

Recruitment Rules (2019) for the post of MEDICAL OFFICER in NITs

Sl.No.	Particular	Criteria
1.	Name of the Post	Medical Officer
2.	Number of Post(s)	As per sanctioned strength
3.	Classification	Group - A
4.	Scale of Pay (Grade Pay, Band Pay)	PB: 3 (Rs.15,600 - 39,100/-) with Grade Pay of Rs.5400/- + NPA as per Govt. instructions. After 5 years of service as Medical Officer with GP of 5400/-, an incumbent will be assessed by Departmental Promotion Committee (DPC) for moving to the higher GP of 6600/- with the same designation.
5.	Whether Selection Post or non-Selection Posts	Not Applicable
6.	Age limit for direct recruits	35 years
7.	Educational and other qualifications required for direct recruits	<p><u>Educational qualification and Experience:</u></p> <p><u>Essential:</u> <u>Educational qualification:</u> MBBS Degree or equivalent qualification included in any one of the Schedules to the Indian Medical Council Act, 1956 (102 of 1956) and must be registered in a State Medical Register or Indian Medical Register.</p> <p><u>Desirable:</u> Post Graduate Qualification, preferably MD in General Medicine, or equivalent qualification included in any one of the Schedules to the Indian Medical Council Act, 1956 (102 of 1956) and must be registered in a State Medical Register or Indian Medical Register.</p>
8.	Whether age and educational qualifications prescribed for direct recruits will apply in the case of promotees	Not Applicable
9.	Period of probation, if any	1 year for direct recruits as per NIT Statutes
10.	Method of Recruitment whether by direct recruitment or by promotion or by deputation or transfer & percentage of the vacancies to be filled by	100% Direct Recruitment failing which through deputation (including Short Term contract)

K. Raju

Annexure – II (A)

SC/ST Certificate Format

FORM OF CERTIFICATE TO BE PRODUCED BY SCHEDULED CASTES (SC) AND SCHEDULED TRIBES (ST) CANDIDATES

1. This is to certify that Shri/ Shirmati/ Kumari* _____ son/daughter*
of _____ of Village/Town* _____
District/Division* _____ of State/Union Territory* _____ belongs to
the _____ 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 Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002]

- * The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956;
- * The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959, as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976;
- * **The Constitution (Dadara and Nagar Haveli) Scheduled Castes Order, 1962;**
- * The Constitution (Dadara and Nagar Haveli) Scheduled Tribes Order, 1962;
- * The Constitution (Pondicherry) Scheduled Castes Order, 1964;
- * The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967;
- * The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968;
- * The Constitution (Goa, Daman and 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 (Jammu and Kashmir) Scheduled Tribes Order, 1989;
- * The Constitution (Scheduled Castes) Order (Amendment) Act, 1990;
- * The Constitution (Scheduled Tribes) Order (Amendment) Act, 1991;
- * The Constitution (Scheduled Tribes) Order (Second Amendment) Act, 1991.

2. # This certificate is issued on the basis of the Scheduled Castes / Scheduled Tribes* Certificate issued to Shri /Shrimati*
_____ father/mother* of Shri /Shrimati /Kumari* _____ of Village/Town*
_____ in District/Division* _____ of the State/Union
Territory* _____ who belong to the Caste / Tribe* which is recognised as a Scheduled Caste /
Scheduled Tribe* in the State / Union Territory* _____ issued by the _____ dated
_____.

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

Signature: _____
Designation _____
(with seal of the Office)

Place: _____ State/Union Territory* _____

Date: _____

* Please delete the word(s) which are not applicable.

Applicable in the case of SC/ST Persons who have migrated from another State/UT.

IMPORTANT NOTES

The term "ordinarily reside(s)***" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950. Officers competent to issue Caste/Tribe certificates:

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendiary Magistrate / City Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner.
2. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
3. Revenue Officers not below the rank of Tehsildar.
4. Sub-divisional Officer of the area where the candidate and/ or his family normally reside(s).
5. Administrator / Secretary to Administrator / Development Officer (Lakshdweep Island).
6. Certificate issued by any other authority will be rejected.

**THE FORM OF CERTIFICATE TO BE PRODUCED BY PHYSICALLY HANDICAPPED
CANDIDATES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF
INDIA.**

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

Certificate No. _____

Date: _____

DISABILITY CERTIFICATE

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 |
| (i) | BH – Stiff back and hips (cannot sit or stoop) | |
| (ii) | 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)

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.
Percentage of disability in his/her case is _____ percent.

Shri/Smt./Kum._____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 Siting. | 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._____)

Member
Medical Board

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

* Strike out whichever is not applicable.

**CERTIFICATE TO BE PRODUCED BY SERVING/RETIRED/RELEASED ARMED FORCES PERSONNEL FOR
AVAILING THE AGE CONCESSION FOR POSTS FILLED BY DIRECT RECRUITMENT**

A. Form of Certificate applicable for Released/Retired Personnel

It is certified that No _____ Rank _____ Name _____ whose
date of birth is _____ has rendered service from _____ to _____ in Army/Navy/Air Force.

He has been released from military services:

a) on completion of assignment otherwise than

- (i) by way of dismissal, or
- (ii) by way of discharge on account of misconduct or inefficiency, or
- (iii) on his own request, but without earning his pension, or
- (iv) he has not been transferred to the reserve pending such release

b) on account of physical disability attributable to Military Service.

c) on invalidment after putting in at least five years of Military service.

He is covered under the definition of Ex-Serviceman (Re-employment in Central Civil Services and Posts) Rules, 1979 as amended from time to time.

Note: Strikeout whichever is not applicable.

Date:
Place:

Signature
Designation
Official Seal

B. Form of Certificate for Serving Personnel

(Applicable for serving personnel who are due to be released within one year)

It is certified that No _____ Rank _____ Name _____ is serving
in the Army/Navy/Air Force from _____.

He is due for release retirement on completion of his specific period of assignment on _____.

No disciplinary case is pending against him.

Date:
Place:

Signature
Designation
Official Seal

Candidate (Serving Personnel) furnishing certificate B as above will have to give the following undertaking:

Undertaking to be given by serving Armed Force personnel who are due to be released within one year

I understand that if selected on the basis of the recruitment/Examination to which this application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the appointing authority that I have been duly released/retired/discharged from the Armed Forces and that I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen (Re-employment in Central Civil Service and Posts) Rules, 1979, as amended from time to time.

Date:
Place:

Signature
and name of the Candidate

Annexure – III

The form of certificate to be produced by Candidates for claiming experience

Experience Certificate Format

Letter Head of the Institution/Issuing Authority

Telephone No

Fax No

Name of Organization

Address of the Organization

Dated

This is to certify that Shri/Ms.....S/o, D/o, W/o Shriwas/is an employee of this Organization/Department/Ministry and duties performed by him/her during the period (s) are as under:.

Name of organization	Name of post held	From DD/MM/YY	To DD/MM/YY	Total period DD/MM/YY	Nature of Appointment- Permanent , Regular, Temporary , Part-Time, Contract, Guest, Honorary etc.	Field of experience/ Specialization
(a)	(b)	(c)	(d)	(e)	(f)	(g)

Pay scale and last salary drawn	Duties performed/experience gained in brief in each post	Place of posting	Worked at supervisory level/middle management level/head of branch	Remarks, if any
(h)	(i)	(j)	(k)	(l)

It is certified that above facts and figures are true and based on service records available in our organization/Department/Ministry.

Signature

Name of competent authority

Stamp of competent authority

**FORMAT OF NO OBJECTION CERTIFICATE TO BE FURNISHED BY THE CANDIDATE WHO
IS ALREADY IN EMPLOYMENT ON REGULAR BASIS**

Certified that Mr./Mrs Son/Daughter of Shri.
..... is a permanent/Regular/Temporary/Contractual employee of the
department/institution/organization.....sinceThis
Department/Institution/organization has no objection if he/she is appointed in Sardar Vallbhbhai
National Institute of Technology, Surat to the post ofagainst
Advertisement No.Dated.....

It is further certified that no vigilance / disciplinary case and departmental enquiry is either pending
or contemplated against him / her. The integrity of the said employee is also certified.

SIGNATURE WITH SEAL OF THE HEAD OF DEPARTMENT
/INSTITUTION/ORGANISATION

Place:

Date: