

**Special Recruitment Drive (SRD) for Differently Abled persons (PwD)**  
**(Divyangjan)**

Advertisement No: CDAC/Mohali/Dec 2018

Dated :10.12.2018

**CENTRE FOR DEVELOPMENT OF ADVANCED COMPUTING (C-DAC)**  
(A Scientific Society of the Ministry of Electronics & Information Technology, Government of India)  
A-34, Industrial Area Phase-8,  
**Mohali-160071**

Centre for Development of Advanced Computing (C-DAC), is the premier R&D organization of the Ministry of Electronics and Information Technology, Government of India.

C-DAC's areas of expertise range from R&D work in ICT&E Technologies to Product Development, IP Generation, Technology Transfer and Deployment of Solutions. Primary Thematic or Thrust Areas addressed by C-DAC are:

- High-Performance Computing and Grid & Cloud Computing
- Multilingual Computing & Heritage Computing
- Professional Electronics, VLSI & Embedded Systems
- Software Technologies including FOSS
- Cyber Security & Cyber Forensics
- Health Informatics
- Education & Training

**C-DAC, Mohali** invites applications under **Special Recruitment Drive** from Differently Abled Persons/Person with Disabilities (**PWD**) for filling up following two posts, through Direct Recruitment. The details are as follows:

### 1. Technical Assistant

<b>Pay Band</b>	<b>9300-34800</b>
<b>Grade pay/ Level</b>	<b>4200 (Level 6)</b>
<b>No of Position &amp; Reservation</b>	<b>01 (Reserved for PWD belonging to SC)</b>
<b>Type of Employment</b>	<b>Regular. *</b>
<b>Category of Disability</b>	<b>PWD (Hearing Handicapped / Visually Handicapped)</b>
<b>Minimum Qualification &amp; experience</b>	(a) First Class degree in Computer Science / Electronics/IT/ Computer application or relevant domain and 3 years of experience in relevant field. <b>OR</b> (b) First Class Diploma in Engineering/Computer Applications and 3 years of experience in the relevant field <b>OR</b> (c) NCVT Certificate in a relevant trade where basic qualification for admission to the course is matriculation or equivalent and 9 years of experience in the relevant field. <b>OR</b> (d) Graduate with first class in any discipline and DOEACC 'A' level with 4 years of experience in the relevant field.

Note: Relevant field refers to the field of IT/CSE/ECE only

## 2. Member Support Staff III(LAB)

Pay Band	5200-20200
Grade pay/ Level	2400(Level 4)
No of Position & Reservation	01 (Reserved for PWD belonging to OBC)
Type of employment	Regular. *
Category of Disability	PWD (Hearing Handicapped / Visually Handicapped)
Minimum Qualification & experience	(a) Diploma in Engineering or B.Sc. in relevant area with minimum 50 % marks and 1-year experience in the relevant field. <b>OR</b> (b) NCVT/ITI Certificate in a relevant trade with 3 years' experience in the relevant field.

Note: Relevant field refers to the field of IT/CSE/ECE only

The other details common to the above two posts are as follows:

*Terms of Appointment	On contract basis for a duration of 5 years. The contract shall be renewable based on satisfactory performance for further duration of five years at a time, till attaining the age of superannuation i.e. 60 years.
Mode of Selection	Direct Recruitment, through written test.
Scheme of Written Test	Through objective type is written test consisting of following: (1) General English/Comprehension (10 Questions of 1 mark each) (2) Logical Reasoning (20 Questions of 1 mark each) (3) Numerical Ability (20 Questions of 1 mark each) (4) Technical (Electronics/IT/Computer Science) (50 Questions of 1 mark each)
Cut-off marks in written test	Candidates acquiring minimum score of 50% in aggregate and 40% in each part of the written test will be shortlisted. The rank/merit list will be prepared based on the results in a written test.  In case the number of candidates who are scoring 50%/40% in written test are large, C-DAC reserve the right to raise the cut-off marks commensurate with the number of vacancies notified.  <i>Relaxation in minimum standard/cut off marks shall be allowed to SC/OBC candidates as per rules.</i>
Type of Disability	<b>HH</b> (Hearing Handicapped): - <b>Partially Deaf (PD)</b> <b>VH</b> (Visually Handicapped):- <b>Low Vision (LV)/Partially Blind (PB)</b>
Upper Age Limit (with relaxations)	48 yrs. For PWD belonging to OBC category (Non-Creamy Layer) 50 yrs. For PWD belonging to SC/ST category Note: The above age limits are inclusive of age relaxation as per GOI norms. Departmental candidates and Ex-servicemen shall be allowed relaxation in upper age limit as per norms, subject to the condition that the maximum age of the applicant on last date of submission shall not exceed 56 years.

<b>Proof of Disability</b>	Disability Certificate should be issued by a Medical Authority as per Performa (Form-II, III or IV as applicable and as prescribed] notified by Ministry of Social Justice and Empowerment vide Notification No.G.S.R.2(E) dated 30.12.2009. (Website: <a href="http://disabilityaffairs.gov.in/content/page/rules--and-regulations.php">http://disabilityaffairs.gov.in/content/page/rules--and-regulations.php</a> <i>/Amended Rules for Persons with Disabilities (New) size 0.26 MB</i> )
<b>Application Fee</b>	Nil
<b>Job location</b>	Mohali, with all India service liability.
<b>Period of Probation</b>	One Year

### Important Dates

<b>Last date for submission of Application</b>	<b>07- February -2019</b>
<b>Date of written/ skill test</b>	<b>Will be communicated by e-mail</b> and displayed on <a href="http://www.cdac.in">www.cdac.in</a> (career/current job opportunities)
<b>Cut-off date for calculation of Age &amp; Experience</b>	<b>07- February -2019</b>

### Post / Appointment details:

The appointment would be against a sanctioned post, available at C-DAC, Mohali subject to the applicable provisions of C-DAC Bye-laws and other applicable rules.

All appointment against the notified position will be done as per Clause 18.1.2 of Bye-laws, on a contract basis for the duration of 5 years. The contract shall be renewable based on satisfactory performance for further duration of five years at a time, till attaining the age of superannuation i.e. 60 years.

### The other general terms and conditions as per Annexure 'A'.

#### How to apply:

Interested and eligible candidates should submit the hard copy of the application in the prescribed format attached as Annexure 'B'. along with a self-attested copy of following documents to Director, Centre for Development of Advanced Computing(C-DAC), A-34, Phase-VIII, Industrial Area, Mohali (Punjab) – 160071 on or before **07- February -2019**.

- Attested copies of Certificates pertaining to Educational qualifications, the percentage of marks and experience.
- Certificate of date of birth.
- SC/ST/OBC certificates in the prescribed Performa applicable for employment under Central Government issued by the authorized authority. In respect of OBC, the caste/community should have been included in the Central Lists of Other Backward Class.
- Disability Certificate should be issued by a Medical Authority as per Performa (Form-II, III or IV as applicable and as prescribed] notified by Ministry of Social Justice and Empowerment vide Notification No.G.S.R.2(E) dated 30.12.2009.

If the SC/ST/OBC and Disability Certificate are in a language other than English/Hindi, the candidates are required to submit a self-certified translated copy of the same either in English or Hindi.

- Two Passport size photographs.
- Discharge Certificate (in case of Ex-serviceman)

Candidates working in Government/PSUs/Govt. Autonomous bodies should forward the applications through proper channel. However, an advance copy may be sent directly so as to reach before the last date of submission.

**Note: - Incomplete, unsigned and late applications shall not be considered.**

**Call letters for the test will be sent through e-mail to shortlisted candidates. No separate communication shall be made in this regard. The list of candidates shortlisted for written test shall also be displayed on [www.cdac.in](http://www.cdac.in)**

**The candidates are advised to visit [www.cdac.in](http://www.cdac.in) regularly for Notice/ information, Corrigendum, Extension etc. if any will be published on the website.**

### **Annexure 'A'**

#### **General Terms & Conditions**

1. Applicants are expected to ensure that they are meeting the definition of Persons with disabilities as defined in DoPT OM No. 36035/3/2004-Estt (Res), dated **29.12.2005** and submitting applications in conformity with the requirements indicated in the advertisement.
2. All candidates are required to submit the disability certificate in the format prescribed by Government of India, Department of Personnel and Training (DoPT) OM no. 36035/3/2004-Estt (Res) dated 29.12.2005. The format is attached herewith.
3. It may be noted that only such persons will be eligible for reservation who suffers from not less than 40% of relevant disability.
4. In case of candidates belonging to OBC category, certificate should specifically contain the clause that the candidate does not belong to "creamy layer section".
5. Visually handicapped candidates who opt for engaging Scribe should indicate the same while submitting their application by choosing the option provided.
6. If a person with disability is entitled to age concession by virtue of being a Central Government employee/departmental candidate, concession to him/her will be admissible either as a 'person with disability' or as a 'Central Government Employee/Departmental Candidate' whichever may be more beneficial to him/her.
7. All the qualifications should be recognized course(s) from NCVT/AICTE/UGC approved University/Deemed University/Institutes. The courses offered by autonomous institutions should be recognized as equivalent to the relevant courses approved/recognized by Association of Indian Universities (AIU)/UGC/AICTE.
8. Wherever CGPA/GPA or letter grade in a qualifying degree is awarded, equivalent percentage of marks should be indicated in the application form as per norms adopted by the respective University/Institute. In such cases a certificate to this effect should be obtained from the University/Institute, which shall be produced in the original whenever asked for.
9. Only post qualification relevant experience will be considered. The decision of C-DAC in this regard will be final and binding.
10. In case any ambiguity/dispute arises on account of interpretation in versions other than English, English versions shall prevail.
11. Canvassing in any form will be a disqualification for selection.
12. Internal candidates, if selected will have to resign from the present post/position and join the post afresh on probation.
13. In case, it is detected at any point of time in future during a process of selection or even after the appointment that candidate was not eligible as per prescribed qualification, experience etc., his/her candidature/appointment shall be liable to be cancelled/terminated forthwith, without any notice.
14. All queries pertaining to recruitment including selection process should be addressed to Head of Administration at e-mail address [ajay@cdac.in](mailto:ajay@cdac.in).

**Annexure 'B'**

**Application for employment under Special Recruitment Drive for  
Differently Abled Person/Person with Disabilities**

Advertisement No: **CDAC/Mohali/Dec 2018**

**Note:** Use capital letters for filling up the form

Affix latest  
passport size  
photograph

1	Name of the post applied for	
2	Name of Applicant	
3	Date of Birth (DD-MM-YYYY)	
4	Father's Name	
5	Address for correspondence (with PIN)	
6	Permanent address (with PIN)	
7	E-Mail address	
8	Contact Number	
9	Gender	Male / Female
10	Whether the candidate belongs to PWD	Yes / No
11	If yes, please specify type of disability (✓)	<b>HH (Hearing Handicapped): - Partially deaf</b> <b>VH (Visually Handicapped): - Low Vision (LV)/Partially Blind (PB)</b>
12	% of disability (Should be more than 40 % as per disability certificate)	
13	Category (please tick)	SC /OBC (Non-creamy Layer)
14	Do you want to use the service of Scribe? (applicable for Partial Blind only)	Yes / No

15. **Qualification** (since class 10<sup>th</sup> onwards)

Qualification	Month and year of passing	Duration of course	Whether regular or not	Division/ % Marks obtained	Name of University/Institute

16. **Post Qualification Experience:**

Name of the organization	Designation held	Nature of work	Duration of experience		Total experience in Year & Months	
			From	To	Year	Months

17. **List of documents attached with this application:**

Sl No	Particulars of self-attested documents	Attached (Yes/No)
01	Date of Birth	
02	Educational qualifications (10 <sup>th</sup> onwards)	
	a) Certificates of 10 <sup>th</sup> / 12 <sup>th</sup> / ITI/ Diploma	
	DOEACC 'A'/ Graduation / Degree	
	b) Mark sheet 10 <sup>th</sup> & 12 <sup>th</sup> / ITI/ Diploma	
	DOEACC 'A'/ Graduation/ Degree	
03	Experience Certificates	
04	Caste Certificate (SC / OBC)	
05	Disability Certificate	
06	NOC, if applicable	
07	Discharge Book (in case of Ex-serviceman)	
08	Two passport size photograph	

**Declaration**

I hereby declare and affirm that the particulars furnished above are complete, correct to the best of my knowledge and belief. Furthermore, no information is suppressed. I understand that if at any stage, it is found that the information given in the application is false or incorrect or I do not satisfy the eligibility criteria, my candidature/appointment is liable to be canceled and I shall be disqualified for any Government Jobs in CDAC or elsewhere. In addition, I declare the above information:

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

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

Signature of the candidate

**APPENDIX-V**

**Form-I**

**APPLICATION FOR OBTAINING DISABILITY CERTIFICATE BY PERSONS WITH DISABILITIES**

**(See Rule 3)**

1. Name .....  
 (Surname) (First name) (Middle name)
2. Father's Name ..... Mother's Name .....
3. Date of Birth .....  
 Date Month Year
4. Age at the time of application : ..... Year
5. Sex Male / Female
6. Address :  
 (a) Permanent address (b) Current address (i.e. for communication)  
 .....  
 .....  
 .....  
 .....
- (c) Period since when residing at current address .....
7. Educational status (Pl. tick as applicable)  
 (i) Post Graduate  
 (ii) Graduate  
 (iii) Diploma  
 (iv) Higher Secondary  
 (v) High School  
 (vi) Middle  
 (vii) Primary  
 (viii) Illiterate
8. Occupation .....
9. Identification mark : (i) ..... (ii) .....
10. Nature of disability : Locomotor/hearing/visual/mental/others
11. Period since when disabled : From Birth/Since year .....
12. (i) Did you ever apply for issue of a disability certificate in the past ..... YES/NO  
 (ii) If yes, details :  
 (a) Authority to whom and district in which applied .....
- (b) Result of application .....
13. Have you ever been issued a disability certificate in the past? If yes, please enclose a true copy.

**Continued.....**

**Declaration :** I hereby declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further state that if any inaccuracy is detected in the application, I shall be liable to forfeiture of any benefits derived and other action as per law.

.....  
(Signature or left thumb impression of person with disability, or of his/her legal guardian in case of persons with mental retardation, autism, cerebral palsy and multiple disabilities)

Dated :

Place :

**Encl :**

1. Proof of residence (Please tick as applicable)
  - (a) ration card,
  - (b) voter identity card,
  - (c) driving license,
  - (d) bank passbook
  - (e) PAN card,
  - (f) passport,
  - (g) telephone, electricity, water and any other utility bill indicating the address of the applicant,
  - (h) a certificate of residence issued by a Panchayat, municipality, cantonment board, any gazetted officer or the concerned Patwari or Head Master of a Govt. school,
  - (i) in case an inmate of a residential institution for persons with disabilities, destitute, mentally ill, etc., a certificate of residence from the head of such institution.
  
2. Two recent passport size photographs

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(For office use only)

Date:  
Place:

Signature of issuing authority  
Stamp



**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 .....

(C) 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/Thumb  
impression of the  
person in whose  
favour disability  
certificate is  
issued.

(Signature and Seal of authorized Signatory of notified Medical Authority)

**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	<b>Both Eyes</b>		
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

Continued ....

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**

**# Single eye/both eyes**

**\$ 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.
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**Form - IV****DISABILITY CERTIFICATE****(In cases other than those mentioned in Forms II & 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
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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 \_\_\_\_\_ 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	<b>Both Eyes</b>		
4.	Hearing Impairment	\$		
5.	Mental retardation	<b>X</b>		
6.	Mental-illness	<b>X</b>		

(Please strike out the disabilities which are not applicable.)

2. The above condition is progressive/non-progressive/likely to improve/not likely to improve.

Continued.....

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

# Single eye/both eyes

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