

प्रशा/1/1200/टाइप टेस्ट/क.च.आ.

दिनांक:01/01/2020

प्रति,

प्रभारी अधिकारी
समस्त उप कार्यालय,
समस्त अनुभाग.

विषय: कर्मचारी चयन आयोग द्वारा आयोजित टंकण परीक्षा-2020 एवं अग्रिम वेतनवृद्धि के लिए आशुलिपिकों का दक्षता परिक्षण-2020 की समय सारणी के संबंध में।

संदर्भ: कर्मचारी चयन आयोग (एम.पि.आर.) पत्र सं./F.No.-05/01/2009-Exa (MPR) परीक्षा/मप्रक्षे दिनांक: 17.12.2019

उपरोक्त संबंध में सूचित किया जाता है कि जिन उप-कार्यालयों में अनुकम्पा आधार पर नियुक्त किये गये विभिन्न लिपिक अथवा पदोन्नति के आधार पर बनाये गये लिपिक, जिन्होंने हिंदी शिक्षा योजना के अंतर्गत टंकण परीक्षा उत्तीर्ण ना की हो, ऐसे कर्मचारियों को संदर्भित पत्र द्वारा टंकण परीक्षा में सम्मिलित होने का अवसर दिया जा रहा है। इसके साथ ही अग्रिम वेतनवृद्धि के लिए आशुलिपिकों की दक्षता परीक्षा-2020 का आयोजन कर्मचारी चयन आयोग द्वारा किया जा रहा है। इस हेतु रिक्त आवेदन के प्रारूप की प्रति संलग्न हैं।

2. कृपया वांछित उम्मीदवारों के नाम तथा अन्य सूचना निर्धारित प्रारूप में दिनांक 16.01.2020 तक इस कार्यालय को प्रेषित करें।

संलग्न:-उपरोक्तानुसार

हस्ताक्षर
वरिष्ठ लेखा अधिकारी (प्रशासन)

प्रतिलिपि :-

✓ प्रभारी अधिकारी
OA Cell (स्थानीय)

} रक्षा लेखा नियंत्रक, जबलपुर की वेबसाइट में अपलोड हेतु।

हस्ताक्षर
वरिष्ठ लेखा अधिकारी (प्रशासन)

STAF SELECTION COMMISSION

Application Form for English/Hindi Typewriting Test to be held in the Month of
.....200 at Centre.

[To be filled in Candidate's own handwriting]



01 Name in full [Shri/Smt.../Kum.] :
[In Block Letters]

02 A State the Medium & Mode in which you wish to take the Typewriting Test

ENGLISH	HINDI

COMPUTER

03 Date of Birth :
[In Christian Era]

04 Father's/Husband's Name and Address :
.....
.....

05 Name of the Ministry /Office Where employed and the Station where it is located :

06 Name of the Post held :

07 Date from which the Post is held :

08 Details of the Staff Selection Commission's Typewriting Test at which you appeared last time.

Sl. No	Date of Test	Roll No.	Place where the Test was taken	Results

I do hereby declare that the statements made in this application are true to the best of my knowledge belief.

Place:
Date:

Signature:
Name:
(In Block Letter)

DEPARTMENTAL ENDORSEMENT

No. _____

Date: _____

Certified that the particulars given above are correct.

Shri/Smt./Kumari.....is
a Temporary/Provisionally Confirmed/Permanent Office of /Ministry of
.....which is participating/ not participating in the Central
Secretariat Clerical Service, and is eligible to take the Typewriting Test to be held on
.....His/Her admission to the Test is recommended.

Signature.....

Name.....

Designation.....

Ministry.....

Office.....

Place.....

Stamp/Seal.....

This endorsement should be signed by an officer not below the rank of an Under Secretary or equivalent.

Whichever is "NOT" applicable may be deleted.

NOTE:- 1. Computer will be provide by the Commission to the candidates who opt to give Typewriting Test in Computer.

PROFICIENCY TEST FOR GRANT OF ADVANCE INCREMENT TO THE STENOGRAPHERS (ORDINARY GRADE) OF SUBORDINATE OFFICES.

APPLICATION FORM FOR THE PROFICIENCY TEST TO BE HELD IN THE
MONTH OF ~~JUNE/DECEMBER,~~

(To be filled in candidate's Own handwriting) March / April

Name of the Candidate _____
(in block letters)

Exact date of birth _____
(Christian Era)

Father's/Husband's Name _____

From the list of centres, name the Centres, _____
Where you wish to take Examination.



State the medium in which you Wish to
take the Shorthand test.

ENGLISH	HINDI

State the mode in which you wish to
Transcribe the Shorthand test.

COMPUTER

Indicate the speed at which you wish to
Take the shorthand test (viz. 100 wpm/ 120 wpm _____)

SIGNATURE OF THE CANDIDATE:
DATE

DEPARTMENTAL ENDORSEMENT

No.....

Date: _____

Certified that Shri is regularly employed Stenographers (Ordinary Grade) in the
.....(name of the subordinate Office) under the Ministry/department
..... and is eligible to take the proficiency test for grant of
advance increment.

Also certified that the number of chances already availed of by the applicant have been checked and that Shrihas already availed of First chances of the tests conducted so far since

SIGNATURE:
NAME:
DESIGNATION:
OFFICE (SEAL)

PLACE: _____

- The endorsement should be signed by the head of Office where the candidates is serving.
- NOTE:- 1. Computer will be provide by the Commission to the candidates who opt to transcribe in Computer.