

**GOVT. OF INDIA
LADY HARDINGE MEDICAL COLLEGE &
KALAWATI SARAN CHILDEN'S HOSPITAL
BANGLA SAHIB MARG,
NEW DELHI.**

**SPECIAL RECRUITMENT DRIVE FOR FILLING UP ONE VACANT POST UNDER PwDS CATEGORY
AT KSCH.**

Applications are invited from candidates belonging to Person With Disabilities (PWD) Category for filling up the following post Kalawati Saran Children's Hospital, New Delhi on regular basis by Direct Recruitment under Special Recruitment Drive for PwDs.

Post	Pay band	Grade pay	No. of vacancies under PWDS				Suitability and physical requirement for PwDs (VH/OH/HH)	Reserve for category
			OH	HH	VH	Total		
Speech Therapist	PB-II	4200	01	-	-	01	OL, BL, OA	UR

Abbreviations:- OL – One Leg BL-Both Leg OA-One Arm

Details of eligibility criteria, age etc.

S. No.	Post	Age	Educational Qualifications
1.	Speech Therapist (01 post, UR) PB-II + 4200GP	28years (Relaxation as per Govt. Rules)	i. Degree or Diploma in Speech Pathology from a recognized University or equivalent and ii. Two years experience as Speech Therapist in a Speech Therapy Centre

General Instructions:-

1. Age relaxable to Central Govt. employees/candidates belonging to SC/ST/OBC, as per Govt. of India provisions/guidelines.
2. Candidates belonging to reserved category (SC/ST/OBC) should submit the Caste Certificate for availing the benefit of reservation along with the application form.
3. Crucial date for determination the age limit will be the last date of submission of application form.
4. The application should be in the prescribed format as mentioned above.
5. Candidates will not be paid any TA/DA for their interview/test.
6. Selected candidates will be under probation for two years.
7. Candidates will be appointed after detailed verification of character and antecedents by Police Authorities.

Documents required:

Photocopies of the following documents duly attested by a Gazetted Officer to be submitted with duly completed application form in all respects.

- Academic/Technical Certificates
- Matriculation Certificate & Marks sheet (for age proof).
- Latest coloured photograph- one (in addition to the photograph pasted on the application form)
- One self addressed envelope duly affixed with postage stamps of Rs.25/-
- Physical Disability Certificate issued by recognized institutions.

Address and Last Date of Receipt of complete Application For:-

Completed application form to be sent to **"The Additional Medical Supdt., Kalawati Saran Children's Hospital, Bangla Sahib Marg, New Delhi 110 001."** . Last date of receipt of application is 15 days from the publication of advertisement (candidates residing in far flung areas viz. Assam, Meghalaya, Arunachal Pradesh, Mizoram, Manipur, Nagaland, Tripura, Sikkim, Jammu & Kashmir, Lahaul&Spiti district and Panji division of Chamba district of Himachal Pradesh, Andaman & Nicobar Islands, Lakshadweep may submit their application within 21 days after publication of advertisement).

(Addl. Medical Supdt., KSCH)
For Director, LHMC & Assoc. Hospitals,
New Delhi.

PROFORMA OF APPLICATION FORM:-

POST APPLIED FOR : _____

- Name in full:
(As recorded in Matriculation Certificate in Block Letter)
- Father's/Husband Name:
- Date of Birth:
(As recorded in Matriculation or equivalent Certificate)
- Nationality:
- Marital Status:
- Telephone No.: _____ Mobile No: _____
- Permanent Address (with pin code) in block letter:
- Corresponding Address (with pin code) in block letter:
- Category (Gen./SC/ST/OBC):
- Educational Qualifications (From Matriculate onwards)

Examination passed	University/Board	Years	%age of marks	Duration of course	Division	Remarks

- Details of academic achievement , extracurricular activities, professional achievement etc.:
- Experience/Particulars of previous and present employer post held along with the salary:
- List of enclosures:

**DECLARATION
(TO BE SIGNED BY THE CANDIDATE)**

1. I have not submitted any other application for this recruitment and I am aware that if I contravene this rule, my application will be rejected summarily by the Institution.
2. I have read the provisions carefully and I hereby undertake to abide them.
3. I further declare that I fulfil all the conditions of eligibility regarding age limit, educations qualifications etc, prescribed for the post I have further declare that I have enclosed attested photocopies of certificates in support of my claim for educations qualification, age, category (SC/ST/OBC) and age relaxation.
4. I also declare that I do not belong to creamy layer section of persons of OBC as mentioned in coloumn 3 of Govt. of India, Deptt. of Personnel and Training O.M. No. 36012/22/93-Estt. (SCJ) dated 8.9.93 and modified vide DOP&T O. M. 36033/3/2004-Estt. (Res) dated 9.3.04 (strike out if candidate does not belong to OBC category).
5. I also declare that I have never been convicted by any court of law.
6. I hereby further declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found suppressed/false or incorrect or ineligibility being detected before or after the examination my candidature/appointment is liable to be cancelled.

Signature of the candidate:

Name:

Phone No.:

Mobile no. :

E-Mail Address:

Dated:

Place:

NOTE: Application not signed by candidate or incomplete in any respect not containing attested photocopies of certificates in support of academic/technical/experience or without passport size photograph pasted at the appropriate place in the application form or not fulfilling criteria as laid in the advertisement etc will be summarily rejected without any further references. Director has right to increase or decrease the number of vacancies.