



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, for filling up the post of Assistant Manager under Plant & Equipment Division through Special Recruitment Drive for Persons with Disabilities (PWDs) from the candidates suffering from Hearing Handicapped (HH) only.

Name of the Post	Scale of Pay	No of Vacancy	Post Reserved for	Age Limit as on 01-01-2017 with relaxation in years
Assistant Manager under P&E Division	Rs. 20,600-46,500/-	1	PWD-HH Category (Hearing Handicapped)	PWD (UR) : 40 Years PWD (OBC) : 43Years PWD(SC/ST) : 45Years

Emoluments: Selected candidates will be placed in the 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.

Educational Qualification & Experience: -

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Essential: Degree or equivalent in Electrical/ Mechanical Engineering from a recognized University/Institution (4 Years Degree Course).

Desirable: 2 years experience in relevant department in an executive cadre in an industrial/commercial/Govt. Undertaking.

Physical Requirements: -

Sitting (S), Standing(ST), Bending (BN), Seeing(SE), Walking (W), Manipulation by Fingers (MF), Pulling and pushing (PP), Lifting (L), Kneeling & Crouching (KC), Communication(C), Reading & Writing (RW).

Relaxation and Concessions: -

1. The upper age limit indicated for PWD vacancies is with 10 years relaxation as applicable in line with Government guidelines.
2. Only such PWD (HH) candidates 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 the benefit of PWD reservation would have to submit a "Disability Certificate" issued by a competent authority in the format as prescribed in the [DOPT O.M No.36035/1 /2012-Estt.\(Res\) Dated the 29th November, 2013](#) , a copy of the format is given in Annexure – II for indicative purpose along with the application form.

(2)

4. Candidates seeking age relaxation must submit requisite caste certificate in the prescribed format from the competent authority along with 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 Sr. Dy. Manager (P&IR), Haldia Dock Complex, Jawahar Tower Building, P.O. : Haldia Township, Dist. : Purba Medinipur, W.B. Pin. : 721607, by 17-02-2017. **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

P. K. Das
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 01/01/2017):
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)

	Percentage % with Division / Class	Name of University / Board / College	Honours / Pass Course
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)

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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.....

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(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.

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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:

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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)

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- @ 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.

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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:-

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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.