KOLKATA PORT TRUST HALDIA DOCK COMPLEX

No: P&IR/13/9/2016/ 4589 Date: February 15, 2016

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**):

Sl.	Name of the Post	Division	Indicative No. of reserved vacancies			Suitable	Upper Age Limit as on		
No.			ОН	НН	Total	for OH / HH	01-02-2016 with relaxation (in years)	Scale of Pay	
1	Assistant Manager(Fin)	Finance	0	1	1	НН	PWD (UR): 40 PWD (OBC): 43	20,600 - 46,500	
2	Sr. Medical Officer	Medical	1	0	1	OA, OL	PWD (SC/ST):45	20,600 - 46,500	

Abbreviations used:

OH= Orthopaedically Handicapped, HH = Hearing Handicapped, OA = One Arm, OL = One Leg

Emoluments:

Selected candidates will be placed in the scale of pay 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 Finance Division:
 - a. Educational Qualification & Experience:

Essential: Member of Institute of Chartered Accountants of India or of 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)

2. 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) A Post Graduate 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 in line with Government guidelines.
- 2. Only such candidates' viz., 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), documents in support of marriage for female candidates, if any, and 2 recent passport size photographs. Application in sealed envelope, superscribing the name of the post applied for, should reach the Office of the Sr. Dy. Manager (P&IR), Haldia Dock Complex, Jawahar Tower Building, P.O.: Haldia Township, Dist.: Purba Medinipur, W.B. Pin.: 721607, by March 24, 2016. 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:

1. Name: 2. Father's / Husband's Name: 3. Date of birth: (Self attested copy of proof to be enclosed) 4. Age (As on 01/02/2016): 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 (GENL) (Self attested copy of proof to be enclosed) 13. Category of PWD (Please tick): VH / HH / OH (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 as per Annexure – II) 16. Experience: (Self attested copy of Proof to be enclosed) 17. Additional Information (if any) 18. 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.	1	Nama		311, 1111					Recent	
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(Full Signature of Applicant with Date)

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL

Cer	rtificat	e No			Date				
			<u>DISABILI</u>	ΓΥ CERTIFICA	ATE	Recent Photograph of the candidate showing the disability duly attested by the Chairperson of the Medical Board			
	\mathbf{T}^{1}	his is ce	ertified that Shri / Smt / Kum						
Sor	n / wif	e / daug	ghter of Shri		_ age				
sex	· 		identification man	k(s)		is suffering from permanent			
disa	ability	of follo	owing category:						
A.	L	ocomot	or or cerebral palsy:						
	(i)	BL-B	Both legs affected but not arms.						
	(ii)	BA-E		Impaired reach Weakness of grip	p				
	(iii)	BLA-	-Both legs and both arms affecte	d					
	(iv)	OL-C	One leg affected (right or left)	(a) Impaired(b) Weaknes(c) Ataxic					
	(v)	OA-0	One arm affected	(a) Impaired(b) Weaknes(c) Ataxic					
	(vi) (vii)		Stiff back and hips (cannot sit or Muscular weakness and limited		ice.				
B.	В	lindnes	s or Low Vision:						
		(i)	B-Blind						
		(ii)	PB-Partially Blind						
ВН	-Stiff	back ar	nd hips (cannot sit or stoop)						

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C.	H	earing impairment:		
	(i) (ii		Deaf	
	(D	elete the category v	vhichever is not applicable)	
	sessmer		1 0	y to improve / not likely to improve. ded after a period of years
3.	Percei	ntage of disability in	h his / her case is	percent.
4. discha		mt/Kum nis / her duties:-	meets	the following physical requirements fir
	(i)	*	rk by manipulating with fingers.	Yes/No
	(ii)	PP-can perform w	ork by pulling and pushing.	Yes/No
	(iii)	L-can perform wo	rk by lifting	Yes/No
	(iv)	KC-can perform v	work 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	work by reading and writing	Yes/No
(Dr)	(Dr)	(Dr)
Member			Member	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.