSPITAL

DISABILITY CERTIFICATE

Certificate No.....

Date:

1. This is certified that Shri/Smt/Kum* son/daughter* of Shri..... age..... sex Male/Female having identification marks as below is suffering from permanent disability of following category :

A. Locomotor or cerebral palsy:

- | | |
|---|----------------------|
| (i) BL – Both legs affected but not arms: | (a) Impaired reach |
| | (b) Weakness of grip |
| (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 Shri/Smt/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 years.....month.

4. Percentage of disability in his/her case is percent.

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

- | | | |
|--|-----|----|
| (i) F – can perform work by manipulation 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 Doctor)

Name:

Registration No.:

Member, Medical Board

(Signature of Doctor)

Name:

Registration No.:

Member, Medical Board

(Signature of Doctor)

Name

Registration No.:

Member, Chairperson, Medical Board

*Please delete the words which are not applicable.

Place:

Date:

Counter signature of the medical Superintendent/CMO/Head of Hospital (with seal)

Note : (i) According to the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full participation) Rules, 1966 notified on 31.12.1996 by the Central Government in exercise of the powers conferred by sub-Section (1) and (2) of Section 73 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1966 (1 of 1966), authorities to give disability Certificate will be a Medical Board duly constituted by the Central or the State Government. The State Government may constitute a Medical Board consisting of at least three members out of which at least one shall be a specialist in the particular field for assessing locomotor/hearing and speech. (ii) The certificate would be valid for a period of 5 years for those whose disability is temporary. For those who acquired permanent disability, the validity can be shown as 'permanent'.