

G.B. Pant National Institute of Himalayan Environment and Sustainable Development
(Formerly Known as G.B. Pant Institute of Himalayan Environment and Development)
(An Autonomous Institute of the Ministry of Environment, Forest and Climate Change Govt. of India)
Kosi-Katarmal, Almora-263 643, Uttarakhand

Advertisement No. GBPI- 3/2017

G.B. Pant National Institute of Himalayan Environment and Sustainable Development (GBPNIHESD) is a premier autonomous Institute of the Ministry of Environment, Forest and Climate Change, Government of India. The Institute is a focal agency to advance scientific knowledge, to evolve integrated management strategies, demonstrate their efficacy for conservation of natural resources and to ensure environmentally sound development in the entire India Himalayan Region (IHR). The Institute works under decentralized set-up with its Head quarters at Kosi-Katarmal (Almora), Uttarakhand and through regional units at Srinagar-Garhwal (UK), Kullu (HP), Pangthang – near Gangtok (Sikkim), Itanagar (Arunachal Pradesh) and 5th unit in Ministry of Environment, Forest and Climate Change at New Delhi as Mountain Division. The Institute is looking for dynamic and suitably qualified individuals, willing to work in IHR, to fill up the following post.

S.No	Name of the Post/No. of post/ Reservation Category	Minimum Essential Qualifications and Experience as per Appendix 1 Area of Specialization/Remarks.
1.	Scientist-C – One (OBC-PwD)	Zoology (Animal Science) Desirable :- Research experience of working in Himalaya on Mountain fauna.

OBC- other backward caste, PwD- person with disabilities.

For General conditions regarding qualification, experience, pay scale and age for scientific positions, please see **Appendix I**.

Place of work: Headquarters or any of the regional units of the Institute; selected candidate is liable to be posted anywhere in India.

General Instructions:

1. Only those candidates willing to undertake extensive travel in Himalayan region need to apply.
2. Mere fulfilling of a minimum advertised qualification and experience requirements DO NOT automatically entitle an applicant to be called for interview. The candidate should, therefore, mention in the application all the qualifications and experience in the relevant field over and above the minimum prescribed qualification, supported with documents.
3. The cutoff date for determining the age, qualification & experience of a candidate will be the last date of receipt of application.
4. The number of the vacancies and/or reservation for SC/ST/OBC may vary.
5. All the applications received within due date in response to this advertisement shall be considered for short-listing by a screening committee and only the candidates recommended by the screening Committee will be called for interview. The decision of the GBPNIHESD on short-listing will be final and the GBPNIHESD will not entertain any correspondence in this respect. GBPNIHESD shall not be responsible for postal delays.
6. Age, qualifications, experience and other requirements for any post may be relaxed, at the discretion of the Institute, in respect of candidates otherwise exceptionally qualified.

contd....2

7. Persons working in Centre/State Government/Public Sector Undertakings/Autonomous Organizations should submit their applications **through proper channel** within due date, such candidates are advised to submit advance copy of application, through their employer.
8. The period of experience in the requisite discipline/area of work, wherever prescribed, shall be counted with effect from the date of acquiring the prescribed minimum educational qualifications required for the post.
9. Relaxation in age limit will be allowed to candidates from GBPNIHESD/other govt./autonomous bodies, and SC/ST/OBC/PH and other notified categories as per the Govt. of India orders applicable from time to time.
10. TA will be paid to candidate called for interview/test as per norms.
11. Incomplete applications in any respect or submitted not as per the prescribed Proforma or received after the last date will be summarily rejected.
12. If at any time before or after the selection of a candidate, it is found that any information is suppressed or false, his/her selection will be liable to be rejected or cancelled.
13. **This post is suitable and reserved for Persons with disability (PWD) in the orthopedically Handicapped category viz. Orthopedically Handicapped/Locomotor Disability/Cerebral Palsy with One Leg Affected (Right or Left). One Arm Affected (Right or Left). Functional classification and physical requirement for performing duties attached to the posts are sitting, standing, bending, walking, manipulation by finger, seeing.**
14. Persons suffering from not less than 40% of relevant disability shall alone be eligible for the benefit of reservation and other relaxations as permissible under the rules. Thus, Physically Handicapped (PH) persons can avail benefit of:
 - (i) Reservation and other Concessions & Relaxations as permissible under the rules only when degree of physical disability is 40% or more and the posts are reserved for PH candidates.
 - (ii) Other Concession & Relaxations as permissible under the rules only when degree of physical disability is 40% or more and the posts are suitable for PH candidates.
15. Forms of declaration to be submitted by the OBC candidates are given at **Appendix-II**.
16. Forms of declaration to be submitted by the PwD candidates are given at **Appendix-III**.

How to Apply:

The envelope containing the application must be super-scribed as "Application for the Post of Scientist C(OBC-PWD)". Interested candidates should submit their application typed on A-4 size paper as per the prescribed proforma given at **Appendix-IV** along with attested copies of mark sheets, certificates, degree, etc. to the **Director, G.B. Pant National Institute of Himalayan Environment and Sustainable Development, Kosi-Katarmal, Almora – 263 643, Uttarakhand** under sealed cover through registered/speed post so as to reach by **26.12.2017**. Applications (advance copy) from Indian Nationals living abroad may reach by due date by e-mail (psdir@gbpihed.nic.in), followed by post upto **10.01.2018**. Canvassing in any form will be treated as disqualification. Interim enquiries will not be entertained.

Director
GBPNIHESD, Kosi-Katarmal,
Almora-Uttarakhand

Qualifications, disciplines, experience and age limits for direct recruitment of Scientific Group A posts:

The minimum qualifications, experience and maximum age limits for direct recruitment to Scientists Group-A at various levels shall be as follows:

Sl. No.	Designation and scale of pay of the post	Qualification and disciplines	Experience in required areas	Age limit not exceeding
1.	Scientist-C Rs.15,600-39100, GP-6600 (Pre-revised) Rs. 67700-208700 (revised)+ allowances, Level-11	Master Degree in Life Sciences	3 years	31 years
		OR		
		Degree in Engineering/Medical Science(related to area of specialization)	4 years	32 years
		OR		
		Ph.D. in any of the above fields	1 year	34 years
		OR		
		Masters degree in Engineering and Medicine(related to area of specialization)	2 years	34 years

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES
APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri/Smt./Kumari _____ son/daughter of _____ of village/town _____ in District/Division _____ in the State/Union Territory _____ belongs to the _____ community which is recognised as a backward class under the Government of India, Ministry of Social Justice and Empowerment's Resolution No. _____ dated _____. Shri/Smt./Kumari _____ and /or his/her family ordinarily reside(s) in the _____ District/Division of the _____ State/Union Territory. 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 & Training O.M. No. 36012/22/93-Estt. (SCT) dated 8.9.1993**.

District Magistrate
Deputy Commissioner etc.

Dated:

Seal

*- The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

** - As amended from time to time.

Note:- The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

Proforma-III

Form of declaration to be submitted by the OBC candidates (in addition to the community certificate)

I Son/Daughter of Sh. resident of village/town/city
..... district state hereby declare that I belong to the
..... community which is recognized as a backward class by the Govt. of India for the
purpose of reservation in service as per orders contained in Department of Personnel and training,
Office Memorandum No. 36102/22/93-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 OM dated 08.09.1993, OM No. 36033/3/2004-Estt. (Res.) dated 09.03.2004, and OM No.
36033/3/2004-Estt. (Res.) dated 14.10.2008.

Signature

Name

Address

Proforma-II

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(DD/ MM/ YY) Age

..... years, male/female 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.....

(A) 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 and Seal of Authorised Signatory
of notified Medical Authority

Signature/Thumb impression of the person
in whose favour disability certificate is issued.

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

Certificate No.

Date:

This is to certify that we have carefully examined Shri/Smt/Kum.
..... /son/wife/daughter of Shri Date of
Birth(DD)(MM)(YY)..... Age years, male/female..... 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 (in %)	Affected Part of Body	Diagnosis	Permanent physical impairment/disability
1	Locomotor disability @			
2	Low vision #			
3	Blindness Both Eyes			
4	Hearing impairment £			
5	Mental retardation X			
6	Mental-illness X			

Contd..

(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

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

£ e.g. 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,

Name and seal of Member Name and seal Name and seal of the of Member Chairperson

Signature/Thumb impression of the person in whose favour disability certificate is issued.

Form-IV
Disability Certificate

(In cases other than those mentioned in Forms II and 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

Certificate No.

Date:

This is to certify that I have carefully examined Shri/Smt./Kum son/wife/daughter of Shri
..... Date of Birth(DD)(MM)(YY)..... Age years,
male/female..... 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 (in %)	Affected Part of Body	Diagnosis	Permanent physical impairment/ mental disability
1	Locomotor disability @			
2	Low vision #			
3	Blindness Both Eyes			
4	Hearing impairment £			
5	Mental retardation X			
6	Mental-illness X			

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

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

Contd..

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

e.g. Single eye/both eyes

£ e.g. 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

(Authorized 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.

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 the 31st December, 1996.

Proforma for Application

1. Advertisement No. _____
2. Post Applied for: _____
3. Post Sr. No. of the post applied for: _____
4. Name (in block letters)

Last Name	Middle Name	First Name
_____	_____	_____
5. Father's/Husband's Name: _____
6. Whether belongs to Gen./SC/ST/PH (please specify): _____
 (Please enclose the attested photo copy of certificate issued by the competent authority)
7. Permanent Address: _____
8. Full Postal Address for Correspondence along with Phone, Fax, e mail, etc.: _____
9. (a) Date of Birth _____
 (b) Age as on the last date of receipt of application _____ years _____ months _____ days
10. Nationality _____
11. (a) Educational qualifications

Examination passed	Name of board/ university	Year of passing	% of marks obtained
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- (b) Details of specialization (if any in required discipline) _____
12. Experience (Research or practical in required discipline)

Name of Employment	Name of employer	Period From - To	Pay scale
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13. List of publications (Attach reprints of only three best papers)
14. Awards/Distinctions received (Enclose documentary evidence)
15. Name and Addresses of three referees their telephone Nos./e-mail addresses
16. Any additional information- _____

Affix recent
passport size
Photograph

Declaration

I affirm that all information supplied by me as above is true and correct, I also fully understand that if at any stage, it is discovered that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature may be summarily rejected or employment terminated.

Place:
Date:

Signature of the candidate

Contd..

Certificate to be furnished by the Employer/Head of Office Forwarding Authority.

This is to certify that:-

- (i) The particulars furnished by Shri/Smt./Km./Dr._____ are correct, as per records.
- (ii) There is no vigilance case/ disciplinary proceedings either pending or contemplated against him/her.

Signature of Head of Department/Forwarding Authority

Date:

Name_____

Department_____

Office seal_____