ADVERTISEMENT NUMBER, TRIPURA /SW & SE-2 /2017

Applications on plain paper as per Format (ANNEXURE-A) enclosed below are hereby invited from the bonafide Indian Nationals who are Persons With Disabilities (Minimum 40 % Disability with valid Certificate) and permanently residing in Tripura as well as having requisite qualification etc. for consideration of appointment to the posts of Group-C & Group-D categories on fixed pay & purely temporary basis under Government of Tripura. Candidates may apply for the post of Rural Programme manager/Agri Assistant/Work Assistant/LDC/ Group-D.

Flogramme manager/8-									
SI	Name of the Post	Category	Number	Educational Qualification					
No			of Post	5					
1	2	3	4	Graduate of any recognised university.					
1	RURAL PROGRAMME MANAGER, Gr-C	VISUAL	7	<u>Desirable:</u> Knowledge of operating computer & a					
		LOCOMOTOR	6						
		SPEECH & HEARING	7	certificate from any recognised computer training institute.					
2	AGRI ASSISTANT Gr-C	VISUAL	1	Madhyamik or equivalent examination passed from any recognised board/Institution. Desirable: Knowledge of agro climatic					
		SPEECH & HEARING	1	situation of Tripura. b) Knowledge of Bengali/Kokbarok.					
3	WORK ASSISTANT, Gr-C	SPEECH & HEARING	5	Madhyamik or equivalent examination passed from any recognised board/Institution.					
4	LDC	VISUAL	8	Madhyamik or equivalent examination					
		LOCOMOTOR	7	passed from any recognised					
		SPEECH & HEARING	18	board/Institution.					
5	GROUP-D	VISUAL	26	Read up to Class-V					
		LOCOMOTOR	35						
		SPEECH & HEARING	40						

2. Number of vacancies of each category may increase or decrease.

3. The applications should be addressed to the Director of Social Welfare & Social Education Department, Government of Tripura, Agartala and to be submitted to the office of the Child Development Project officer (CDPO) of their respective areas, where details are available.

4. Applicants may submit their applications by hand during the working hours from 11 am to 4.30 pm (excluding holidays) w.e.f. 25-09-2017 to 20-10-2017 No application will be received after 20-10-2017.

5. The date, time and venue of the interview would be notified later on through local news papers, mentioning the token number.

6. In service candidates should submit their No Objection Certificate (NOC) from their respective employer. Without NOC they will not be allowed to appear in the interview.

7. The applicants should not be less than 18 years and not more than 45 years of age as on date of publication of Advertisement.

8. A self declaration is to be furnished along with the application in regard to information of Government service of family members of the candidate, if any, as per format enclosed.

9. The applicants who are applying for more than one post (in case of serial number 2, 3 & 4 of the above mentioned table,) may submit only one application showing the preference of the posts. In case of serial number 1, applicants should submit separate application as per given format.

10. Selection for the above posts is to be made through open interview.

11. Candidates must submit valid Disability Certificate issued by competent Authority/valid income certificate issued by SDM/DCM and PRTC or Citizenship certificate along with application.

12. The advertisement may be shown in the Departmental website www.tripurawelfare.nic.in

FORMAT OF APPLICATION

 Adv Nam 	Name of the Post Applied for					
 Moth Pern Pres Date (a co Age Nati Type Perc Whe 	her's name nanent Address: (Vill ent Address: (Vill e of Birth as per madhyan opy of madhyamik admit as on date of Publication conality(a copy of PRTC/- e of Disability (copy of Disability cether SC/ST/Ex-servicen	,PO nik/School (card/school) :- Citizenship Disability ce	,PIN Code,PS,Sub,PIN Code,PS,Sub-Certificate:	division,Distri d) d)	ict)	
sl no	examination passed	year of passing		ne Total marl obtained	ks Percentage (%) of marks	
1	2	3	4	5	6	
17. Who (If N 18. Who 19. Emp (Co)	ether there is any Govt. E NO, please enclose a self	mployee in declaration the Ration stration Car gistration ca) card should be enclosed):- d No:-	SDM/DCM) :-		
found fa	lge and belief. i understa	that all the	information given this app the event of suppression of f tment may be terminated and	acts or any informat	tion given herein, if	
Date:-						
				Full Signatu	are of the applicant	
<u>SELF</u>	DECLARATION FOR I	HAVING N	O GOVT. EMPLOYEE IN T	HE APPLICANTS I	<u>FAMILY</u>	
s)		•••••	mes in the ration card).			

Date:-....

Signature of the Applicant With full address