



सेल SAIL

STEEL AUTHORITY OF INDIA LTD.  
(A Govt. of India Enterprise)

ROURKELA STEEL PLANT, ROURKELA - 769011 (ORISSA)

Advt. No.05/2009

Date: 18/11/2009

Applications are invited from interested candidates for engagement on contractual basis at JAGDISHPUR UNIT of SAIL, at Jagdishpur, District: Sultanpur, Uttar Pradesh as per details given below:

Sl. No.	Category	No. to be Engaged	Qualification as on 1/10/2009	Maximum Age as on 1/10/2009	Consolidated Fee per Month
1.	Supervisor (Civil)	01	Diploma in Civil Engineering from a recognized University/Institute with minimum 60% marks average of all years/semesters.	30 years	Rs.8,000/-
2.	Supervisor (Electrical)	01	Diploma in Electrical Engineering from a recognized University/Institute with minimum 60% marks average of all years/semesters.	30 years	Rs.8,000/-
3.	Senior 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	40 years	Rs.10,000/-
4.	Driver	01	Matric or equivalent from a recognized Board/Institute. Must possess valid Light Motor Vehicle Driving License from State Licensing Authority and have minimum 03 (three) years of driving experience.	30 years	Rs.5,000/-
5.	Assistant	01	Graduate with Intermediate examination passed in Chartered Accountancy (ICAI) / Cost Accountancy (ICWAI). Knowledge in MS office application in computer will be preferred.	30 years	Rs.8,000/-

Persons with Disabilities, with the following category of disabilities, may also apply for engagement as Senior Pharmacist and Assistant.

Name of Post	Category of Disabilities
Sr. Pharmacist:-	Orthopaedically Handicapped - (OL) Hearing Handicapped - HI (PD)
Assistant:-	Orthopaedically Handicapped - (OL, OA) Hearing Handicapped - HI (PD)

OL – One Leg affected (Right or Left) :- (a) Impaired reach. (b) Weakness of grip. (c) Ataxic

OA – One Arm affected: - (a) Impaired reach. (b) Weakness of grip. (c) Ataxic

HI (PD) - Hearing impairment: - Partially deaf.

Persons with Disabilities having 40% or more of relevant disability only are eligible to apply.

**EXPERIENCE:** - Candidates having experience in the relevant field in Govt. /Private organization will be preferred.

**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 basing on the performance of the incumbent.

**BENEFITS:**

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

-: 2 :-

**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.

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

**HOW TO APPLY: -**

- (1) This Advertisement, Application Format, Caste/Category Certificate(s) are to be downloaded from this website [www.sail.co.in](http://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 01/04/2009 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) For Senior Pharmacist - Valid Council Registration Certificate issued by State Pharmacy Council.
  - (f) For Driver - Valid Light Motor Vehicle Driving License issued by the Licensing Authority and minimum 03 (three) years of driving experience certificate.
- (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) The envelope containing application, superscribing "APPLICATION FOR ENGAGEMENT AS ..... Advt. No. 05/2009" is to be sent by post to: -

**GENERAL MANAGER & INCHARGE,  
STEEL AUTHORITY OF INDIA LTD.  
INDUSTRIAL AREA, JAGDISHPUR,  
DISTRICT: SULTANPUR, UTTAR PRADESH, PIN - 227817**

- (9) Last date for receipt of application is **16/12/2009**.



**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/1<sup>st</sup> Class Stipendary Magistrate/City Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1<sup>st</sup> 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 the .....State 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 10<sup>th</sup> September, 1993 published in the Gazette of India Extra Ordinary Part-I Section-I, Dated 13<sup>th</sup> September, 1993.
- (ii) Government of India, Ministry of Welfare Resolution No.12011/9/94-BCC, Dated 19<sup>th</sup> October, 1994 published in the Gazette of India Extra Ordinary Part-I, Section-I, No.163, Dated 20<sup>th</sup> October, 1994.
- (iii) Government of India, Ministry of Welfare Resolution No.12011/7/95-BCC, Dated 24<sup>th</sup> May, 1995 published in the Gazette of India Extra Ordinary Part-I, Section-I, No.88, Dated 25<sup>th</sup> May, 1995.
- (iv) Government of India, Ministry of Welfare Resolution No.12011/7/96/94-BCC, Dated 9<sup>th</sup> March, 1996 published in the Gazette of India Extra Ordinary Part-I, Section-I, No.60, Dated 11<sup>th</sup> March, 1996.
- (v) Government of India, Ministry of Welfare Resolution No.12011/44/96-BCC, Dated 6<sup>th</sup> December, 1996 published in the Gazette of India Extra Ordinary Part-I, Section-I, No.210, Dated 11<sup>th</sup> December, 1996.
- (vi) Resolutions No.12011/13/97-BCC, Dated 3<sup>rd</sup> December, 1997.
- (vii) Resolutions No.12011/99/94-BCC, Dated 11<sup>th</sup> December, 1997.
- (viii) Resolutions No.12011/68/98-BCC, Dated 27<sup>th</sup> October, 1999.
- (ix) Resolutions No.12011/88/98-BCC, Dated 6<sup>th</sup> December, 1999.
- (x) Resolutions No.12011/36/99-BCC, Dated 4<sup>th</sup> April, 2000.
- (xi) Resolutions No.12011/44/99-BCC, Dated 21<sup>st</sup> September, 2000.

Shri/Smt./Kumari\* ..... and/or his/her family ordinarily reside(s) in the ..... District/Division of the .....State. 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<sup>th</sup> 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)

“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 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.