

ATAL BIHARI VAJPAYEE TRAINING CENTRE FOR DISABILITY SPORTS
Department of Empowerment of Persons with Disabilities (Divyangjan)
Ministry of Social Justice & Empowerment, Govt. of India
Swejfarm (Village), Morena Link Road,
Gwalior, Madhya Pradesh-474015

ATAL BIHARI VAJPAYEE TRAINING CENTRE FOR DISABILITY SPORTS, GWALIOR invites applications for the following posts to be filled on **Deputation** basis at its Centre in Gwalior, under the aegis of the Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice & Empowerment, Government of India, as per the details given below :-

Sl.No.I For the post of Director, CDS, Gwalior:-

1.	Name of the post	Director
2.	Method of Recruitment	On Deputation
3.	Category	UR
4.	Function Requirement	S,ST,W,MF,RW,C
5.	Suitable Category of Benchmark disability	a. B, LV b. D, HH c. OA, BA, OL, OAL, LC, Dw, AAV d. MD involving (a) to (c) above except Deaf-blindness
6.	No. of Vacancy	01 (One)
7.	Scale of Pay	Pay Level 12 (Rs. 78800-209200)
8.	Age Limit	Maximum age limit will be 56 years for (Age shall be Reckoned as on closing date of receipt of application).

9. Eligibility Criteria

For Deputation: -

(A)Officers under Central/State Government/ Universities /Recognized Research Institutes / Public Sector Undertaking/Semi Government /Autonomous /Statutory Organization,

(i) Holding Analogous posts on regular basis in the field of Sports Administration,

OR

(ii) Holding posts in Level-11 in the Pay Matrix with three years regular service in the field of Sports Administration,

OR

(iii) Holding posts in Level-10 in the Pay Matrix with eight years regular service in the field of Sports Administration.

and,

Possessing the following essential & desirable qualifications/requirements: -

(B) Essential qualification and requirements: -

(i) Graduation from recognized university

(C) Desirable qualifications/requirements: -

(i) Degree/Diploma in Sports Management or Sports Coaching.

(ii) Experience of handling Disability Sports activities

II. For the post of Administration & Account Officer

1.	Name of the post	Administration & Account Officer
2.	Method of Recruitment	On Deputation
3.	Category	UR
4.	Function Requirement	S,ST,RW,C, BN, MF
5.	Suitable Category of Benchmark disability	a. B,LV b. D, HH c. OA, BA,OL,BL,OAL,BLOA,BLA,CP,LC,DW, AAV, MDy d. MI e. MD involving (a) to (d) above except Deaf-blindness.
6.	No. of Vacancy	01 (One)
7.	Scale of Pay	Pay Level 10 (Rs. 56100-177500)
8.	Age Limit	Maximum age limit will be 56 years (Age shall be reckoned as on closing date of receipt of application)

9. Eligibility Criteria :-

For Deputation: -

(A) Officers under Central /State Government / Universities / Recognized Research Institutes/ Public Sector Undertaking / Autonomous / Statutory Organization,

(i) Holding Analogous posts on regular basis dealing with accounts, administration, establishment, finance, purchase and store etc.

OR

(ii) 5 years regular service dealing with accounts, administration, establishment, finance, purchase and store etc., in Pay Level 8 or above,

OR

(iii) 8 years regular service dealing with accounts, administration, establishment, finance, purchase and store etc., in Pay Level 7 or above.

and,

(B) Possessing the following qualifications: -

- i. Bachelor's Degree in Commerce/Economics/Business Administration or other related subject dealing with financial management or administration from a recognized University.
- ii. Having working knowledge of computer

General Conditions: -

1. All the posts are to be filled on deputation basis.
2. Deputation will be governed as per rules of deputation as amended from time to time. The deputations will be made initially for a period of 3 years and thereafter extendable on yearly basis as per rules of Government of India governing deputation from time to time.
3. **Abbreviations Used:** S=Sitting, ST=Standing, W=Walking, BN=Bending, MF=Manipulation by Fingers, RW=Reading & Writing, OA=One Arm, OL=One Leg, BA=Both Arms, BL=Both Leg, OAL=One Arm and One Leg, BLOA= Both Leg & one arm, BLA=Both Legs Arms, B=Blind, LV=Low Vision, HH= Hearing Impaired, PP= Pulling & Pushing, CP= Cerebral Palsy, LC= Leprosy Cured, OH= Orthopedically Impaired, VH= Visually Impaired, Dw= Dwarfism.
4. Mere possessing essential qualifications/experience will not entail any candidate a right to be considered eligible for the post. The applications received without requisite documents or received after the last date will not be entertained. Advance copy of application received from an eligible candidate before last date of receipt of application may be considered provided duly forwarded application with required documents is received before the interview for selection is scheduled.
5. The department / organization while forwarding application may please ensure that the officials who apply for the post shall not be allowed to withdraw their candidature later on in case of their selection
6. The Group A level posts at Sl.NO. I to II will be filled by way of interview.

7. Only shortlisted candidates will be called for interview. The Competent Authority, however, reserves the right to cancel or withdraw the vacancy without assigning any reason. No TA/DA will be paid for attending the interview.
8. Application fee of Rs.500/- (non-refundable) drawn on any Nationalized Bank in favor of "Centre for Disability Sports Gwalior" payable at Gwalior in the form of Demand Draft should be submitted along with each application. No fee is prescribed for SC/ST/PH and Women candidates. Applications forwarded without DD or DD not drawn as per above norms will not be considered.
9. The application in the prescribed format completed in all respects, accompanied by self-attested copies of testimonials/ certificates along with last five years ACRs/ APARs, No Objection Certificate (from parent department, if in case the candidate is already on deputation), integrity Certificate and Vigilance Clearance **should reach through proper channel** (wherever applicable) to **"The Deputy Director, CDS Gwalior, Opposite IIITM, Morena Link Road, Gwalior - 474015"** within 45 days from the date of publication of the advertisement in the Employment News.

DIRECTOR (OFFG.)

8. Details of Employment, in chronological order starting with the latest. Enclose a separate sheet duly authenticated by your signature, if the space below is insufficient.

Organization	Post held/ Designation	From	To	Scale of pay /Emoluments	Nature of duties (in detail)

9. Nature of present employment i.e Ad-hoc or Temporary or Permanent or any other.....
.....

10. Total emoluments per month now drawn.....

11. Additional details about present employment. Please state whether working under (indicate the name of your employer against the relevant column)-

- a. Central Govt.
- b. State Govt.
- c. Autonomous Organization
- d. Government Undertaking
- e. Universities
- f. others

12. In case the present employment is held on deputation / contract basis, please state-

- a. The date of initial appointment.....
- b. Period of appointment on deputation/ contract.....
- c. Name of the parent office / organization to which you belong.....

13. Additional information, if any, which you would like to mention in support of your suitability for the post.....

14. Please state clearly whether in the light of entries made by you above, you meet the requirements of the post: Yes/No.....

15. Whether belong to SC/ ST (please attach caste certificate).....

I have carefully gone through the Vacancy circular/ advertisement and undertake that information/details furnished above are correct to the best of my knowledge.

Date.....

Signature of the candidate

Address

CERTIFICATE TO BE FURNISHED BY THE EMPLOYER / FORWARDING AUTHORITY

It is certified that there is no Vigilance/Disciplinary case either pending or being contemplated against Shri/Smt./Kum _____, presently working with _____ this Department/Organization as _____ Since _____

2. His/ her integrity is certified as beyond doubt.

3. No major or minor penalty was imposed on Shri/Smt/Kum. _____ during the last 10 years.
Details of Penalty imposed (if any) _____

4. The attested copies of the ACRs/APARs for the last 5 years are enclosed.

Place:

Date:

(Signature of Employer with seal)