

KOLKATA PORT TRUST HALDIA DOCK COMPLEX



Special Recruitment Drive for Persons with Disabilities (PWDs)

Haldia Dock Complex, Kolkata Port Trust, invites applications from eligible Indian Nationals, to filling up the following posts through Special Recruitment Drive for Persons with Disabilities (PWDs) from the candidates suffering from Orthopaedically Handicapped (**OH**), Hearing Handicapped (**HH**) & Visually Handicapped (**VH**):

SI.	Name of the		Indicative No. of reserved vacancies				Suitable for	Upper Age Limit as on	
No.	Post	Division	VH	ОН	H	Total	VH / OH /HH	01-09-2015 with relaxation (in years)	Scale of Pay
1	Assistant Manager	Personnel & Industrial Relations	1	0	0	1	B, LV	PWD (UR): 40	20,600 - 46,500
2	Assistant Manager	Finance	0	0	1	1	НН	PWD (OBC): 43 PWD (SC/ST):45	20,600 - 46,500
3	Sr. Medical Officer	Medical	0	1	0	1	OA, OL		20,600 - 46,500

Abbreviations used:

B = Blind, LV = Lower Vision, HH = Hearing Handicapped, OA = One Arm, OL = One Leg

Emoluments:

Selected candidates will be placed in pay scale as mentioned above. In addition, Dearness Allowance (DA) based on IDA pattern is payable. Additionally, allowances upto a maximum of 45% of basic pay may be allowed under 'cafeteria'. Apart from this, Gratuity, New Pension Scheme, HRA or Subsidized Accommodation, L.T.C., Leave Encashment, Medical benefits, etc., are also allowed. Further, for the post of Sr. Medical Officer under Medical Division, additionally, Non-practising Allowance (NPA) will be paid.

Educational Qualification, Experience & Physical Requirements:-

- 1. For the post of Assistant Manager under Personnel & Industrial Relations Division:
 - a. Educational Qualification & Experience:

Essential : Degree from a recognized University / Institution.

Desirable : 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., in an Industrial / Commercial / Govt. Undertaking.
- b. Physical Requirements:-

Sitting (S), Hearing (H), Reading & Writing (RW)

2. For the post of Assistant Manager under Finance Division:

a. Educational Qualification & Experience:

Essential : Member of Institute of Chartered Accountants of India or Institute of Cost and Works

Accountants of India

Desirable : Two years experience in an executive cadre in the field of Finance, Accounting in an

Industrial / Commercial / Govt. Undertaking.

b. Physical Requirements:-

Sitting (S), Bending (BN), Seeing (SE), Reading & Writing (RW), Communication (C)

3. For the post of Sr. Medical Officer under Medical Division:

a. Educational Qualification & Experience:

Essential: i) M.B.B.S. Degree from a recognised University / Institution.

ii) One year experience in a Hospital, after completion of Internship of one year.

Desirable : i) Post Graduate Degree Medical Degree from a recognised University / Institution.

b. Physical Requirements:-

Sitting (S), Standing (ST), Bending (BN), Seeing (SE), Reading & Writing (RW), Communication (C), Manipulation by Fingers (MF), Walking (W), Hearing (H).

Relaxation and Concessions:-

- 1. The upper age limit indicated for PWD vacancies is with relaxation as applicable inline with Government guidelines.
- 2. Only such candidates' viz., VH, OH, HH would be eligible for reservation in services / posts who suffer from not less than **40%** of relevant disability.
- 3. A candidate who wants to avail of benefit of PWD reservation would have to submit a "Disability Certificate" issued by a competent authority in the format given in **Annexure II** alongwith the application form.
- 4. Candidates seeking age relaxation must submit requisite caste certificate in the prescribed format from the competent authority alongwith the application form. Otherwise, their claim for reserved status (SC/ST/OBC-NCL) will not be entertained.

General Instruction to the Candidates:

Interested eligible candidates may apply in the enclosed proforma(Annexure-I), alongwith self-attested photocopies of testimonials & Disability Certificate, SC/ST/OBC Certificate (if applicable) and 2 recent passport size photographs. Application in sealed envelope, superscribing the name of the post applied for, should reach the Office of the Manager (P&IR), Haldia Dock Complex, Jawahar Tower Building, P.O.: Haldia Township, Dist.: Purba Medinipur, W.B. Pin.: 721607, by October 30, 2015. 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. Management reserves the right to cancel the selection process without any reference to the candidates. Incomplete applications, or applications received late, may not be entertained.

PRESCRIBED PROFORMA FOR APPLICATION POST APPLIED FOR:

 2. 3. 4. 5. 	Name: Father's / Husband's Date of birth: (Self attested copy of page (As on 01/09/201 Sex: Permanent Address:	proof to be enclo 5):	sed)				Passp Pl	Recent ort size noto ere
7.	. Address for Communication:							
9. 10. 11.	E-mail Address: Nationality: Religion:							
13	Category (Please tick) (Self attested copy of Category of PWD (Please tick) Category of PWD (Please tick) (Self attested copy of please tick) Percentage of Disability (Certificate of Disability)	proof to be enclosease tick): VH/proof to be enclosety:	osed) HH / OH sed) %		a _ II)			
	,	ty to be enclosed	i as pei A	imexur	e – 11)			
(Se	. Qualification: elf attested copy of roof to be enclosed)			Percer % w Divis	ith ion /	Name of University / Board / College		nours / Pass Course
1.0		Class - X Class - XII Graduation P.G.Degree / D Additional	iploma					
(Sel	Experience: If attested copy of oof to be enclosed)	Organisation Scale of Present Pa		Basic Post		Period (to)	Duration
17	Additional Informers	on (if any)						
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)

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL

Cert	ificat	e No			Date			
			<u>DISABII</u>	LITY CERTIFICATE	Recent Photograph of the candidate showing the disability duly attested by the Chairperson of the Medical Board			
	Tl	his is ce	ertified that Shri / Smt / Kum _					
Son	/ wife	e / daug	ghter of Shri	age				
sex_			identification m	ark(s)	is suffering from permanent			
disal	bility	of follo	owing category:					
A.	Lo	ocomot	or or cerebral palsy:					
((i)	BL-B	oth legs affected but not arms					
((ii)	BA-E	Both arms affected (a) Impaired reach (b) Weakness of grip	ס			
((iii)	BLA-	-Both legs and both arms affect	eted				
((iv)	OL-C	One leg affected (right or left)	(a) Impaired reach(b) Weakness of grip(c) Ataxic				
((v)	OA-0	One arm affected	(a) Impaired reach(b) Weakness of grip(c) Ataxic)			
	(vi) (vii)		Stiff back and hips (cannot sit of Muscular weakness and limited					
B.	B	lindnes	s or Low Vision:					
		(i)	B-Blind					
		(ii)	PB-Partially Blind					
BH-	Stiff	back ar	nd hips (cannot sit or stoop)					

 $Contd \dots P/2 \\$

C.	He	earing impairment:		
	(i) (ii		Deaf	
	(D	elete the category v	whichever is not applicable)	
2. Re-ass	sessmer	1 0	1 0	to improve / not likely to improve. ed after a period of years
3.	Percei	ntage of disability in	n his / her case is	percent.
4. discha		mt/Kum nis / her duties:-	meets the	ne following physical requirements fir
	(i)	-	rk by manipulating with fingers.	Yes/No
	(ii)	-	ork by pulling and pushing.	Yes/No
	(iii)	L-can perform wo	•	Yes/No
	(iv)	KC-can perform v	vork by kneeling and crouching.	Yes/No
	(v)	B-can perform wo	ork by bending.	Yes/No
	(vi)	S-can perform wo	rk by sitting.	Yes/No
	(vii)	ST-can perform w	ork by standing.	Yes/No
	(viii)	W-can perform w	ork by walking.	Yes/No
	(ix)	SE-can perform w	ork by seeing.	Yes/No
	(x)	H-can perform wo	ork by hearing / speaking	Yes/No
	(xi)	RW-can perform	Yes/No	
`)	(Dr) Member	(Dr) Member
Medical Board			Medical Board	Medical Board

Countersigned by the Medical Superintendent / CMO / Head of Hospital (with seal)

Note: Strike out which is not applicable.