



KOLKATA PORT TRUST  
HALDIA DOCK COMPLEX



**Special Recruitment Drive for Person with Disability (PWD)**

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 Disability (PWD) from the candidates suffering from Orthopaedically Handicapped (OH) only.

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

**Abbreviations used:**

OA = One Arm, OL = One Leg

**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 & Physical Requirements:-**

1. For the post of Assistant Manager under Administration Division:

a. Educational Qualification & Experience:

Essential : Degree from a recognized University.

Desirable : i) Post Graduate Degree / Diploma in Personnel Management / Industrial Relations / Social Work / Labour Welfare or allied subjects or Degree in Law from a recognised University / Institution.

ii) Two years experience in an executive cadre in the field of General Administration / Personnel & Industrial Relations etc., in an Industrial / Commercial / Govt. Undertaking.

b. Physical Requirements:-

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

**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 (OH) 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 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 the name of the post applied for, should reach the Office of the Manager (P&IR), Haldia Dock Complex, Jawahar Tower Building, P.O. : Haldia Township, Dist. : Purba Medinipur, W.B. Pin. : 721607, by **September 30, 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.

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 01/09/2016): .....
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 : 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 _____)	Durati on

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

**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
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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
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