

CSIR-INSTITUTE OF MICROBIAL TECHNOLOGY

Sector 39-A, Chandigarh-160 036

(Website: www.imtech.res.in)

Special Recruitment Drive for Persons with Disabilities

Advt No. 03/2015

Last Date of receipt of Applications: 14th August, 2015

CSIR-Institute of Microbial Technology (CSIR-IMTECH) is a constituent unit of Council of Scientific & Industrial Research which is an autonomous organization under the Ministry of Science & Technology, Govt. of India. It is amongst the foremost Scientific and Industrial Research Department setup in the world, having state of art infrastructure and scientific and industrial R&D of National and International importance. The applications are invited from eligible citizens of India to fill up the following posts as per the following details:-

Sr. No.	Post & number of posts	Pay Scale	Essential Qualification
1.	Assistant (General) Gr.III (01 Post-UR) H.H- (Partially Deaf)	PB-1 Rs.5200-20200 plus Grade Pay of Rs.1900/-	Qualification:- 10+2/XII or its equivalent and typing speed of 35 w.p.m in English or 30 w.p.m in Hindi typewriting **. Desirable qualification: Preference will be given to the candidate having knowledge of Computers to work on MS Office, Excel and typewriting in English & Hindi both. Job requirement: Candidates are required to do all clerical and typing jobs and other official work as assigned from time to time.
2.	Assistant (S&P) Gr.III (01 Post- UR) Orthopedically Handicapped	PB-1 Rs.5200-20200 plus Grade Pay of Rs.1900/-	Qualification:- 10+2/XII or its equivalent and typing speed of 35 w.p.m in English or 30 w.p.m in Hindi typewriting **. Desirable qualification: Preference will be given to the candidate having knowledge of Computers to work on MS Office, Excel and typewriting in English & Hindi both. Job requirement: Candidates are required to do all clerical and typing jobs and other official work as assigned from time to time.
3.	Junior Stenographer (01 Post-UR) V.H –(Partially blind)	PB-1 Rs.5200-20200 plus Grade Pay of Rs.2400/-	Qualification:- 10+2/XII or its equivalent and speed of 80 w.p.m in Shorthand and 40/35 w.p.m in typewriting in English/Hindi. Desirable qualification: Preference will be given to the candidate having knowledge of Computers to work on MS Office, Excel and typewriting in English & Hindi both. Job requirement: Candidates are required to do all clerical and typing jobs and other official work as assigned from time to time.

**35 words per minute correspond to 10500 KDPH/9000 KDPH on an average of 5 key depressions for each word. Time allowed is 10 minutes.

All the typewriting tests will be on computer only.

NOTE-I: OH candidate who claims to be permanently unfit to take the typewriting test because of a physical disability, may, with the prior approval of the Director, CSIR-IMTECH, be exempted from the requirement of appearing and qualifying in such test, provided that such a candidate submits a Certificate in the Prescribed Format to the Institute from the competent Medical Authority, i.e., the Civil Surgeon declaring him/her to be permanently unfit for the Typewriting Test because of a physical disability. This is applicable for the candidates applying for the posts of Assistant [General] Grade III reserved for PwDs [OH Category] – Post Code No. 02.

NOTE-II: Further if OH candidate who submits a Medical Certificate from the Medical Board attached to VRC for PH persons or from the Medical Board attached to Special Employment Exchange for PH persons, his/her claim for exemption from Typewriting Test would be accepted. However, if, she/he submits Medical Certificate from Civil/Orthopaedic Surgeon, his/her case would be referred to a Medical Board in a Government Hospital or Medical Board attached to VRC/Special Employment Exchange for PH persons, for clearance.

OH Candidates seeking exemption from Typewriting test on medical grounds must substantiate their claim by furnishing the relevant Medical Certificate at the time of Typewriting Test in the prescribed Format as given at the end of this advertisement and also published on website of the institute viz. <http://www.imtech.res.in>. Otherwise their claim for seeking exemption from Typewriting Test will not be entertained by the Institute

GENERAL CONDITIONS:

1. The above post shall carry usual allowances as admissible to CSIR-IMTECH/GOI employees, as have been made applicable to CSIR employees of the same status stationed at Chandigarh.
2. The prescribed age is 28 years. There is no age limit for departmental candidates (CSIR employees) provided they possess the prescribed qualifications. The last date for determining the age limit & qualifications shall be the last date of receipt of applications i.e. 14th August, 2015.
3. The number of vacancies indicated against each post/category is provisional and may vary at the time of selection.
4. Relaxation in age limit for SC/ST/OBC/PWD and women etc. candidates will be as per Govt. of India rules.
5. Relaxation of 05 years will also be permissible to those who had ordinarily been domiciled in Kashmir division of the State of Jammu & Kashmir during the period from 01.01.1980 to 31.12.1989 subject to production of relevant certificate from concerned authority.
6. Relaxation in age for widows, divorced women and women judicially separated from their husbands and who are not re-married will be up to the age of 45 years and 50 years for members of SC/ST. The persons claiming age relaxation under this category would be required to produce the following documentary evidence:
 - (a) In case of widow, Death certificate of her husband together with the affidavit that she has not remarried since.
 - (b) In case of divorced women and women judicially separated from their husbands, a certified copy of the judgment/decreed of the appropriate court to prove the fact of divorce or the judicial separation, as the case may be, with a affidavit in respect of divorced women that they have not remarried since.
7. The claim of the candidates for their belonging to SC/ST/PWD/OBC etc. categories against the posts reserved for them will be considered subject to submission of self attested photocopies of their certificates in the prescribed format issued by the competent authority concerned in support

of their claim for the relaxation in age etc. The closing date, i.e., for receipt of applications will be treated as the date of reckoning for caste status.

8. Candidates should specifically note that the applications received after the closing date for any reason whatsoever (such as envelopes wrongly addressed, delivered elsewhere, postal delay etc.) will not be entertained. Any enclosure received separately subsequent to the receipt of the application cannot be connected therewith. No representation in this regard will be entertained.
9. Applications from Employees of Govt. Departments will be considered only if forwarded through proper channel alongwith vigilance clearance certificate certified by their employer that the applicant will be relieved within one month of the receipt of the appointment orders, if selected. However, an advance copy of the application may be submitted before the closing date.
10. Candidate must ensure that he/she possesses educational qualification/experience as required in the relevant category/post, for which he/she is applying, on the last date of receipt of application.
11. The posts will be governed by the New Pension Scheme applicable w.e.f 01.01.2004.
12. One post of Assistant (S&P), Gr.III is reserved for PWD (Orhtopedically) with both arms with one. The extent of physically handicapped ness should be more than 40% duly certified by Competent Medical Authority, Government of India on the prescribed proforma.
13. Mere fulfilling the minimum eligibility criteria will not entitle a candidate to be called for written/typewriting test/interview etc.
14. **For the Post of Assistant (G) & Assistant (S&P) Gr.III:**

Selection process to the post will comprise a typing test (qualifying in nature) followed by written test and interview. The candidates who qualify the typing test and obtain minimum qualifying marks in the written test, shall be called for interview. Weightage of interview marks would not exceed 25% of the total prescribed marks. The final selection will be based on combined performance in written test and interview. The applications received would be shortlisted by the duly constituted Screening Committee recommending names for test.

For the Post of Junior Stenographer:

The selection will be based on the performance in the shorthand test (Shorthand and Transcription) and qualifying typing test on Computer. The shorthand test will be conducted for those who are shortlisted by the duly constituted Screening Committee of the Institute based on the criteria of marks secured in 10+2 /12th and nos. of posts to be filled up. Merit list of selection will be drawn based on the performance in shorthand test (Shorthand and Transcription) and qualifying typing test on computer.

15. Candidate must indicate as to whether any of their blood/close relatives is working in CSIR-IMTECH or in any other National Labs./Institutes of the CSIR.
16. Selected candidates shall be liable to serve in CSIR-IMTECH/ or any other labs/Institutes of CSIR (All India transfer liability)
17. Canvassing in any form and/or brining of any influence political or otherwise will be treated a disqualification for the post.
18. The decision of the Competent Authority of CSIR-IMTECH in all matters relating to eligibility , acceptance or rejection of applications, mode of selection, conduct of examination/interview will be final and binding on the candidates and no enquiry or correspondence will be entertained in this connection from any individual or his/her agency.
19. **The application on the format given below duly filled in and completed in all respects along with recent Photograph affixed on the application form together with self attested copies of educational certificates, mark-sheets, caste certificate, experience certificate, application fee etc. should reach the office of the Controller of Administration, CSIR-IMTECH, Sector 39-A, Chandigarh-160 036 (U.T) on or before 14th August, 2015. The envelope should be super scribed with the name of the post & post code.**

“INTERIM ENQUIRY SHALL NOT BE ATTENDED TO”

Controller of Administration

CSIR-INSTITUTE OF MICROBIAL TECHNOLOGY
Sector 39-A, Chandigarh-160 036

Attach recent
colored passport
size self attested
photograph

Special Recruitment Drive for Persons with Disabilities

Application for the post: _____

Sl. No.	Particulars	To be filled by the applicant
1.	Name (in Block Letters)	
2.	Father's Name	
3.	Date of Birth	
4.	Present- Postal Address including Telephone No. & e-mail address etc.	
5.	Permanent- Postal Address including Telephone No. & e-mail address etc.	
6.	Please indicate the PwD i.e. Visually blind (Partially Blind)/or Hearing impaired (Partially deaf)/ or Orthopedic ally handicapped (Both arms with one leg) ; & must attach a copy of Physically Handicapped certificate issued by Medical Authority (extent of handicapped approved must 40% & above) (Self attested)	
7.	Whether belongs to SC/ST/OBC/PwD/Widow/Legally Divorced etc.? If so, then enclose a copy of certificate issued by the Competent Authority	

8. Educational Qualification (10th Onwards)

Sl.No.	Name of Examination	Board/University	Year of Passing	Subjects	Division & % of marks
9.	Speed in typewriting in English/Hindi ?				
10.	Medium of written examination (Hindi or English) and typewriting test (Hindi/English) ?				
11.	Speed in Shorthand (Hindi/English) – Applicable to Jr.Stenographer				
12.	Experience (Please enclose a copy of certificate)				
13.	Whether any blood relation is working in CSIR or its Labs/Instts.? If so, complete details i.e. name, designation and place of posting etc.				

The documents attached must be self attested:

I hereby declare that all the particulars furnished in the above said applications are true complete and correct to the best of my knowledge and belief. In the event of any information being found false at any stage, my candidature is liable to be rejected.

Signature of the candidate

Date: _____

(Name: _____)

Address: _____

Place: _____

Tel. No: _____

E-mail: _____

Form-II

Disability Certificate

(In case 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/ YEAR)

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 Authorized 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)
(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/ YEAR)

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 **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:

Sr.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.

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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)
(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/ YEAR)

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:-

Sr.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

(Authorized Signatory of notified Medical Authority)
(Name and Seal)

Countersigned

Signature /Thumb
impression of the
person in whose
favour disability
certificate is issued

{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)}

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 31st December, 1996.

DISABILITY CERTIFICATE

As per ANNEXURE – I to OFFICE MEMORANDUM No. 336035/3/2004-Estt(Res) dated 29th December, 2005 from the Government of India, Ministry of Personnel, Public Grievances & Pensions, Department of Personnel & Training – up to 28.11.2013 as from 29.11.2013 forms of Disability Certificates have been revised as above i.e. Form II, Form III & Form IV]

NAME AND ADDRESS OF _____
THE INSTITUTE / HOSPITAL _____

Certificate No. -----

Date - -----

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 _____per cent.

4. Sh. / Smt. / Kum. _____ meets the following physical requirement 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 |
| (ii) 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. _____)	(Dr. _____)	(Dr. _____)
Member Medical Board	Member Medical Board	Chairperson Medical Board

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

**Strike out which is not applicable.*

PLEASE NOTE THAT THE FORM OF DISABILITY CERTIFICATES TO BE PRODUCED HAS BEEN REVISED VIDE O.M. NO.36035/1/2012-Estt. (Res) DATED 29th NOVEMBER, 2013. ACCORDINGLY, THE CERTIFICATES ISSUED AFTER THAT SHOULD BE IN THE REVISED FORMS AS APPLICABLE i.e. FORM II, FORM III & FORM IV AS GIVEN ABOVE.

FORM OF MEDICAL CERTIFICATE TO BE PRODUCED BY THE [PHYSICALLY HANDICAPPED CANDIDATES WHO SEEK EXEMPTION FROM APPEARING IN THE TYPEWRITING TEST FOR THE ASSISTANTS GRADE – III [ERSTWHILE LOWER DIVISION CLERKS]

This is to certify that Shri/Smt./Kum. _____ son/daughter/wife of

Shri _____ is suffering from _____

Clinical diagnosis as a result of which he/she has the following disabilities
(Brief description of his/her disabilities)

**Photograph of the candidate
Clearly showing face with
affected portion of the body**

This is a permanent disability and the extent of his/her disability works to _____% of disability.

This disability is likely to interfere with Typewriting (Specify)

Signature of Candidate

Signature of Civil Surgeon
Name:
Place:
Official Stamp

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO
POSTS UNDER THE GOVERNMENT OF INDIA**

[Govt. of India Department of Personnel & Training Circular No. 36036/2/2013-Estt.(Res.) dated 30th May, 2014]

This is to certify that Shri/Smt. Kumari _____ son/daughter of _____ of village/town _____ in District/Division _____ in the State/Union Territory _____ belongs to the _____ community which is recognized as a Backward Class under the Government of India, Ministry of Social Justice and Empowerment's Resolution No. _____ dated _____*. Shri/Shri/Kumari _____ and/or his/her family ordinarily reside (s) in the _____ District/Division of the _____ State/Union Territory.

This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel and Training, O.M. No. 36012/22/93-Estt. (SCT), dated 8.9.1993**

**District Magistrate,
Deputy Commissioner, etc.**

Date:

SEAL

*The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

** As amended from time to time.

N.B. – (a) The term **ORDINARILY** used here will have the same meaning as in Section 20 of the Representation of the People's Act, 1950.

(a) The authorities competent to issue caste certificates are indicated below:-

- (i) District Magistrate/Additional Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/ First Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of First Class Stipendiary Magistrate).
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/ Presidency Magistrate.
- (iii) Revenue Officer not below the rank of Tehsildar; and
- (iv) Sub-Divisional Officer of the area where the candidate and/or his family resides.

The OBC certificates issued prior to the forms as revised vide Govt. Of India, Department of Personnel & Training Circular no. 36036/2/2013-estt.(res.) dated 30th may, 2014, as above, will be accepted in the pre-revised forms

DECLARATION

[To be given by the candidate before the interview]

I _____ son/daughter of Shri _____ resident of village / town /
city _____ district _____ state _____ hereby declare that I belong to the _____
community which is recognized as a backward class by the Government of India for the purpose of reservation
in services as per orders contained in Department of Personnel and Training Office Memorandum No.
36012/22/93-Estt. (SCT), dated 8.9.1993. It is also declared that I do not belong to persons/sections (Creamy
Layer) mentioned in Column 3 of the Schedule to the above referred Office Memorandum dated 8.9.1993.