



**KOLKATA PORT TRUST  
HALDIA DOCK COMPLEX**



**Direct Recruitment**  
**Advertisement No. 06/2018**

Kolkata Port is the only riverine Major Port in India, whose appearance in the maritime map dates back to 1870. Haldia Dock Complex (HDC), a modern dock system of Kolkata Port Trust (KoPT) was set up in 1977 on the western bank of the river Hooghly at a distance of 125 Kms. downstream of Kolkata for handling larger vessels, carrying bulk cargo with optimum economy. Haldia Dock Complex, KoPT is an ISO 9001 : 2015 & ISPS compliant Port.

Haldia Dock Complex, Kolkata Port Trust, invites applications from eligible Indian Nationals, to fill up the following posts through Direct Recruitment.

Sl. No	Name of the Post / Division / Class	No. of Post	Scale of Pay	Upper age limit as on 01.05.2018	Educational and other qualification
1	Assistant Manager / Personnel & Industrial Relations / Class-I	<b>02</b> (UR – 1, OBC - 1)  Posts are identified suitable for PWD category.  1. <u>Disability suitable for the job:</u> OH (One Arm, One Leg, One Arm and One Leg, Both Leg) VH (Blind, Low Vision), HH.  2. <u>Physical Requirements:</u> Sitting(S), Hearing (H), Reading & Writing (RW).	Rs. 20,600 – 46,500/- (Due for Pay Revision w.e.f 01.01.2017)	<b>30</b>	<b><u>Essential:</u></b>  Degree from a recognised University / Institution.  <b><u>Desirable:</u></b>  i) Post Graduate Degree / Diploma in Personnel Management / Industrial Relations / Social Work / Labour Welfare or allied subjects or Degree in Law from a recognised University / Institution.  ii) Two years experience in an executive cadre in the field of General Administration, Personnel, Industrial Relations etc. from an Industrial / Commercial / Govt. Undertaking.
2	Engineer-in-Charge / Marine Operations / Class-I	<b>01</b> ( UR – 1 )  No post is identified suitable for PWD candidates	Rs. 20,600 – 46,500/- (Due for Pay Revision w.e.f 01.01.2017)	<b>30</b>	<b><u>Essential:</u></b>  1) MOT 2nd Class (Combined or Motor) Certificate issued under the Merchant Shipping Act, 1958. 2) 2 years' experience as independent watch keeping Engineer on-board a Foreign Going Ship.

### **Abbreviations Used:**

OH = Orthopedically Handicapped, VH = Visually Handicapped, HH= Hearing Handicapped.

### **Relaxation for Age Limit:**

For OBC candidates age is relaxable by 3 years.

For Persons with Disabilities (PWDs) candidates age is relaxable by 10 years.

### **Method of Selection:**

Normally the selection methodology of the above posts will be through written test and / or Interview. However, Management reserves the right to change / modify the selection methodology. The details of the selection methodology will be uploaded subsequently in the KoPT website ([www.kolkataporttrust.gov.in](http://www.kolkataporttrust.gov.in)).

### **Emoluments:**

Selected candidates will be placed in pay scale as mentioned above. In addition, Additional Dearness Allowance (ADA) based on IDA pattern is payable. Further to the above, the selected candidates would also be allowed Cafeteria, Gratuity, New Pension Scheme, HRA or Subsidized Accommodation, L.T.C., Leave Encashment, Medical benefits, etc., as per entitlement.

### **General Instruction to the Candidates:**

Interested candidates, fulfilling the above eligibility criteria may apply in the enclosed proforma (**Annexure-I**), alongwith self-attested photocopies of testimonials & Disability Certificate (if applicable), SC/ST/OBC Certificate (if applicable) and 2 recent passport size photographs. PWD candidates may submit the Disability Certificate in the enclosed proforma (**Annexure-II**) as prescribed in the *DOPT O.M No. 36035/1/2012-Estt.(Res) Dated the 29th November, 2013*. Application in sealed envelope superscribed “**Application for the post of Assistant Manager under P&IR Division, HDC**” or “**Application for the post of Engineer-in-Charge under MO Division, HDC**”, as applicable, should reach the Sr. Dy. Manager (P&IR), Haldia Dock Complex, Jawahar Tower, 6<sup>th</sup> Floor, P.O. - Haldia Township, Dist.: Purba Medinipur, W.B. Pin.: 721607, by **27/06/2018 (before 5.30 p.m.)**.

Persons working in Govt. / Autonomous Bodies / PSUs should apply through proper channel. Mere fulfilment of the eligibility criteria will not confer any right upon the candidate for selection. Incomplete / unsigned application or application received after the last date shall not be entertained. If the declaration in the application form are not supported by the copies of testimonials / documents enclosed, especially with regard to crucial eligibility criterions like date of birth, educational qualification and experience, caste, disability status (if applicable), etc., the applications shall not be considered. Management reserves the right to cancel the selection process without any reference to the candidates.

Further information / updates w.r.t the aforesaid selection / process shall be uploaded in the website of Kolkata Port Trust ([www.kolkataporttrust.gov.in](http://www.kolkataporttrust.gov.in)) and press notification shall not be published for the same. The applicants are advised to regularly go through the website of KoPT for such information / updates.

Sr. Dy. Manager (P&IR)

Haldia Dock Complex

**PRESCRIBED PROFORMA FOR APPLICATION**

**ANNEXURE - I**

**POST APPLIED FOR :** \_\_\_\_\_

1. Name: .....
2. Father's / Husband's Name: .....
3. Date of birth: .....  
(Self-attested copy of proof to be enclosed)
4. Age (As on 01/05/2018): .....
5. Sex: .....
6. Permanent Address: .....  
.....
7. Address for Communication: .....  
.....
8. Telephone: Landline: .....  
Mobile: .....
9. E-mail Address: .....
10. Nationality: .....
11. Religion: .....
12. Category (Please tick): SC / ST/ OBC / UR  
(Self attested copy of proof to be enclosed)
13. Category of PWD (Please tick): OH / VH/ HH  
(Self attested copy of proof to be enclosed)
14. Percentage of Disability : .....%  
(Certificate of Disability to be enclosed as per **Annexure – II**)
15. Qualification: (Self attested copy of Proof to be enclosed)

Affix Recent Passport size Photo here
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Name of the Examination	Percentage % with Division / Class	Name of the University / Board / College	Honours / Pass course
Class - X			
Class - XII			
Graduation			
Post-Graduation / Diploma			
Additional			

16. Experience: (Self attested copy of Proof to be enclosed)

Organisation	Scale of pay & Present Basic Pay	Post	Period (_____to_____)	Duration

17. Additional Information (if any)

I certify that the above information is true to the best of my knowledge and belief. The necessary documents, including the certificate from my employer, are enclosed.

\_\_\_\_\_  
(Full Signature of Applicant with Date)

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## Form-II

**Disability Certificate**

**(In cases of amputation or complete permanent paralysis of limbs  
and in cases of blindness)  
(See rule 4)**

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE  
CERTIFICATE)**

Recent PP size  
Attested  
Photograph  
(Showing face  
only) of the person  
with disability

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

This is to certify that I have carefully examined  
Shri/Smt./Kum. \_\_\_\_\_

son/wife/daughter of Shri \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ years, male/female \_\_\_\_\_

(DD / MM / YY)

Registration No. \_\_\_\_\_ permanent resident of House

No. \_\_\_\_\_ Ward/Village/ Street \_\_\_\_\_ Post

Office \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_

whose photograph is affixed above, and am satisfied that :

(A) he/she is a case of:

- locomotor disability
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is.....

(A) He/ She has .....%(in figure)..... percent  
(in words) permanent physical impairment/blindness in relation to his/her-----  
(part of body) as per guidelines (to be specified).

2. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate .

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

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

**Form-III**

**Disability Certificate**  
**(In case of multiple disabilities)**  
**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE**  
**CERTIFICATE)**  
**(See rule 4)**

Recent PP size Attested Photograph (Showing face only) of the person with disability
---

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

This is to certify that we have carefully examined  
 Shri/Smt./Kum. \_\_\_\_\_ /son/wife/

daughter of Shri \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ years, male/female \_\_\_\_\_

(DD) (MM) (YY)

Registration No. \_\_\_\_\_ permanent resident of House

No. \_\_\_\_\_ Ward/Village/Street \_\_\_\_\_

Post Office \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_

whose photograph is affixed above, and are satisfied that :

(A) He/she is a Case of **Multiple Disability**. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

(B) In the light of the above, his /her over all permanent physical impairment as per guidelines(to be specified), is as follows:-

In figures:- \_\_\_\_\_ percent

In words:- \_\_\_\_\_ percent

2. This condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

3. Reassessment of disability is :

(i) not necessary,

Or

(ii) is recommended/ after \_\_\_\_\_ years \_\_\_\_\_ months, and therefore this certificate shall be valid till \_\_\_\_\_

(DD)

(MM)

(YY)

- @ e.g. Left/Right/both arms/legs  
 # e.g. Single eye/both eyes  
 £ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority.

Name and seal of Member	Name and seal of Member	Name and seal of the Chairperson

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



**Form-IV****Disability Certificate**  
**(In cases other than those mentioned in Forms II and III)****(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE  
CERTIFICATE)**  
**(See rule 4)**

Recent	PP	size
Attested		
Photograph		
(Showing	face	
only)	of	the
person		with
disability		

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

This is to certify that I have carefully examined

Shri/Smt./Kum. \_\_\_\_\_ son/

wife/daughter of Shri \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ years, male/female \_\_\_\_\_

(DD) (MM) (YY)

Registration No. \_\_\_\_\_ permanent resident of House

No. \_\_\_\_\_ Ward/Village/ Street \_\_\_\_\_ Post

Office \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_

whose photograph is affixed above, and am satisfied that he/she is a case

of \_\_\_\_\_ disability. His/her extent of percentage physical

impairment/disability has been evaluated as per guidelines (to be specified) and is

shown against the relevant disability in the table below:-

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	*		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

(Please strike out the disabilities which are not applicable.)

2. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

3. Reassessment of disability is :

(i) not necessary,

Or

(ii) is recommended/ after \_\_\_\_\_ years \_\_\_\_\_ months, and therefore this certificate shall be valid till \_\_\_\_\_

(DD)

(MM)

(YY)

@ e.g. Left/Right/both arms/legs

\* e.g. Single eye/both eyes

£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)  
(Name and Seal)

Countersigned

{Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)}

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

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District."

Note: The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31<sup>st</sup> December, 1996.