



KOLKATA PORT TRUST
HALDIA DOCK COMPLEX



No: P&IR/13/9/2016/2859

Date: September 20, 2016

Special Recruitment Drive for Persons with Disabilities (PWDs)

Haldia Dock Complex, Kolkata Port Trust, invites applications from eligible Indian Nationals, for filling up the following post through Special Recruitment Drive for Persons with Disabilities (PWDs) from the candidates suffering from Hearing Handicapped (HH):

Sl. No.	Name of the Post	Division	Indicative No. of reserved vacancies	Scale of Pay	Upper Age Limit as on 01-09-2016 with relaxation (in years)
1	Assistant Manager (Finance)	Finance	1 (HH category)	20,600 - 46,500	PWD (UR) : 40 PWD (OBC) : 43 PWD (SC/ST) :45

Abbreviations used:

HH = Hearing Handicapped.

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.

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)

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 **October 17, 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.

Sr.Dy.Manager (P&IR)
Haldia Dock Complex

PRESCRIBED PROFORMA FOR APPLICATION
POST APPLIED FOR:

Affix Recent
Passport size
Photo
here

1. Name:
2. Father's / Husband's Name:
3. Date of birth:
(Self attested copy of proof to be enclosed)
4. Age (As on 01/09/2016):
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)

	Name of Exam./Degree with Stream	Name of University / Board / College	Year of passed out
Class - X			
Class - XII			
Graduation			
P.G.Degree / 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)

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

(DD/ MM/ YY)

Age years, male/female

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..... Ageyears,
 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

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.....

(DD)

(MM) (YY)

Age years, male/female.....

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 31st December, 1996.