



KOLKATA PORT TRUST HALDIA DOCK COMPLEX



Haldia Dock Complex, Kolkata Port Trust, invites applications from eligible Indian Nationals, for filling up the following posts: -

Special Recruitment Drive for Persons With Disabilities (PWDs)

Sl. No.	Name of the post	Pay Scale	Classes	Indicative No. of reserved vacancy	Upper Age Limit as on 01-08- 2016 with relaxation (in Years)	Educational and other Qualification
1	Lower Division Clerk (LDC)	₹ 16,300-38,200/-	III	No. of Post: 01 Post reserved for Visually Handicapped category	PWD (UR)- 40	Essential: - Must have passed Higher Secondary Examination (or equivalent) and must have knowledge of Computer Operation. Desirable :- Higher qualification preferred Physical Requirement: - Sitting (S), Standing (ST), Walking (W), Manipulation by Fingers (MF), Seeing (SE), Reading & Writing (RW) & Communication (C) Categories of disable suitable for jobs :- Low Vision (LV) / Blind (B)
2	Messenger	₹ 13,500-27,400/-	IV	No. of Post: 07 (UR-4, SC-1, OBC-2) Post reserved for:- Orthopaedically Handicapped (OH) - 2 Visually Handicapped (VH)- 3 Hearing Handicapped (HH) - 2	PWD (UR)- 40 PWD (OBC)- 43 PWD (SC)- 45	Essential: Must have passed Class-VIII Physical Requirement: - Sitting (S), Standing (ST), Walking (W), Manipulation with Finger (F or MF) and Seeing (SE) Categories of disable suitable for jobs :- One leg (OL), One arm (OA), Hearing Handicapped (HH), Low Vision (LV) / Blind (B)

Contd...P/2

3	Sweeper (I&CF)	₹ 13,500- 27,400/-	IV	No. of Post: 04 (UR-2, OBC-2) Post reserved for:- Orthopaedically Handicapped (OH) - 1 Visually Handicapped (VH) - 2 Hearing Handicapped (HH) -1	PWD (UR)- 40 PWD (OBC)- 43	<u>Essential:</u> Sweeping & Cleaning of offices / Latrines and such other allied works and willing to do the above nature of job including manual labour. <u>Desirable Qualification:-</u> Preferably Class-VIII Pass <u>Physical Requirement: -</u> Sitting (S), Standing (ST), Walking (W), Manipulation with Finger (F or MF), Pulling and Pushing (PP), Lifting (L), Kneeling and Crouching (KC), Bending (B), Seeing (SE) and Hearing (H). <u>Categories of disable suitable for</u> <u>jobs :-</u> One leg (OL), Hearing Handicapped (HH), Low Vision (LV)
4	Sweeper (Female) (Medical Division)	₹ 13,500- 27,400/-	IV	No. of Post: 01 (OBC-1) Post reserved for Hearing Handicapped (HH) category	PWD (OBC)- 43	<u>Essential:</u> 1) Must be a literate person. 2) Must be able and willing to do the following duties:- i) To attend to patient's calls, supply and removal of bed pans, urine bottles, etc. and subsequent attention to patients. ii) Sweeping, general washing, cleaning, swabing etc. of OPD, wards, rooms, premises, ambulances etc. iii) Washing, cleaning of dirty appliances, equipments, beds, soiled linen etc. iv) To maintain cleanliness or bed pans, urinals, lavatory etc. v) Removal of dead bodies within the hospital or dispensary premises. vi) Such other jobs as they may be called upon to do so in respect of their nature of duties. <u>Desirable Qualification:-</u> Passed Class VIII examination. <u>Experience:-</u> Experience of similar work in a Reputed Hospital or Dispensary. <u>Physical Requirement: -</u> Sitting (S), Standing(ST), Walking (W), Manipulation with Finger (F or MF), Pulling and Pushing (PP), Lifting (L), Kneeling and Crouching (KC), Bending (B), Seeing (SE) and Hearing (H). <u>Categories of disable suitable for</u> <u>jobs :-</u> Hearing Handicapped (HH)

Relaxation and Concessions: -

- i. For Persons with Disabilities (PWD) candidate's upper age is relaxable by 10 years (15 years for SCs / STs and 13 years for OBCs, viz. PWD (UR): 40. PWD (OBC): 43 PWD (SC/ST):45).
- ii. PWD candidates' viz., OH, VH or HH would be eligible for reservation in services / posts who suffer from not less than 40% of relevant disability.
- iii. Candidate under PWD category would have to submit a "Disability Certificate" issued by a competent authority in the format given in the annexures (Form – II, III & IV, whichever is applicable) alongwith the application form.
- iv. 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 (ST/OBC-NCL) will not be entertained.

Emoluments:

Selected candidates will be placed in pay scale as mentioned above. In addition, Dearness Allowance (DA) based on IDA pattern is payable. Apart from this, Gratuity, New Pension Scheme, HRA or Subsidized Accommodation, L.T.C., Leave Encashment, Medical benefits, etc., are also be allowed.

General Instruction to the Candidates:

Interested eligible candidates may apply in the enclosed proforma (**Annexure-I**), alongwith self-attested photocopies of testimonials & Disability Certificate in the enclosed proforma, 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 **Sr. Dy. Manager (P&IR), Haldia Dock Complex, Jawahar Tower Building, P.O.: Haldia Township, Dist.: Purba Medinipur, W.B. Pin: 721607**, by **September 09, 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. Candidates applying for more than one post should submit separate application for each post. Management reserves the right to cancel the selection process without any reference to the candidates. Incomplete applications, or applications received late or applications without enclosed documents, will not be entertained.

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

**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 01/08/2016):
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 **Annexures**)

Affix Recent Passport size Photo here
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15. Qualification:
(Self attested copy of
Proof to be enclosed)

	Percentage % with Division / Class	Name of University / Board / College	Honours / Pass Course
Class – VIII pass			
Class - X			
Class - XII			
Graduation			
Additional			

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

Organisation / Hospital /Dispensary	Scale of pay & Present Basic Pay.	Post	Period (_____ to _____)	Duration

17. Computer Knowledge (Please tick) : Yes / No.

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

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 (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 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 (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.