

भारत सरकार टकसाल, नोएडा
India Government Mint, Noida
(A unit of SPMCIL)/एसपीएमसीआईएल की एक इकाई

फा.सं. : आईजीएमएन-13013/4/2025/295

दिनांक: 21.09.2026

विषय/Subject: कनिष्ठ कार्यालय सहायक, कनिष्ठ बुलियन सहायक एवं कनिष्ठ हिन्दी टंकक की दिनांक 27.09.2026 को आयोजित होने वाली टंकण परीक्षा हेतु पीडबल्यूडी अभ्यर्थियों के लिए दिशा-निर्देश / Guidelines to PwD candidates for the typing test for the posts of Junior Office Assistant, Junior Bullion Assistant, and Junior Hindi Typists on 27.09.2026.

1) स्क्राइब (पैसेज रीडर) या प्रतिपूरक समय के लिए पात्र दिव्यांग उम्मीदवारों को टंकण परीक्षा में 5 मिनट अतिरिक्त दिये जाएंगे। PwD Candidates eligible for a scribe (Passage Reader) or Compensatory Time will be given 5 minutes extra in Typing Test.

2) अंधेपन और सेरेब्रल पाल्सी से प्रभावित लोगों के अलावा, जिन दिव्यांग उम्मीदवारों को स्क्राइब (पैसेज रीडर) और /या प्रतिपूरक समय की सुविधा की आवश्यकता है, उन्हें केवल प्रतिपूरक समय की सुविधा का लाभ उठाने के लिए Annexure के अनुसार प्रमाण पत्र प्रस्तुत करना आवश्यक है। PwD candidates, other than those affected by blindness and cerebral palsy, who require the facility of scribe (Passage Reader) and/or Compensatory time are required to produce certificate in annexure for availing the facility of Compensatory time only.

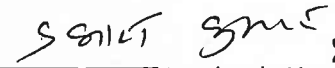
3) स्वयं के स्क्राइब (पैसेज रीडर) का विकल्प चुनने वाले अभ्यर्थियों के लिए स्क्राइब (पैसेज रीडर) की योग्यता परीक्षा देने वाले उम्मीदवार की योग्यता से एक स्तर कम होनी चाहिए। ऐसे उम्मीदवारों को निर्धारित प्रोफॉर्म में अपने लेखक (पैसेज रीडर) का विवरण जमा करना होगा। इसके अलावा, लेखक (पैसेज रीडर) को मूल रूप में एक वैध आईडी प्रमाण पत्र प्रस्तुत करना होगा। उम्मीदवार के साथ-साथ स्क्राइब (पैसेज रीडर) द्वारा हस्ताक्षरित स्क्राइब (पैसेज रीडर) के आईडी प्रमाण की एक फोटोकॉपी प्रोफॉर्म के साथ जमा करना आवश्यक है। Candidates opting for own scribe (Passage Reader), the qualification of the scribe (Passage Reader) should be one step below the qualification of the candidate taking the examination. Such candidates shall be required to submit details of the own scribe (Passage Reader) in prescribed proforma. In addition, the scribe (Passage Reader) has to produce a valid ID proof in original. A photocopy of the ID proof of the scribe (Passage Reader) signed by the candidate as well as the scribe (Passage Reader) is required to be submitted along with proforma.

4) दिव्यांग उम्मीदवार द्वारा व्यवस्थित लेखक (पैसेज रीडर) इस परीक्षा का उम्मीदवार नहीं होना चाहिए अन्यथा उनकी उम्मीदवारी निरस्त कर दी जायेगी। / Scribe (Passage Reader) arranged by the PwD candidate should not be a candidate of this examination otherwise their candidatures will be cancelled.

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5) जो पीडबल्यूडी उम्मीदवार शारीरिक अक्षमता के कारण टाइपिंग टेस्ट में शामिल होने और उसे पास करने से छूट लेना चाहते हैं, उन्हें सक्षम मेडिकल अथॉरिटी (यानी सरकारी अस्पताल के सिविल सर्जन या मुख्य चिकित्साधिकारी) से निर्धारित फॉर्मेट में मेडिकल सर्टिफिकेट, टंकण परीक्षा से छुट संबंधी अक्षमता प्रमाण पत्र, अंडरटेकिंग (घोषणा-पत्र) एवं सीबीटी के एडमिट कार्ड की स्कैन की हुई कॉपी के साथ भारत सरकार टकसाल नोएडा के ईमेल आईडी igm.noida@spmcil.com पर दिनांक **25.09.2026 तक** भेजनी आवश्यक होगी तथा मूल दस्तावेजों के साथ टंकण परीक्षा केंद्र पर दिनांक **27.09.2026** को प्रवेश पत्र के समयानुसार उपस्थित होना आवश्यक होगा।/PWD candidates who wish to get exemption from appearing and passing the typing test due to physical disability, should produce a medical certificate in the prescribed format from the competent medical authority (i.e. Civil Surgeon or Chief Medical Officer of a Government Hospital), disability certificate for exemption from typing test, undertaking (declaration) and to send along with scanned copy of the CBT admit card to the India Government Mint, Noida email ID (igm.noida@spmcil.com) by 25.09.2026, and to appear at the typing test center on 27.09.2026 as per the Admit Card schedule with the original documents.

6. टंकण परीक्षा के परिणाम घोषित होने के बाद शॉर्टलिस्टेड उम्मीदवारों को डॉक्यूमेंट वेरिफिकेशन के समय ऊपर बताए गए सभी डॉक्यूमेंट्स ओरिजिनल रूप में पेश करने होंगे। अगर कोई उम्मीदवार डॉक्यूमेंट वेरिफिकेशन के दौरान इन्हें पेश नहीं कर पाता है, तो इस परीक्षा के लिए उसकी उम्मीदवारी रद्द कर दी जाएगी और ऐसे उम्मीदवार विभाग के फैसले के खिलाफ कोई दावा नहीं कर सकेंगे। /The shortlisted candidates are required to produce all the aforesaid documents in original after declaration of Typing Test result at the time of Document Verification. If any candidate fails to produce the same during Document Verification, candidature of such candidates would be cancelled for this exam and such candidates will have no claim against the decision of this department.

 21/9/26
(प्रकाश कुमार/Prakash Kumar)

संयुक्त महाप्रबंधक(मा.सं.)/Jt. General Manager (H.R.)

Annexures:

- (a) Undertaking of using own scribe.
- (b) Undertaking by the candidates seeking exemption from typing test.
- (c) Certificate for typing test exemption issued by Civil Surgeon or Chief Medical Officer of a Government Hospital.

Letter of Undertaking for Using Own Scribe

I a candidate with..... (Name of the disability) appearing for the..... (Name of the examination) bearing Roll No at (Name of the Centre) in the District(Name of the State/ UT) My qualification is.....

I do hereby state that (Name of the scribe) will provide the service of scribe/reader/lab assistant for the undersigned for taking the aforesaid examination

I do hereby undertake that his/ her qualification is In case, subsequently it is found that his/ her qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims relating thereto

(Signature of the candidate with Disability)

Place:

Date:

UNDERTAKING BY THE CANDIDATE SEEKING EXEMPTION FROM TYPING TEST

I, Roll No am a candidate for the post of (Advt.No.1/2026 dated 28.03.2026) and would like to avail exemption from the requirement of appearing and qualifying in the typing test, as I am permanently unfit to take typing test because of physical disability. I am herewith attaching a copy of requisite medical certificate in the format prescribed by the Government, issued by competent medical authority along with relevant medical certificate.

2. I also undertake that I will produce all these documents in original during document verification. If I fail to produce the same, I understand that the Company may cancel my candidature for this examination/recruitment and I will have no claim against the decision of Company.

(Signature of the Candidate)

Name of the Candidate:

Roll No:

Date:

Place :

CERTIFICATE FOR TYPING SKILL TEST EXEMPTION FOR PwBD's
FROM APPEARING IN THE TYPING TEST

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL
DISABILITY CERTIFICATE

Date:

Certificate No.....

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 :

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 (c) Ataxic |
| (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. | | |

Paste here your recent colour photograph showing the disability (The photograph should be attested by the Civil Surgeon of the Medical

Signature of candidate in the above box below the photograph

(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 ispercent.

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 Civil Surgeon)

Name :

Registration No. :

Seal:

Place :

Date :

* Please delete the words which are not applicable

Counter signature of the Medical Superintendent/CMO/

Head of Hospital (with seal)*

*If the Certifying Civil Surgeon is himself the Medical Superintendent/CMO/Head of Hospital he/she can sign in both the places.