



**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- 4/2016

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 four 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.

Name of the Post/No. of post/ Reservation Category	Minimum Essential Qualifications and Experience as per Appendix 1 Area of Specialization/Remarks.
Scientist-C – One (SC, PWD) S	Watershed Processes and Management (WPM)/ Environmental Assessment and Management (EAM)/ Environmental Governance and Policy (EGP)/ Biotechnological Applications (BTA)/Environmental Physiology (EP)/ Socio-Economic Development (SED)/Knowledge Product and Capacity Building (KCB)/ Biodiversity Conservation and Management (BCM)/ Ecosystem Services (ES)/Climate Change (CC)

SC – Schedule Cast, PwD- Person with Disability.

For General conditions regarding qualification, experience, pay scale and age for scientific positions, please see **Appendix 1**.

Place of work: Headquarters or any of the five 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 or 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.
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 Performa 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 Concessions & 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 PWD candidates are given at **Appendix-2**.

How to Apply:

The envelope containing the application must be super-scribed as "Application for the Post of Scientist C" Interested candidates should submit their application typed on A-4 size paper as per the prescribed proforma given at **Appendix 3** 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 **24.10.2016**. Applications (advance copy) from Indian Nationals living abroad may reach by due date by e-mail (psdir@gbpihed.nic.in), followed by post upto **07.11.2016**. Canvassing in any form will be treated as disqualification. Interim enquiries will not be entertained.

**Director
GBPNIHESD, Kosi-Katarmal,
Almora-Uttarakhand**

APPENDIX - 1**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:

Designation and Scale of pay of the post	Qualification and disciplines	Experience in required areas	Age limit not exceeding
Scientist-C Rs. 10000-15200 (Revised: Rs. 15600-39100, Grade Pay 6600) + allowances	Master Degree in Physical Sciences/Life Sciences/Social Sciences	3 years	31 years
	OR		
	Degree in Engineering/Medical Science	4 years	32 years
	OR		
	Ph.D. in any of the above fields	1 years	34 years
	OR		
	Masters degree in Engineering or Medicine	2 years	34 years

PRESCRIBED PROFORMAE

Proforma-I**The form of certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under the Government of India**

This is to certify that Shri/Shrimati/Kumari* son/daughter* of of village/town* in District/Division* of the State/Union Territory* belongs to the Caste/Tribe* which is recognised as a 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 List (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 Order (Amendment) Act, 1976., the State of Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Reorganisation) Act, 1987.]

@ 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 (Dadar and Nagar Haveli) Scheduled Castes Order, 1962

@ The Constitution (Dadar 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 & Kashmir) Scheduled Tribes Order, 1989

@ The Constitution (SC) Order (Amendment) Act, 1990

- @ The Constitution (ST) Order (Amendment) Act, 1991
- @ The Constitution (ST) Order (Second Amendment) Act, 1991
- @ The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act 2002
- @ The Constitution (Scheduled Castes) Order (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes and Scheduled Tribes) Orders (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002

% 2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration to another.

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes certificate issued to Shri/Shrimati*..... Father/Mother of Shri/Shrimati/Kumariof village/town*.....in District/ Division* of the State/Union Territory*..... who belongs to the Caste/Tribe* which is recognised as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* of..... issued by the dated.....

%3. Shri/Shrimati/Kumari*..... and/or*his/her* family ordinarily resides in village/town*..... of..... District/Division* of the State/Union Territory* of.....

Signature.....

**Designation.....

(With Seal of Office)

State/Union Territory*

Place:.....

Date:.....

*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 the People Act, 1950.

**List of authorities empowered to issue Scheduled Caste/Scheduled Tribe Certificate.

(i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary Magistrate/† Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.

†(not below of the rank of 1st Class Stipendiary Magistrate).

(ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.

(iii) Revenue Officers not below the rank of Tehsildar.

(iv) Sub Divisional Officer of the area where the candidate and/or his/her family normally resides.

(v) Administrator/Secretary to Administrator/Development Officer(Lakshadweep)

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.

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.

Pro Forma for Application

1. Advertisement No. _____

2. Post Applied for: _____

3. Post Code 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 enclosed 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

(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

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- _____

Declaration

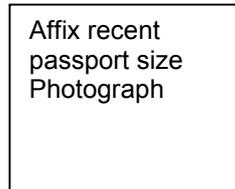
I affirm that all information supplied by me as above is true and correct, I also fully understand that if at any stage, it is discovered that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature may be summarily rejected or employment terminated.

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_____