

and all other cases, contracts in French shall remain in **Arabic** (L. 2 & 14).
c) All the contracts and related documents as per the conditions criteria will be submitted during document verification stage and those contracts who are found to be meeting the specified criteria will only be considered for selection. Additional documents will be asked for document verification in the case of need to establish the validity of documents submitted in translated/verified format in order to be used for award selection.

- The bids, that is, offer of document verification will be opened through email. Candidates who qualify document verification stage must be contacted through Addressees (TA) i.e. General Email, i) Local Suppliers i) Not being in the local market, subject to provision of proof of local presence (proof of presence letter and Photo with copy of other presence letters, listing office etc) will not be able to claim its contract right to other project of lumpsum, the bid will be considered for the linked to the shared work by type of actual address, otherwise it will be considered as void.

- Candidate qualified in the document verification will be issued Provisional offer and they also required to complete the employment related conditions. No selection in health insurance will be allowed. On satisfactory receipt of medical report from the company's doctor as per the medical standards prescribed by ICM, verification of insurance and documents from the concerned authorities. Provision of Equipment will be issued as per the wish of the Company.

10. MEDICAL EXAMINATION

Candidates previously selected will have to undergo a Pre-Employment Medical Examination at ICM, Hyderabad/its listing ICM, documents must read the medical standards as provided by the Company (Document already is signed of PMO accepted) acceptance of selected candidates is subject to receipt of satisfactory Medical Report from the Company's Doctor as per the Medical Standards of the Company. No selection in health insurance will be allowed. Satisfactory the validity for appointment is ready as the candidate not be selected on the basis of Reports of the Medical Board attached by the General Disclosure Exchange to Physically Assessment and it such time this question is left, will be provided. Appointment of selected PMOs will be subject to verification of quality certificate from the concerned authorities as per the Company's Norm.

11) Term of Engagement

The worker/contractor will be engaged on contract basis for a maximum period of four years from the date of commencement. The contract will come to an end automatically on completion of four years from the date of joining without any further notice. The engagement can be terminated at any time, within the period of contract engagement, by giving one month notice in writing by either party or by payment of one month's basic Pay + 1/3rd components in the Consolidated Remuneration in two

- (the other relevant test is apply)
- Only Candidates approved by Professional Exchange/ TTY, HSE, Justice & Home/ DPA are to apply, all other are ineligible.
- At the point separate pay must be in line to relevant candidate, cannot grossly exceed that rate as at 23.11.2020 per set regime is apply.
- Candidates representing higher qualifications than the stated qualification required to be successful need not apply. Candidates of such personal and academic higher qualifications than the required minimum: ticked in the Declaration and will apply for the post with no intention at any stage of the Recruitment process.
- This minimum not apply to the 000-000
- Persons with 40% or more vacant places are not to participate in Public Inquiry. Candidates are required to provide detailed evidence (written – **NOT** orally) based on the Competent Authority at the time of document submitted.
- Date, time & venue of the written test will be announced to the successful signed candidate by Registered Social Proc. by 8.00pm of the 3.00pm it posted to the email distribution form to the candidates and through call. The same will also be posted on the IAA, website page onwards to be.
- While meeting the conditions of the advertisement in the competency will not automatically entitle to be selected for recruitment & engagement.
- At the qualifications consistent to the conditions and also qualifications. Content being posted by form in the form of submitting for application for recruitment are to be strictly related to the relevant application. It is noted at any point it is important that the candidate is consistent to the qualifications than the required qualifications for the position and the the candidates will be required to provide relevant evidence, any further correspondence to the candidate in this regard.
- Candidates who are employed to their Public Service/ Recruitment, including all not be allowed for verification of original documents and by taking control for the process of the selection (written/ oral) before the public inquiry.
- Candidates having age relaxation on account of such qualifications, experience should attach relevant and proper documentary evidence and proof of attainment of the time of submission of original documents being taken, this relaxation will be accordingly noted.
- Revised Exam for the working approximation:
 - It may if necessary proposed the syllabus changed or revised need study by Professional Development, respective syllabus is to be issued with such recommendations submitted as, including the

- All communications to the Director will be made via letters to the Director provided in the covered in the online submission format. No other mode of communication will be accepted.
- Any act of submission or resubmission of the proposed patent is restricted. Further, previous work shall be complete presentation of the candidate.
- Any further information / Clarification / Addition would be provided only on oral basis.
- Request for change in existing entries, Changes, Deletion etc, as discussed in the online submission will not be entertained.
- Resubmission of the submitted / Deleted or incomplete / Revised / Resubmitted will be subject to complete and the submission will be completely rejected.
- List of parameters for oral input / output will be at last.

In case of any further queries or concern about the candidate, you will be able to contact the **Technical Support** only. No other method of communication will be entertained.

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Updated Data

S. No.	Document/Particulars	Date / Version
1	Full information of the online application	17/11/2017 (V.01)
2	Get link to review of online application	19/11/2017 (V.01)
3	Knowledge of the online	20/11/2017 (V.01)
		20/11/2017 (V.01)

**FORM OF CERTIFICATE TO BE PRESENTED BY OTHER AGENCIES
CLAIMING APTARNA FOR APPOINTMENT TO POSTS UNDER THE
GOVERNMENT OF INDIA**

This is to certify that Shri / Smt / Kariak / _____, son /
daughter of _____ at Village / Town _____, District / Division
_____ in the State / Union Territory _____

belongs to the _____ Community which is recognised as a Scheduled Caste under
the Government of India, Ministry of Social Justice and Empowerment's
Resolution No. _____ dated _____. Shri / Smt / Kariak
_____ son / daughter of _____ is the _____ District / Division of the State / Union
Territory. This is also to certify that he/she does not belong to the
preferenceless (Creamy Layer) mentioned in column 1 of the Schedule to the
Government of India, Department of Personnel and Training, O.M.No.
SPS/1223/94 Sub. (SC) dated 16.08.1997.

District Magistrate

Deputy Commissioner etc.

Sd/-

Sd/-

* 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 'Criminally' used here will have the same meaning as in Section 13 of the Representation of the people's Act, 1952.

Disability Certificate (Form - 2)

(In cases of amputation or complete permanent paralysis of limbs or shoulder and in case of blindness)

(See rule 25(1))

(Name and Address of the Medical Authority issuing the Certificate)

Photograph
should be affixed
along with
this certificate

Certificate No.

Date

This is to certify that I have carefully examined the /s/ Mr. _____ son/daughter of the _____ Date of Birth (DDMMYYYY) _____ Age _____ years, male/ female _____ registered to _____ 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:
 - Limb/limbs disability
 - Deafness
 - Blindness
 - (Please tick as applicable)
- the degree of limb/limbs is _____
- he/she has _____ % (in figure) _____ percent (in words) permanent limb/limbs disability/total blindness/deafness, as evident to him/her _____ (part of limb) as per guidelines (_____ criteria and date of issue of the guidelines to be specified)
- 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 Authorized Signatory of
Medical Authority)

Signature of
representative of the person
in whose favor certificate
is issued

Disability certificate (Form - B1)
In case of Multiple Disabilities

[See rule 15(1)]

Name and Address of the Medical Authority issuing the Certificate:

Recent passport
size colored
photograph
showing face
only of the person
with disability

Certificate No. _____

Date _____

This is to certify that I have carefully examined Shri / Smt.
_____ son / daughter of Shri _____ (Date
 of Birth (DDMMYYYY)) _____ Age _____ years, male/ female

Registration No. _____ permanent resident of House No. _____
 Ward/Mega/Block _____ Post Office _____ District _____
 State _____ whose photograph is affixed above, and am satisfied
 that:

1. _____ is a case of Multiple Disability. He/she is a case of permanent
 physical impairment disability has been as stated in per guidelines
 (_____ number and date of issue of the guidelines) to be specified for the
 disabilities listed below, and is shown against the relevant disability in the table
 below:

Sr. No.	Disability	Affected part of body	Impairment	Permanent physical impairment/disability in %
1.	Lower limb disability	II		
2.	Blindness / Dyslexia			
3.	Legency / Blind			
4.	Deafness			
5.	General Palsy			
6.	Acid attack Victim			
7.	Low vision	II		

6.	Blindness	8		
7.	Deaf	1		
12.	Hard of Hearing	1		
11.	Speech and Language disability			
12.	Intellectual Disability			
13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			
15.	Mental Illness			
16.	Chronic Neurological Conditions			
17.	Multiple sclerosis			
18.	Hartmann's disease			
19.	Hemiplegia			
20.	Tuberculosis			
21.	Tubercle Cell disease			

10. In the light of the above, I value over all permanent physical impairment as per guidelines (.....) mental and state of issue of the guidelines is to assist) is as follows:

In figure parent

In words parent

1. This condition is progressive-progression is improved fully is improve.

2. Assessment of disability is

o Not necessary, or

o It is recommended after year months and therefore the certificate shall be valid till month

DD: 0000 (YYYY)

DD: 0000 (YYYY)

DD: 0000 (YYYY)

DD: 0000 (YYYY)

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 Post of Member	Name and Post of Member	Name and Post of the Chairperson

Signature and impression
of the person in whose
favor certificate of disability
is issued

Disability Certificate (Form - VI)

(In cases other than those mentioned in Forms V and VI)

(Name and Address of the Medical Authority issuing the Certificate)

(See rule 181A)

Parent (parent
not entitled
photograph
showing face
and other corner
not visible)

Certificate No. _____

Date _____

This is to certify that I have carefully examined **Shri / Smt / Mrs****Shri / Smt / daughter of****Shri / Smt / _____ Date of Birth****(DDMMYYYY) _____ Age _____ years, calendar year _____****Registration No. _____ permanent resident of House No.****_____ Ward/Block/Estate _____ Post Office****_____ District _____ State****_____ whose photograph is affixed above, and am satisfied****that he/she is a case of _____ disability. Further****extent of percentage physical impairment/disability has been evaluated as per****guidelines (_____ number and date of issue of the guidelines to be specified) and****is shown against the relevant disability in the table below:**

Sl. No.	Disability	Affected part of body	Diagnosis	Percentage physical impairment/relevant disability (in %)
1	Locomotor disability	a		
2	Blindness			
3	Deafness			
4	General Paralysis			
5	Acid upon Vision			
6	Loss of arm	b		
7	Dist	c		
8	Hand of Footing	d		
9	Speech and Language disability			
10	Intellectual Disability			
11	Specific Learning Disability			

13.	Acute Speech Disorder			
14.	Mental Illness			
15.	Chronic Neurological Condition			
16.	Multiple Injuries			
17.	Parkinson's Disease			
18.	Hemiparesis			
19.	Thalassaemia			
20.	Sickle Cell Disease			

Please tick the box for the condition which are not applicable:

2. The above condition is progressive / non-progressive / likely to improve / not likely to improve.
3. Awareness of Disability is
 (a) Not Necessary. Or
 (b) Is compromised / after _____ years _____ months and therefore this certificate shall be valid till _____ (DD/MM/YYYY)
 (c) e.g. Left / Right / Both arms / Legs
 (d) e.g. Single eye / Both eyes
 (e) e.g. Left / Right / Both ears
4. The applicant has submitted the following documents as proof of residence:

Name of Document	Date of issue	Details of authority issuing Certificate

(Signature of Signatory of Medical Authority)

(Name and Seal)

Signature of the
 member of the
 panel in whose
 favor certificate of
 disability is issued

Countersigned
 (Countersignature and seal of the Chief Medical
 Officer/District Superintendent/
 Head of Government Hospital, in case the
 Certificate is issued by a medical authority who is not
 a Government/Agency staff)

Note: In case the 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.

Government of _____
(Name & Address of the authority issuing the certificate)

**DECLARATION AND CERTIFICATE TO BE PRODUCED BY POTENTIALLY
ELIGIBLE PERSONS**

Certificate No. _____ Date _____

Valid from _____ to _____

This is to certify that Shri/Smt./M/s. _____ son /
daughter of _____ permanent resident
of _____ village / town _____ P.O.
Office _____ District _____ in the _____ Taluqa
_____ Pin Code _____ area and is/are
in general not belonging to Economically Weaker Sections, since the gross annual
income of such family is below Rs. _____ (Rupees _____ only) for the financial
year _____. Such family does not own or possess any of the following property:-

- i. 5 acres of agricultural land and above
- ii. Residential flat or house of 200 sq. ft. and above
- iii. Residential plot of 100 sq. yards and above in village/municipality
- iv. Residential plot of 200 sq. yards and above in other area than the notified
municipality

1. Shri/Smt./M/s. _____ belongs to the _____ caste
which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward
Classes (OBC) list

Signature with seal of Office _____

Name _____

Designation _____

Recent Passport
size attested
photograph of the
applicant

Note: Income (sum of income i.e. salary, agriculture, business, profession, etc.)

"Male" (The term "Family" for the purpose refers to the person who seeks benefit of
reservation, father (adult and minor) below the age of 18 years and also father
spouse and children below the age of 18 years)

"Note 1: The property held by a 'Family' in different locations or different
descriptions, has a time stated while applying the land is property holding and is
deemed EWS status