



# KOLKATA PORT TRUST HALDIA DOCK COMPLEX



## DIRECT RECRUITMENT

Haldia Dock Complex, Kolkata Port Trust, invites applications from eligible Indian Nationals, for filling up the following post through Direct Recruitment:

Sl. No.	Name of the Post / Division / Class	Indicative No. of Vacancy	Scale of Pay	Upper Age Limit as on 01-06-2017
1	Dy. Medical Superintendent (Specialist) / Medical Division / Class - I	No. of Post: 1 [ UR-1 ]  Post is identified suitable for PWD category.  <u>Disability suitable for the job:</u> - OH (OA, OL)  <u>Physical Requirements:</u> - S, ST, BN, SE, RW, C, MF, W, H	₹.24,900 – 50,500/-	35 years

### Relaxation for Age Limit:

For Persons with Disabilities (PWDs) candidates age is relaxable by 10 years.

### Abbreviations Used:

OH = Orthopaedically Handicapped, OA – One Arm, OL – One Leg, S=Sitting, ST=Standing, BN –Bending, SE=Seeing, RW=Reading & Writing, C=Communication, MF – Manipulation by Finger, W –Walking, H - Hearing

### Educational Qualification and Experience: -

#### Essential: -

- MBBS Degree from a recognised University / Institution.
- A Post Graduate Medical Degree / Diploma in the specified speciality from a recognised University / Institution.
- Post qualification experience of three years for PG Degree holders or five years for PG Diploma holders in a reputed Hospital in the relevant field of specialisation.

**Note:** Preference will be given to specialists from Medicine, Surgery, Orthopaedics, Paediatric and Gynaecology & Obstetrics disciplines.

**Emoluments:**

Selected candidate will be placed in the scale of pay as mentioned above. In addition, Dearness Allowance (DA) based on IDA pattern alongwith cafeteria is payable as per rules. Apart from this, NPA, 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 supporting documents and 2 recent passport size photographs. PWD candidates may submit the Disability Certificate in the enclosed proforma (**Annexure-II**) as prescribed in the **DOPT O.M No.36035/1 /2012-Estt. (Res) Dated the 29th November, 2013**. Application in sealed envelope, superscribing "**Application for the post of Dy. Medical Superintendent (Specialist) under Haldia Dock complex**", 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 **July 07, 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.

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

**PRESCRIBED PROFORMA FOR APPLICATION  
POST APPLIED FOR: Dy. Medical Superintendent (Specialist)**

Affix Recent Passport size Photo here
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1. Name: .....
2. Father's / Husband's Name: .....
3. Date of birth: .....  
(Self attested copy of proof to be enclosed)
4. Age (As on 01/06/2017): .....
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  
(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)

## 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.....

(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
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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:

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 \_\_\_\_\_ 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:-

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 31<sup>st</sup> December, 1996.