



Steel Authority of India Ltd., Jagdishpur SAIL Unit, Jagdishpur, District: Sultanpur (Uttar Pradesh) invites applications from interested candidates for engagement on contractual basis as per details given below:

| Sl. No. | Category | No. to be Engaged | Qualification as on 01/03/2012 | Maximum age as on 01/03/2012 | Experience as on 01/03/2012 |
|---------|-------------------|-------------------|---|------------------------------|--|
| 1. | Consulting Doctor | 01 | MBBS (from a University/ Institute recognized by Medical Council of India | 65 years | Preference will be given to candidates having experience in reputed Private Hospital/ Govt. Hospital |
| 2. | Sr. Pharmacist | 01 | B.Sc. with Diploma in Pharmacy (2 years duration) from an Institute recognized by State/Central Govt. Must possess valid Registration Certificate issued by State Pharmacy Council. | 45 years | |
| 3. | Pharmacist | 01 | 10+2 in Science or equivalent with Diploma in Pharmacy (2 years duration) from an Institute recognized by State/Central Govt. Must possess valid Registration Certificate issued by State Pharmacy Council. | 45 years | |
| 4. | Driver | 01 | Matric or equivalent from a Board/ Institute recognized by State/Central Govt. Must possess valid Light Motor Vehicle Driving License from State Licensing Authority. | 35 years | |

Persons with Disabilities (PWD) having 40% or more of relevant disability only as mentioned below are eligible to apply for engagement in the following category:

| Category | Category of Disabilities |
|-----------------------------|--|
| Consulting Doctor | Orthopaedically Handicapped - (OL, OA) * |
| Sr. Pharmacist / Pharmacist | Orthopaedically Handicapped - (OL, OA) * Hearing Handicapped - (PD) * |

* OL – One Leg affected; OA – One Arm affected; PD – Partially Deaf.

PERIOD OF ENGAGEMENT: 01 (One) Year.

Company reserves the right to extend the period of engagement for a further period of maximum 1(one) year / reduce the period of contractual engagement based on the performance of the incumbent.

MODE OF SELECTION:

Short-listed candidates will be intimated separately about the mode of selection, date and venue of Test/Interview etc.

AGE RELAXATION:

- (i) Maximum age is relaxable by 5 years for SC/ST candidates and 3 years for OBC candidates.
(ii) Maximum age is further relaxable by 10 years for PWD candidates.

HEALTH STANDARD:

Joining of the selected candidate is subject to medical fitness as per rules of the Company.

REMUNERATION & BENEFITS:

| | | | |
|-------------------|-------------------|---|------------------------|
| CONSOLIDATED FEE: | Consulting Doctor | : | Rs. 25,000/- per month |
| | Sr. Pharmacist | : | Rs. 11,000/- per month |
| | Pharmacist | : | Rs. 9,000/- per month |
| | Driver | : | Rs. 6,000/- per month |

BENEFITS: Leave of absence maximum 12 days per calendar year. Accommodation in Company's quarters subject to availability, on request, on payment of charges as applicable.

HOW TO APPLY:

- (1) This Advertisement, Application Format, Caste/Category Certificate(s) are to be downloaded from this website www.sail.co.in.
- (2) Eligible and interested candidates fulfilling the eligibility criteria should submit their duly filled in application in the format given at ANNEXURE-I along with, one self-signed recent passport size coloured photograph pasted at the space provided.

The application should only be filled in capital letters.
No other document except the photograph should be enclosed with the application.
- (3) Candidates are required to submit self-attested photocopies of the following documents, as applicable, along with originals at the time of verification of documents before Test/Interview:
 - (a) Certificates and Mark-sheets showing proof of age and Educational/professional qualifications.
 - (b) Scheduled Caste/Scheduled Tribe Certificate (wherever applicable) issued by the Competent Authority in the format at ANNEXURE-II.
 - (c) OBC certificate (wherever applicable) indicating their Creamy Layer status issued by the Competent Authority on or after 01/04/2011 in the format at ANNEXURE-III & self-declaration at ANNEXURE-IV.
Candidates belonging to OBC category but coming in the "Creamy Layer" are not entitled to age relaxation.
 - (d) Disability Certificate (wherever applicable) issued by the Competent Authority in the format at ANNEXURE-V.
 - (e) Rotatory Internship Completion Certificate & Valid Certificate of Registration issued by Medical Council of India [for Consulting Doctor].
 - (f) Pharmacy Council Registration Certificate [for Sr. Pharmacist and Pharmacist].
 - (g) Valid Light Motor Vehicle Driving License issued by the Licensing Authority and minimum 03 (three) years of driving experience certificate [For Driver].
 - (h) Experience Certificate(s), wherever applicable.
- (4) The candidate must write his/her name as it appears in the educational certificate of Matriculation or equivalent examination.
- (5) Incomplete application or applications received after the last date or application submitted in a format other than the prescribed format as at Annexure-I of this advertisement or unsigned applications or application not fulfilling any of the eligibility criteria will be rejected summarily.
- (6) Applicants should write clear and complete postal address for correspondence. SAIL/RSP will not be responsible for any postal delay / wrong delivery / non-delivery of any communication at any stage of the recruitment process.
- (7) SAIL/RSP reserve the right to reject any application or cancel the candidature or cancel the whole process of selection, without assigning any reason thereof and no enquiry or correspondence will be entertained in this connection.
- (8) Outstation candidates belonging to SC/ST categories, attending the interview will be reimbursed 2nd Class Railway fare/Bus fare, single to and fro, from the normal place of correspondence to the place of interview by the shortest route on production of original ticket(s), provided the distance covered by rail or road is more than 30 kilometers each way.
- (9) Court of jurisdiction for any dispute will be at Sultanpur.
- (10) The envelope containing application, superscribing "APPLICATION FOR ENGAGEMENT AS
"..... Advt. No 01/2012" may be sent by post to:

**DY. GENERAL MANAGER,
STEEL AUTHORITY OF INDIA LTD.
INDUSTRIAL AREA, JAGDISHPUR,
DIST: SULTANPUR - 227817 (UTTAR PRADESH)**
- (11) Last date for receipt of application is 02/05/2012.

**APPLICATION FOR ENGAGEMENT ON CONTRACTUAL BASIS
FOR JAGDISHPUR SAIL UNIT, JAGDISHPUR, UP
(Advt. No.01/2012)**

Affix one recent
passport size
photograph duly
attested by a
Gazetted Officer

- 1) Engagement for : _____
 2) Name in full: _____
 (In capital letters): _____
 3) Father's Name: _____
 4) Date of Birth: ____/____/____ 5) Sex: Male / Female

| | |
|--|------------------------------|
| 6) <u>Correspondence Address & Tel. No.:</u> | 7) <u>Permanent Address:</u> |
| | |
| PIN | PIN |

8) Whether belongs to SC/ST/OBC/PWD category: _____

9) Educational Qualifications as on 01/03/2012 (Matriculation onwards):

| Examination Passed | Name of the Board/University | Year of Passing |
|--------------------|------------------------------|-----------------|
| | | |
| | | |
| | | |
| | | |

10) Candidates applying for the following posts are to furnish details, as applicable.

a) For Consulting Doctor

Valid Medical Council Regn. No. _____ Date _____

State _____ Valid up to _____

b) For Sr. Pharmacist / Pharmacist

Valid Pharmacy Council Registration No. _____, Date _____

Name of the Issuing Authority _____

Valid up to _____

c) For Driver

Valid Light Motor Vehicle Driving License No. _____, Date _____

Name of the Licensing Authority _____

Valid up to _____

11) Experience as on 01/03/2012:

| Name of the Employer | From | To |
|----------------------|------|----|
| | | |
| | | |

DECLARATION: I do hereby declare that I agree with all the terms and conditions given in the advertisement and that the above information given by me is correct. I understand that false statement and/or suppression of any material fact in this application will be considered sufficient cause for withdrawal of my candidature/engagement offer/dismissal without notice.

Place:

Full Signature of the Candidate
Date:

FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE BELONGING TO SCHEDULED CASTES or SCHEDULED TRIBES IN SUPPORT OF HIS/HER CLAIM

This is to certify that Shri/Smt./Kumari* son/daughter* of..... of Village*/Town*..... in district/division..... of the State/Union Territory*..... belongs to the Caste/Tribe* which is recognized as SCHEDULED CASTE/SCHEDULED TRIBE* under:

- @ The Constitution (Scheduled Castes) Order, 1950
- @ The Constitution (Scheduled Tribes) Order, 1950
- @ The Constitution (Scheduled Castes) (Union Territories) Order, 1951
- @ The Constitution (Scheduled Tribes) (Union Territories) Order, 1951
- (as amended by the Scheduled Castes and Scheduled Tribes Lists (modification) Order, 1956, the Bombay re-organization Act, 1960. The Punjab re-organization Act, 1966, The State of Himachal Pradesh Act, 1970, the North-Eastern areas (re-organization) Act, 1971 and Scheduled Tribes Orders (Amendment) Act, 1976.)
- @ The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956
- @ The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989
- @ The Constitution (Andaman & Nicobar Islands) Scheduled Tribes Order, 1959
- @ The Constitution (Dadra & Nagar Haveli) Scheduled Castes Order, 1962
- @ The Constitution (Dadra & Nagar Haveli) Scheduled Tribes Order, 1962
- @ The Constitution (Pondicherry) Scheduled Castes Order, 1964
- @ The Constitution Scheduled Castes (UP) Order, 1967
- @ The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968
- @ The Constitution (Goa, Daman & Diu) Scheduled Tribes Order, 1968
- The Constitution (Nagaland) Scheduled Tribes Order, 1970
- The Constitution (Sikkim) Scheduled Castes Order, 1978
- The Constitution (Sikkim) Scheduled Tribes Order, 1978
- The Constitution (Scheduled Castes) Orders Amendment Act, 1990
- The Constitution (Scheduled Tribes) Orders Amendment Act, 1991
- The Constitution (Scheduled Tribes) Orders second Amendment Act, 1991

2. Application in the case of Scheduled Castes/Schedule Tribes persons who have migrated from one State/UT:

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes Certificate issued to Shri/Smt.*..... father / mother of Shri / Smt. / Kumari* in the District/Division.....of the State/Union Territory..... who belong to the.....Caste/Tribe* which is recognized as a SCHEDULED CASTE/SCHEDULED TRIBE* in the State/Union Territory..... Issued by the (Name of Prescribed Authority) vide their No....., Dated

3. Shri/Smt./Kumari*.....and/or his/her* family ordinarily reside(s) in Village/Town*.....of District/Division of the State/Union Territory of

Place:State/Union Territory

Date:

Signature.....
Designation.....
(With Seal of Office)

* Please delete the words which are not applicable.

Please quote specific Presidential Order.

% Delete the paragraph which is not applicable.

Note: The term 'Ordinarily reside(s)' used here will have the same meaning as in Section 20 of the Representation of Peoples Act, 1950.

** List of authorities empowered to issue Scheduled Caste/Scheduled Tribe Certificate:

- (1) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Deputy Collector/1st Class Stipendary Magistrate/City Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1st Stipendary Magistrate.
- (2) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- (3) Revenue Officer not below the rank of Tahsildar.
- (4) Sub-Divisional Officer of the area where the Candidate and/or his/her family normally resides.
- (5) Administrator/Secretary to Administrator/Development Officer (Lakshdweep Islands).

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA AND CENTRAL GOVERNMENT PUBLIC SECTOR UNDERTAKINGS

This is to certify that Shri/Smt./Kumari..... son/daughter of of village..... District/Division.....in theState belongs to the Community which is recognized as a Backward Class under:

- (i) Government of India, Ministry of Welfare Resolution No.12011/68/93-BCC(C), Dated 10th September, 1993 published in the Gazette of India Extra Ordinary Part-I Section-I, Dated 13th September, 1993.
- (ii) Government of India, Ministry of Welfare Resolution No.12011/9/94-BCC, Dated 19th October, 1994 published in the Gazette of India Extra Ordinary Part-I, Section-I, No.163, Dated 20th October, 1994.
- (iii) Government of India, Ministry of Welfare Resolution No.12011/7/95-BCC, Dated 24th May, 1995 published in the Gazette of India Extra Ordinary Part-I, Section-I, No.88, Dated 25th May, 1995.
- (iv) Government of India, Ministry of Welfare Resolution No.12011/7/96/94-BCC, Dated 9th March, 1996 published in the Gazette of India Extra Ordinary Part-I, Section-I, No.60, Dated 11th March, 1996.
- (v) Government of India, Ministry of Welfare Resolution No.12011/44/96-BCC, Dated 6th December, 1996 published in the Gazette of India Extra Ordinary Part-I, Section-I, No.210, Dated 11th December, 1996.
- (vi) Resolutions No.12011/13/97-BCC, Dated 3rd December, 1997.
- (vii) Resolutions No.12011/99/94-BCC, Dated 11th December, 1997.
- (viii) Resolutions No.12011/68/98-BCC, Dated 27th October, 1999.
- (ix) Resolutions No.12011/88/98-BCC, Dated 6th December, 1999.
- (x) Resolutions No.12011/36/99-BCC, Dated 4th April, 2000.
- (xi) Resolutions No.12011/44/99-BCC, Dated 21st September, 2000.

Shri/Smt./Kumari* and/or his/her family ordinarily reside(s) in the District/Division of theState. 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 8th September, 1993.

Dated:.....

Seal

Signature
District Magistrate/
Dy. Commissioner etc.

NB:

- (a) The term "ordinarily" used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.
- (b) Where the certificates are issued by Gazetted Officers of the Union Government or State Governments, they should be in the same form, but, countersigned by the District Magistrate or Dy. Commissioner (Certificates issued by Gazetted Officers and attested by District Magistrate/Dy. Commissioner are not sufficient)

DECLARATION
(in addition of OBC Certificate)

"Ison/daughter of Shri
resident of village/town/cityDistrict.....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 08/09/1993. 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 08/09/1993".

Full Signature with Date

NAME AND ADDRESS OF THE INSTITUTE / HOSPITAL

CERTIFICATE NO.

DATE:

DISABILITY CERTIFICATE

| |
|--|
| Recent Photograph of the Candidate showing the Disability duly attested by the Chair Person of the Medical Board |
|--|

This is certified that Shri/Smt/Kumari
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)

1. 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*.
2. Percentage of Disability in his/her case is percent.
3. Shri/Smt./Kumari 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.....)
Chairperson Medical Board

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

* Strike out which is not applicable.