

**THE ANDAMAN & NICOBAR STATE SPORTS COUNCIL, NETAJI STADIUM, PORT BLAIR**

**RECRUITMENT NOTIFICATION**

The ANDAMAN & NICOBAR STATE SPORTS COUNCIL, Port Blair invites application from eligible candidate in the Prescribe form for the following basis for 01 year.

Sl. No	Name of Post	No. of Vacant	Remarks
1.	Accountant	01	Contract Basis
2.	Computer Assistant/Clerk	01	Contract Basis
3.	DRM	02	Contract Basis (Highly Skilled)
4.	DRM	02	Contract Basis (Un-Skilled)

**Age criteria:**

1. Accountant-Maximum-40 years
2. Computer assistant/clerk Maximum-40 years
3. DRM Maximum – 30 years
4. DRM Maximum – 30 years

NOTE: 1. Relaxation is allowed to ST/OBC/ candidate as admissible under rules/instruction of India GOI and A & N administration issued from time to time and admissible to candidate, whose cases are covered under A & N administration circular No 45/1998-PW dated 19 September 2011.

NOTE: 2. The crucial date of determining the age limit and Education qualification shall be the last date for filling application that is i.e **07.11.2016**

NOTE: 3. Date of issue of application form **04/10/2016**

NOTE: 4. Closing date of application **07.11.2016**

NOTE: 5. How to apply: Application for the post should be submitted in the prescribe form which can be obtained from the office of the Director of Sports and Youth Affairs or download from website [www.and.nic.in](http://www.and.nic.in). The filled in application form along with certificate in support of educational / qualifications certificate and other supporting documents must be self-attested and submitted to the above office at 4.00 PM the candidate should secure all the documents properly and tag them (don't staple) do pagination in all supporting documents enclosed with application form and indicate the same clearly in application form and obtained proper acknowledgment from the receiving officer with date and seal. The candidate should affix passport size photograph on the application form in the space provided for it and the photo must be attested by the candidate. The Xerox copy is following certificate applicable duly self- attested and must be enclosed along with the application form failing which, their application will be summarily rejected.

- 1.) Class VIII certificate with mark sheet (for unskilled DRM)
- 2.) Class Xth mark sheet & Certificate
- 3.) Class XIIth mark sheet and certificate
- 4.) Bachelor degree mark sheet and certificate (all semester)
- 5.) Post- Graduation certificate all semester
- 6.) Professional certificate
- 7.) Experience certificate dully counter sign by the concerned authorities.

**Asst. Director (Sports)**

**APPLICATION FORM FOR THE POST OF DRM (UNSKILLED)**

**(FORM MAY BE FILLED IN CAPITAL LETTER ONLY)**

Affix Self  
attested  
Passport size  
Photo

- i. FULL NAME: .....
- ii. FATHER'S NAME: .....
- iii. DATE OF BIRTH: ..... IN WORDS.....
- iv. AGE ON ...../...../2016 ..... YEARS ..... MONTHS ..... DAY
- v. MAILING ADDRESS .....  
.....  
.....
- PHONE NO: .....
- vi. PERMANENT ADDRESS: .....  
.....  
.....
- PHONE NO: .....
- vii. EMPLOYMENT EXCAHNGE REGN. NO (ATTACH COPY).....
- viii. NATIONALITY .....
- ix. MARITAL STATUS .....
- x. RELIGION.....
- xi. EDUCATIONAL & PROFESSIONAL QULIFICATION (Attach Certificate)

Educational & Professional Qualification	University/ Board	Maximum Marks in Total	Total marks obtained	Maximum Marks as per scheme	Self- Marking
Class VIII Pass				35	
Secondary (10 <sup>th</sup> )				25	
Sr. Sec. (12 <sup>th</sup> )				25	
Experience	Maximum 5 years- 0.25 Marks per complete month			15	
<b>Total</b>				100	

**DECLARATION**

I hereby declare that all the statement made by me in the application are true, complete and correct to the best of my knowledge belief. I have not suppressed any information. I understand and agree that in the event of any information being found false or incorrect or incomplete or ineligibility being detected any Point in time before and after selection, my candidature is liable to be rejected I shall be found by the decision of the competent authority

Place:

Date:

Signature of applicant

.....

Candidate should get his/her application verified by the verification/ receiving officer

.....

For office use only

Marks for academic/ professional qualification/ experience ( out of 100 ) .....

Signature of verifying officer

**APPLICATION FORM FOR THE POST OF DRM (HIGHLY SKILLED)**

**(FORM MAY BE FILLED IN CAPITAL LETTER ONLY)**

Affix Self attested Passport size Photo
--

- i. FULL NAME (As recorded in class X Certificate): .....
- ii. FATHER'S NAME: .....
- iii. DATE OF BIRTH: ..... IN WORDS.....
- iv. AGE ON ...../...../2016 ..... YEARS ..... MONTHS ..... DAY
- v. MAILING ADDRESS .....
- .....
- .....
- PHONE NO: .....
- vi. PERMANENT ADDRESS: .....
- .....
- .....
- PHONE NO: .....
- vii. EMPLOYMENT EXCAHNGE REGN. NO (ATTACH COPY).....
- viii. NATIONALITY .....
- ix. MARITAL STATUS .....
- x. RELIGION.....
- xi. EDUCATIONAL & PROFESSIONAL QULIFICATION (Attach Certificate)

Educational & Professional Qualification	University/ Board	Maximum Marks in Total	Total marks obtained	Maximum Marks as per scheme	Self- Marking
Secondary (10 <sup>th</sup> )				20	
Sr. Sec. (12 <sup>th</sup> )				15	
Graduation				20	
Type Certificate				30	
Experience	Maximum 5 years- 0.25 Marks per complete month			15	
<b>Total</b>				100	

**DECLARATION**

I hereby declare that all the statement made by me in the application are true, complete and correct to the best of my knowledge belief. I have not suppressed any information. I understand and agree that in the event of any information being found false or incorrect or incomplete or ineligibility being detected any Point in time before and after selection, my candidature is liable to be rejected I shall be found by the decision of the competent authority

Place:

Date:

Signature of applicant

.....  
 Candidate should get his/her application verified by the verification/ receiving officer

For office use only

Marks for academic/ professional qualification/ experience ( out of 100 ) .....

Signature of verifying officer

**APPLICATION FORM FOR THE POST OF DRM ACCOUNTANT**

**(FORM MAY BE FILLED IN CAPITAL LETTER ONLY)**

Affix Self  
attested  
Passport size  
Photo

- i. FULL NAME (As recorded in class X Certificate): .....
- ii. FATHER'S NAME: .....
- iii. DATE OF BIRTH: ..... IN WORDS.....
- iv. AGE ON ...../...../2016 ..... YEARS ..... MONTHS ..... DAY
- v. MAILING ADDRESS .....
- .....
- .....
- PHONE NO: .....
- vi. PERMANENT ADDRESS: .....
- .....
- .....
- PHONE NO: .....
- vii. EMPLOYMENT EXCAHNGE REGN. NO (ATTACH COPY).....
- viii. NATIONALITY .....
- ix. MARITAL STATUS .....
- x. RELIGION.....
- xi. EDUCATIONAL & PROFESSIONAL QULIFICATION (Attach Certificate)

Educational & Professional Qualification	University/ Board	Maximum Marks in Total	Total marks obtained	Maximum Marks as per scheme	Self- Marking
Secondary (10 <sup>th</sup> )				20	
Sr. Sec. (12 <sup>th</sup> )				15	
Graduation				20	
Master Degree (M.com)				30	
Experience	Maximum 10 years- 0.25 Marks per complete month			15	
<b>Total</b>				100	

**DECLARATION**

I hereby declare that all the statement made by me in the application are true, complete and correct to the best of my knowledge belief. I have not suppressed any information. I understand and agree that in the event of any information being found false or incorrect or incomplete or ineligibility being detected any Point in time before and after selection, my candidature is liable to be rejected I shall be found by the decision of the competent authority

Place:

Date:

Signature of applicant

.....

Candidate should get his/her applicati on verified by the verification/ receiving officer

.....

For office use only

Marks for academic/ professional qualification/ experience ( out of 100 ) .....

Signature of verifying officer

**APPLICATION FORM FOR THE POST OF DRM (COMPUTER ASSISTANT/CLERK)**

**(FORM MAY BE FILLED IN CAPITAL LETTER ONLY)**

Affix Self  
attested  
Passport size  
Photo

- i. FULL NAME (As recorded in class X Certificate): .....
- ii. FATHER'S NAME: .....
- iii. DATE OF BIRTH: ..... IN WORDS.....
- iv. AGE ON ...../...../2016 ..... YEARS ..... MONTHS ..... DAY
- v. MAILING ADDRESS .....
- .....
- .....
- PHONE NO: .....
- vi. PERMANENT ADDRESS: .....
- .....
- .....
- PHONE NO: .....
- vii. EMPLOYMENT EXCAHNGE REGN. NO (ATTACH COPY).....
- viii. NATIONALITY .....
- ix. MARITAL STATUS .....
- x. RELIGION.....
- xi. EDUCATIONAL & PROFESSIONAL QULIFICATION (Attach Certificate)

Educational & Professional Qualification	University/ Board	Maximum Marks in Total	Total marks obtained	Maximum Marks as per scheme	Self- Marking
Secondary (10 <sup>th</sup> )				20	
Sr. Sec. (12 <sup>th</sup> )				15	
Graduation				20	
Type Certificate				30	
Experience	Maximum 5 years- 0.25 Marks per complete month			15	
<b>Total</b>				100	

**DECLARATION**

I hereby declare that all the statement made by me in the application are true, complete and correct to the best of my knowledge belief. I have not suppressed any information. I understand and agree that in the event of any information being found false or incorrect or incomplete or ineligibility being detected any Point in time before and after selection, my candidature is liable to be rejected I shall be found by the decision of the competent authority

Place:

Date:

Signature of applicant

.....

Candidate should get his/her application verified by the verification/ receiving officer

.....

For office use only

Marks for academic/ professional qualification/ experience ( out of 100 ) .....

Signature of verifying officer

**भर्ती सूचना**

अंडमान तथा निकोबार राज्य खेल परिषद्, पोर्ट ब्लेयर द्वारा योग्य उम्मीदवारों से 01 वर्ष के लिए निम्नलिखित पदों के लिए निर्धारित प्रपत्र पर आवेदन आमंत्रित किए जाते हैं :-

क्रम सं.	पदों का नाम	रिक्त पदों की संख्या	अभियुक्तियाँ
1.	लेखाकार	01	अनुबंध के आधार पर
2.	कम्प्यूटर सहायक / लिपिक	01	अनुबंध के आधार पर
3.	दैनिक मजदूर	02	अनुबंध के आधार पर(उच्च कुशल)
4.	दैनिक मजदूर	02	अनुबंध के आधार पर(अकुशल)

आयु मानक :

1. लेखाकार – अधिकतम –40 वर्ष
2. कम्प्यूटर सहायक / लिपिक—अधिकतम—40 वर्ष
3. दैनिक मजदूर – 30 वर्ष
4. दैनिक मजदूर – 30 वर्ष

टिप्पणी 1. भारत सरकार तथा अंडमान तथा निकोबार प्रशासन द्वारा समय-समय पर जारी नियमों/अनुदेशों के आधार पर आदिम जनजाति/पिछड़ा वर्ग के उम्मीदवारों के लिए आयु सीमा में छूट दी जाएगी, जिनका अंडमान तथा निकोबार प्रशासन के दिनांक 19 सितम्बर, 2011 के परिपत्र सं.45/1998-पी डब्ल्यू के अंतर्गत निहित हो ।

टिप्पणी 2. आयु सीमा तथा शैक्षिक योग्यता से संबंधित अंतिम तिथि अर्थात 07.11.2016 के तक आवेदन जमा करने तक मान्य होगी ।

टिप्पणी 3. आवेदन जारी करने की तिथि 04.10.2016 है ।

टिप्पणी 4. आवेदन जारी करने तथा जमा करने की अंतिम तिथि 07.11.2016 तक है।

टिप्पणी 5. कैसे आवेदन करें :- पदों के लिए निर्धारित आवेदन प्रपत्र खेल एवं युवा मामले निदेशक के कार्यालय से या वेबसाइट [www.and.nic.in](http://www.and.nic.in) से डाउनलोड कर प्राप्त कर सकते हैं । भरे हुए आवेदन प्रपत्र संबंधित शैक्षिक/योग्यता प्रमाणपत्रों तथा अन्य सहयोगी दस्तावेजों के साथ, जो स्वयं द्वारा अनुप्रमाणित कर उपरिलिखित कार्यालय में शाम 4.00 बजे तक जमा करना होगा । उम्मीदवारों द्वारा आवेदन के सभी संलग्न दस्तावेज सही रूप में बंधा हुआ होना चाहिए (स्टेप्ल न करें) और साफ अक्षरों में लिखा होना चाहिए तथा इसकी पावती प्राप्ति अधिकारी से दिनांक व कार्यालय मोहर लगाकर प्राप्त कर लें। आवेदक द्वारा आवेदन प्रपत्र पर दिए गए निर्धारित स्थान पर अपना पासपोर्ट आकार के फोटो चिपका कर स्वयं द्वारा अनुप्रमाणित करें । आवेदन के साथ प्रमाणपत्रों की जिरोक्स कॉपी स्वयं द्वारा अनुप्रमाणित निम्नलिखित प्रमाण पत्र संलग्न करना होगा, यदि ऐसा न होने पर आवेदन को रद्द कर दिया जाएगा ।

1. आठवीं कक्षा अंक तालिका के साथ प्रमाण पत्र (अकुशल दैनिक मजदूर के लिए)
2. दसवीं कक्षा अंक तालिका के साथ प्रमाण पत्र
3. बारहवीं कक्षा अंक तालिका के साथ प्रमाण पत्र
4. स्नातक उपाधि के सभी सत्र के अंक तालिका के साथ प्रमाण पत्र
5. स्नातकोत्तर उपाधि के सभी सत्र के अंक तालिका के साथ प्रमाण पत्र
6. कौशल प्रमाण पत्र
7. संबंधित प्राधिकारी द्वारा अनुप्रमाणित अनुभव प्रमाण पत्र

**लेखाकार, कम्प्यूटर सहायक/लिपिक,दैनिक मजदूर) के पदों के लिए आवेदन प्रपत्र**

(आवेदन पत्र साफ अक्षरों में भरा जाए)

1. पूरा नाम(दसवीं कक्षा के प्रमाणपत्र में दर्ज के अनुसार) :.....
2. पिता का नाम :.....
3. जन्म तिथि :..... शब्दों में.....
4. .... / ..... / 2016 तक आयु : .....वर्ष..... महीना.....दिन
5. पत्राचार पता : .....

दूरभाष सं.....

6. स्थायी पता :.....

दूरभाष सं.....

7. रोजगार पंजीकरण सं. (प्रतिलिपि संलग्न करें) :.....

8. राष्ट्रीयता :.....

9. वैवाहिक स्थिति :.....

10. धर्म :.....

11. शैक्षिक एवं कौशल योग्यता (प्रतिलिपि संलग्न करें)

शैक्षिक एवं कौशल योग्यता	विश्वविद्यालय/बोर्ड	कुल अधिकतम अंक	कुल प्राप्तांक	योजना के अनुसार अधिकतम अंक
माध्यमिक(10वीं)				20
वरिष्ठ माध्यमिक(12वीं)				15
स्नातक				20
टंकण प्रमाणपत्र				30
कौशल		अधिकतम 5 वर्षों के लिए पूरे माह का 0.25 अंक		15
			कुल	100

**घोषणा**

मैं एतद्वारा घोषित करता हूँ कि मेरे द्वारा आवेदन में दिया गया विवरण सत्य, पूर्ण और सही है। मेरे द्वारा किसी प्रकार के गलत सूचना नहीं दी गई है। मुझे ज्ञात और मान्य है कि यदि मेरे द्वारा दिए गए सूचना में कोई झूठा या गलत हो तो मेरी उम्मीदवारी रद्द कर दी जाएगी और सक्षम प्राधिकारी के निर्णय मान्य होगी।

स्थान :

दिनांक :

आवेदक का हस्ताक्षर

प्राप्ति अधिकारी द्वारा सत्यापन के बाद ही आवेदक द्वारा प्रपत्र जमा करें।

केवल कार्यालय उपयोगार्थ

शैक्षिक/कौशल योग्यता/अनुभव के अंक (100 अंकों में से)

