



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 Visually Handicapped (**VH**), Orthopaedically Handicapped (**OH**) & Hearing Handicapped (**HH**):

Sl. No.	Name of the Post	Indicative No. of reserved vacancies				Suitable for VH / OH / HH	Upper Age Limit as on 01-10-2015 with relaxation (in years)	Scale of Pay
		VH	OH	HH	Total			
1	Lower Division Clerk	1	1	1	3	B, LV / BL, OL / HH	PWD (UR): 40 PWD (OBC): 43 PWD (SC/ST):45	Rs.16,300 – 38,200

Abbreviations used:

B = Blind, LV = Lower Vision, BL = Both Leg, OL = One Leg, HH = Hearing Handicapped

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 allowed.

Educational Qualification, Experience & Physical Requirements:-

1. For the post of Lower Division Clerk:-

a. Educational Qualification & Experience:

Essential : Must have passed Higher Secondary or its equivalent Examination and must have knowledge of Computer Operation.

b. Physical Requirements:-

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

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 “ **Application for the post of Lower Division Clerk**” , should reach the Office of the Manager (P&IR), Haldia Dock Complex, Jawahar Tower Building, P.O. : Haldia Township, Dist. : Purba Medinipur, Pin. : 721607, by **December 08, 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.

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 01/09/2015):
- 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)

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL

Certificate No. _____

Date _____

DISABILITY CERTIFICATE

Recent Photograph of
the candidate showing
the disability duly
attested by the
Chairperson of the
Medical Board

This is certified that Shri / Smt / Kum _____

Son / wife / daughter of Shri _____ age _____

sex _____ identification mark(s) _____ is suffering from permanent
disability of following category:

A. Locomotor or cerebral palsy:

- (i) BL-Both legs affected but not arms.
- (ii) BA-Both arms affected
 - (a) Impaired reach
 - (b) Weakness of grip
- (iii) BLA-Both legs and both arms affected
- (iv) OL-One leg affected (right or left)
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (v) OA-One arm affected
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (vi) BH-Stiff back and hips (cannot sit or stoop)
- (vii) MW-Muscular weakness and limited physical endurance.

B. Blindness or Low Vision:

- (i) B-Blind
- (ii) PB-Partially Blind

C. Hearing impairment:

- (i) D-Deaf
- (ii) PD-Partially Deaf

(Delete the category whichever is not applicable)

2. This condition is progressive / non-progressive / likely to improve / not likely to improve. Re-assessment of this case is not recommended / is recommended after a period of _____ years _____ months.

3. Percentage of disability in his / her case is _____ percent.

4. Shri/Smt/Kum _____ meets the following physical requirements for discharge of his / her duties:-

- | | |
|--|--------|
| (i) F-can perform work by manipulating with fingers. | Yes/No |
| (ii) PP-can perform work by pulling and pushing. | Yes/No |
| (iii) L-can perform work by lifting | Yes/No |
| (iv) KC-can perform work by kneeling and crouching. | Yes/No |
| (v) B-can perform work by bending. | Yes/No |
| (vi) S-can perform work by sitting. | Yes/No |
| (vii) ST-can perform work by standing. | Yes/No |
| (viii) W-can perform work by walking. | Yes/No |
| (ix) SE-can perform work by seeing. | Yes/No |
| (x) H-can perform work by hearing / speaking | Yes/No |
| (xi) RW-can perform work by reading and writing | Yes/No |

(Dr.)
Member
Medical Board

(Dr.....)
Member
Medical Board

(Dr.....)
Member
Medical Board

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

Note: Strike out which is not applicable.