

#### NAINI AEROSPACE LIMITED NAINI, PRAYAGRAJ

#### RECRUITMENT FOR THE VARIOUS POSTS ON FIXED TERM TENURE BASIS Advertisement No. NAeL/Rectt./24/03

### ABOUT COMPANY

Naini Aerospace Limited (NAeL) was incorporated on 29th December 2016 as a wholly owned subsidiary of Hindustan Aeronautics Limited (HAL).

Naini Aerospace Ltd is situated in the Naini industrial area of Prayagraj developed by UP State Industrial Development Corporation. The factory is located on Prayagraj-Mirzapur highway, approximately 20 km from Prayagraj City Centre.

The Company is mainly into the Production of Aircraft/ Helicopter Loom (Wire Harnesses), Stub Wings for LCA, Structure of Helicopters and Drone. The company has also obtained DGCA approval for Remote Pilot Training.

NAeL invites applications from Qualified and experienced professionals, for the following positions, to be engaged on Contract, Fixed Term Appointment (FTA), basis initially for a period of four years (which may further be extended based on organisational requirements and individual performance) in the factory situated at UPSIDA Industrial Area, Naini, Prayagraj, UP:

| Sl. No. | Name of the Position                | Required No. |
|---------|-------------------------------------|--------------|
| 1       | Project Engineer (Production) GR-II | 01 (UR)      |
| 2       | Project Engineer (Production) GR-I  | 01 (EWS)     |
| 3       | Jr. Human Resource Officer          | 01 (UR)      |
| 4       | Jr. Finance Officer                 | 01 (OBC)     |

The details regarding the desired qualification, age, job roles/ requirements, compensation, selection process, general instructions etc. in respect of the above-mentioned positions are mentioned in the subsequent pages.

Candidates are advised to go through the subsequent pages (Page No. 2 to 19) carefully and apply for the position as per their eligibility.

| <b>1. PO</b> | POSITION: Project Engineer (Production) GR II                  |  |  |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|--|--|--|
| (a)          | Position   | Project Engineer (Production) GR II (01 Post)  |  |  |  |  |  |  |  |
| (b)          | Qualification  | Degree in Engineering/ Technology (Mechanical /<br>Production/Electrical/Electronics) or equivalent with 60%<br>aggregate marks in qualifying examination. |  |  |  |  |  |  |  |
| (c)          | Minimum Experience<br>(Post Qualification as<br>on 30/11/2024) | 6 years  |  |  |  |  |  |  |  |
| (d)          | No of Posts  | 01   |  |  |  |  |  |  |  |
| (e)          | Upper age limit  | 37 years   |  |  |  |  |  |  |  |
| (f)          | Tenure of appointment  | Four Years   |  |  |  |  |  |  |  |
| (g)          | Job Role/<br>Requirements                                      | • Supporting all production activities carried out in the factory.   |  |  |  |  |  |  |  |
|              |  | • Control of all manufacturing, scheduling and planning function.  |  |  |  |  |  |  |  |
|              |  | • Responsible for meeting production targets, optimisir resources and maintaining product quality.   |  |  |  |  |  |  |  |
|              |  | • Ensure timely delivery as per set production target.   |  |  |  |  |  |  |  |
|              |  | • Liaise with customers to meet their requirements.  |  |  |  |  |  |  |  |
|              |  | • Relevant production management experience in an industrial environment.  |  |  |  |  |  |  |  |
|              |  | • Experience of Aero structures/ manufacturing/ cable looms/ sub-assembly work preferably in aerospace company or in allied domain is desirable.           |  |  |  |  |  |  |  |
|              |  | • Should manage basic manufacturing flow.  |  |  |  |  |  |  |  |
|              |  | • Knowledge of process layout with respect to aero structures and aircraft cable looms is desirable.   |  |  |  |  |  |  |  |
|              |  | • Knowledge of Ground Power Unit (GPU) systems, including their drawings, design, operation, and maintenance is desirable.                                 |  |  |  |  |  |  |  |
|              |  | • Should effectively manage a team of employees.   |  |  |  |  |  |  |  |
|              |  | • Possesses excellent leadership and organisational skills.  |  |  |  |  |  |  |  |

| 2. PO | SITION: Project Engineer                                       | · (Production) GR I  |
|-------|--|--|
| (a)   | Position   | Project Engineer (Production) GR I (03 Posts)  |
| (b)   | Qualification  | Degree in Engineering/ Technology (Mechanical/<br>Production/ Electrical/ Electronics) or equivalent with<br>60% aggregate marks in Qualifying examination   |
| (c)   | Minimum Experience<br>(Post Qualification as on<br>30/11/2024) | 3 years  |
| (d)   | No of Posts  | 01   |
| (e)   | Upper age limit  | 35 years   |
| (f)   | Tenure of appointment  | Four Years   |
| (g)   | Job Role/ Requirements   | <ul> <li>Control of all manufacturing, scheduling and planning function.</li> <li>Ensure timely delivery as per set production target.</li> <li>Liaise with customers to meet their requirements.</li> <li>Production management experience in an industrial environment.</li> <li>Hand on experience of aero-structures/ manufacturing/ cable looms/ sub-assembly work preferably in aerospace company or in allied domain is desirable.</li> <li>Knowledge of basic manufacturing flow.</li> <li>Knowledge of Ground Power Unit (GPU) systems, including their drawings, design, operation, and maintenance is desirable.</li> <li>Basic knowledge of process layout with respect to aero structures and aircraft cable looms is desirable.</li> <li>Man-management skills.</li> </ul> |
|       |  | Should possess learning attitude.  |

| <b>3. PO</b> | SITION: Jr. Human Reso   | urce Officer  |
|--------------|--|---|
| (a)          | Position   | Jr. Human Resource Officer (01 Post)  |
| (b)          | Qualification  | Bachelor's Degree with PG Degree / PG Diploma / MBA<br>/MSW/ MA with specialization in Human Resources/<br>Personnel Management/ Industrial Relations / Human<br>Resource Development / etc., from Institutes / Universities<br>recognized by appropriate statutory authorities.<br>Minimum 60% of marks in aggregate in the qualifying<br>examination. Degree in Law will be an added advantage.   |
| (c)          | Minimum Experience<br>(Post Qualification as on<br>30/11/2024) | 3 years   |
| (d)          | No of Posts  | 01  |
| (e)          | Upper age limit  | 35 years  |
| (f)          | Tenure of appointment  | Four Years  |
| (g)          | Job Role/ Requirements   | <ul> <li>Knowledge of HR functions (Recruitment, Performance<br/>Appraisal, IR &amp; Administration, Training &amp; Development<br/>etc.).</li> <li>Understanding of labour laws, Statutory Compliances and<br/>disciplinary procedures.</li> <li>Responsible for handling whole HR Generalist activities.</li> <li>Support the development and implementation of HR<br/>initiatives and systems.</li> <li>All HR administration related activities.</li> <li>Proficient in MS Office; knowledge of HRMS.</li> <li>Excellent communication and interpersonal skills.</li> </ul> |
|              |  | • Problem-solving and decision-making aptitude.   |
|              |  | • Strong ethics and reliability.  |

| <b>4. PO</b> | SITION: Jr. Finance Offic                                      | cer  |
|--------------|--|--|
| (a)          | Position   | Jr. Finance Officer (01 Post)  |
| (b)          | Qualification  | i. Cost & Works Accounts (CWA)/Cost Management<br>Accountant (CMA) from the Institute of Cost<br>Accountant of India; [OR]   |
|              |  | ii. Chartered Accountant (CA) from the Institute of<br>Chartered Accountants of India; [OR]  |
|              |  | <ul> <li>iii. Two years Full Time MBA with specialization* in<br/>Finance / Accounts from a recognized University or<br/>Deemed University or Institute recognized by<br/>AICTE with 60% aggregate marks qualifying<br/>examination; [OR]</li> </ul> |
|              |  | iv. Full Time MMS with specialization* in Finance /<br>Accounts from a recognized University or Deemed<br>University or Institute recognized by AICTE with<br>60% aggregate marks qualifying examination; [OR]                                       |
|              |  | v. Two years Full Time Post Graduate Degree/Diploma<br>in Management (Finance*) from an Institute<br>recognized by AICTE with 60% aggregate marks<br>qualifying examination.   |
|              |  | *In case of dual specialization, Finance shall be the major one.   |
| (c)          | Minimum Experience<br>(Post Qualification as on<br>30/11/2024) | 3 years  |
| (d)          | No of Posts  | 01   |
| (e)          | Upper age limit  | 35 years   |
| (f)          | Tenure of appointment  | Four Years   |
| (g)          | Job Role/ Requirements   | • Experience of handling finance, Taxes etc.   |
|              |  | • Knowledge of Balance Sheet and other Functions.  |
|              |  | • Should have capacity in dealing matters related to   |
|              |  | General Accounting.  |
|              |  | • Knowledge of Chart of Accounts, Corporate Book Keeping, Taxation, Payroll etc. Receivable and Payable  |
|              |  | Management, Revenue Billing, Purchase Finance, and   |
|              |  | Insurance matters etc.   |
|              |  | • Knowledge of Tax Laws, TDS and GST issues with   |
|              |  | latest developments.   |
|              |  | <ul> <li>Knowledge of Tally ERP is must.</li> <li>Knowledge of Export/ Import and Customs will be an added advantage.</li> </ul>   |
|              |  |  |

#### **COMPENSATION & BENEFITS**

Selected candidates, on their engagement, may get an all-inclusive consolidated compensation of Rs. 5.35 Lakh and Rs.6.70 Lakh per annum approx. (including employer contribution to PF) in the level of Project Engineer (Production) GR. – I/Jr. HR Officer/Jr. Finance Officer and Project Engineer (Production) GR. – II respectively.

Depending upon satisfactory performance, an annual increment of 3% on the all-inclusive consolidated compensation (monthly consolidated compensation) may be provided after successfully completion of one year of service and so on.

In addition, they will also be entitled for PF, Casual Leave, Earned Leave, Medical Insurance Assistance, Company Uniform, Stitching Charges, Shoes, mobile reimbursement and other benefits as per Company Rules.

#### **SELECTION PROCESS**

- 1. Eligible candidates short-listed, based on the initial screening of their Application Forms and credentials etc., only will be called for personal interview.
- 2. Date & Time of the Interview will be intimated to the short-listed/eligible candidates via Email / NAeL Website.
- 3. Interviews for the shortlisted candidates will be conducted at NAeL, Naini, Prayagraj for which call letters will be sent on the individual's email ID.
- 4. Candidates called for interview will be reimbursed to and fro Third AC train fare from the Mailing/ Present address or the starting station, whichever is nearer to the place of Interview by the shortest route, on production of proof of journey (Original onward journey ticket and photo copy of return journey ticket).

#### **GENERAL INSTRUCTIONS**

- 1. Only Indian Nationals are eligible to apply.
- 2. The Upper age Limit will be reckoned as on 30/11/2024.
- 3. The Upper age limit is notified for each level of Posts and Candidates meeting the age criteria are only required to apply.
- 4. Relaxation up to 3 years is admissible for candidates belonging to OBC (NCL) for reserved posts under OBC (NCL) category only. The name of Caste and Community of the candidate must appear in the Central list of other Backward Classes of respective state as notified by Ministry of Social Justice and Empowerment, Govt of India for appointment to posts under GOI and Central Govt. Public Sector Undertakings. The Certificate must contain date of issue and the name of the caste should be spelled exactly in the same manner as appearing in the Central list;
- 5. Candidates belonging to OBC-NCL category must furnish an OBC (NCL) certificate prescribed by the Govt. of India (Not older than six months as on 30-11-2024) from the

Competent Authority, at the time of Interview. Format is available as Annexure - D to this notification in page 12.

- 6. Candidates who fail to produce the relevant OBC-NCL Caste Certificate supporting their claim for reservation under OBC-NCL after having declared the same in the application form will not be treated under UR category at any later stage of recruitment process.
- 7. For Candidates who had ordinarily been domiciled in the State of Jammu & Kashmir during the period 01-01-1980 to 31-12-1989, Upper Age Limit is relaxable by 5 years;
- 8. Relaxation up to 10 years is admissible for candidates belonging to PwBDs which will be over and above the relaxation admissible for candidates, if any. PwBDs suffering from not less than 40% of the identified disability shall only be eligible for the benefit of reservation. Candidates are required to produce Disability certificate issued by the Competent Authority at the time of document verification. The Format is available as annexure- E1, E2 & E3 to this notification in pages 14 to 19. Post-wise details of the identified suitable disabilities are as under.

| S. No | Name of Discipline                     | Type of Disabilities identified as suitable |
|-------|--|---|
| 1.    | Jr. HR Officer /Jr. Finance<br>Officer | HOH, OL, OA                                 |

**HoH**: Hearing Impairment – Hard of Hearing. **OL**: Locomotor Disability – One Leg Affected. **OA**: One Arm affected.

- 9. Relaxation in age limit in respect of Ex-servicemen will be extended as per rules. An exserviceman who has put in not less than six months of continuous service in the Armed Forces of the Union, shall be allowed to deduct the period of such service from his actual age and if the resultant age does not exceed the maximum age limit prescribed for the post or service by more than 3 years, he is deemed to satisfy the condition regarding the age limit.
- 10. Upper age limit with all the relaxations shall not exceed 50 Years as on 30-11-2024.
- 11. Candidates from OBC/ SC / ST/ EWS Categories applying for UR Post will be treated on par with UR Criteria and no Relaxation will be extended for Candidates applying for UR Posts. Candidates belonging to SC/ST/OBC or EWS Category are required to produce valid Caste Certificate or Income & Asset Certificate issued by the Competent Authority in the prescribed format at the time of Document Verification. The Format is available as annexure to this notification in pages 11 to 13.
- 12. A candidate is eligible to apply for one post only for which he/ she is most eligible. Candidates are allowed to apply only once and applications once submitted cannot be altered under any circumstances.

- 13. Candidates applying for the above mentioned Posts should possess the qualification as mentioned against each Post. Candidates possessing Engineering Degree in any Disciplines /Branch of Engineering other than those mentioned above are not eligible to apply.
- 14. Candidates should have acquired Bachelor's Degree in Engineering / Technology or its equivalent from the Institutes / Universities recognized by appropriate statutory authorities in the country, in the requisite Disciplines with minimum 60% of aggregate Marks. Only full time/Regular courses will be considered for all the Qualification requirements indicated above.
- 15. Wherever CGPA, letter grade, etc in a qualifying degree is awarded, equivalent percentage of marks should be indicated in the application form as per norms adopted by the University /Institute. Candidates are required to submit a Conversion Certificate to this effect from the University / Institute at the time of Interview, if shortlisted /called for;

# 16. Candidates possessing Part Time/Correspondence/E-learning /Distance Education courses are not eligible to apply.

- 17. Percentage rounding off is not allowed to arrive at aggregate percentage.
- 18. Experience will be calculated from the date of acquiring the requisite Professional Qualification. Experience prior to acquiring the requisite Professional Qualification will not be reckoned for calculation of Experience. The requisite Post Qualification Experience will be reckoned as on 30-11-2024.
- 19. Candidates employed in Central / State Government/ Public Sector Undertakings etc. (including candidates engaged on Contract basis therein) who are provisionally selected should produce "No Objection Certificate (NOC)" at the time of the document verification from their employer failing which their candidature will be cancelled.
- 20. Applications that are not in conformity with the requirements indicated in this advertisement/ incomplete application will not be entertained.
- 21. Candidate must possess the required educational qualification on the last date of receipt of applications. Candidate should have obtained the required education qualification from recognized university / institute. As and when asked by NAeL, candidate will be require to produce self-attested copies of mark sheets (of all years / semesters) and degree certificate obtained from recognized university.
- 22. Candidate's request to provisionally accept the educational qualification will not be entertained.

- 23. If the candidate claims to possess equivalent educational qualification, such candidates will be required to submit orders establishing equivalence / authenticity.
- 24. The posts are purely temporary in nature and offered on Fixed Tenure basis for a period of Four Year. This post is not against any permanent vacancy. This engagement will not entitle the candidate for any regular employment in NAeL in future.
- 25. Eligible and interested candidates are required to print the Application Form from the NAeL's website. Duly filled application form to be forwarded only through Speed Post /Registered Post / Courier to the following Address along with relevant documents in a closed envelop super scribing "Name of the Post Applied For ......": to-

## HR Head, Naini Aerospace Limited, UPSIDA Industrial Area, P.O- TSL, Naini, Prayagraj, Uttar Pradesh – 211010.

#### 26. Application Forms received through email/ FAX etc. shall not be entertained

- 27. All candidates (except SC/ST/PwBD) are required to pay a Non-Refundable Processing Fee of Rs.500/- (Rupees Five Hundred only). Processing Fee has to be paid through Demand Draft in favour of "Naini Aerospace Limited" payable at SBI SME Branch, Naini, Prayagraj or through Online payment into Account No. 36509020116, IFSC Code: SBIN0000139. The Original Demand Draft/ Online payment proof to be attached with the Application Form. No application will be entertained in absence of the aforesaid Demand Draft/ Proof of Online Payment. Processing fee once received through DD/ Online mode by NAeL will not be refunded under any circumstances
- 28. The candidates should ensure that they fulfil the eligibility criteria and other requirements and that the particulars furnished by them are correct in all respect. In case it is detected at any stage of recruitment process that the candidate does not meet the eligibility criteria and/or the candidate has furnished any incorrect/false information or has suppressed any material fact(s), the candidature of such a candidate is liable to be rejected. If any of the above shortcoming(s) is/are detected, even after appointment, his/her services are liable for suitable actions including termination and prosecution.
- 29. The candidature of applicants at all stages of selection process will be provisional and is subject to satisfying the prescribed eligibility conditions. Mere issuance of Interview call letter to the candidate will not imply that his/her candidature has been finally cleared by NAeL.
- 30. It shall be the responsibility of candidate to read the detailed instructions on the NAeL website and adhere to application requirements. Candidates are advised to visit the NAeL website **https://nael.co.in** regularly for any updates. Any corrigendum/Addendum, if any, will be hosted/ published on NAeL website.

- 31. Candidates should enclose self-attested copies of Date of Birth, Degree Certificate, Marks sheets of all semesters, experience certificates etc., along with the Application Form.
- 32. Mere conformity to the job role/ requirement will not entitle a candidate to be called for interview. NAeL Management reserves the right to reject the application without assigning any reason and to raise the standard of specifications to restrict the number of candidates to be called for interview.
- 33. Candidates are advised to possess a valid e-mail ID, which is to be mentioned on the Application Form. They are also advised to retain this e-mail ID active for at least six months as any important intimation to the candidates shall be provided by NAeL.
- 34. Applicants should have sound health. The appointment, if selected, will be subjected to meeting the health standards prescribed by the Company. No relaxation in the health standards is allowed.
- 35. No correspondence will be entertained with the candidates not selected for interview / Appointment.
- 36. The recruitment process can be cancelled /suspended /terminated without assigning any reasons. The decision of the management will be final and no appeal will be entertained. In such case, Processing Fees shall be refunded back into the Bank account number of the candidates declared in the Application Form.
- 37. NAeL reserves the right to call/ not call any candidate for the interview. It also reserves the right to cancel the interview at any given point of time.
- 38. Any legal proceedings in respect of any matter of claim or dispute arising out of this advertisement and/or an application in response thereto shall be subject to jurisdiction of the Court at Allahabad/Prayagraj.
- 39. Any sort of Canvassing or influencing of the Officials related to Recruitment / Selection Process would result in immediate disqualification of the candidates.
- 40. NAeL reserves the right to call/ not call any candidate for the interview. It also reserves the right to cancel the interview at any given point of time.

## LAST DATE OF RECEIPT OF APPLICATION AT NAeL IS 14/12/2024.

## APPLICATIONS RECEIVED AT NAEL AFTER 14/12/2024 WILL NOT BE ENTERTAINED.

## FORM OF CERTIFICATE TO BE PRODUCED BY THE CANDIDATES BELONGING TO SCHEDULED CASTE/SCHEDULED TRIBE

This is to certify that Shri/ Shrimathi\*/ Kumari\* \_\_\_\_\_Son/daughter\* of \_\_\_\_\_\_\_ of Village/town\*\_\_\_\_\_\_ in District/Division\*\_\_\_\_\_\_ of the State/Union Territory\*\_\_\_\_\_\_ belongs to the \_\_\_\_\_\_Caste/ Tribe, which is recognized 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 1950

\*The Constitution (Scheduled Tribes) (Union Territories) order 1951

{As amended by the Scheduled Castes and Scheduled Tribes lists( Modification Order, 1956, the Bombay Reorganization act, 1960, the Punjab Reorganization Act, 1966, the state of Himachal Pradesh Act 1970, the North-Eastern areas ( Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes orders (Amendment) Act 1976}

\*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 Orders (Amendment) Act 1976;
\*The Constitution (Dadae and Name Usual), Scheduled Castes and a 1962

\*The Constitution (Dadra and Nagar Haveli) Scheduled Castes order 1962

\*The Constitution (Dadra and Nagar Haveli) Scheduled Tribes order 1962

\*The Constitution (Pondicherry) Scheduled Castes order 1964

\*The Constitution (Scheduled Tribes) (Uttar Pradesh) 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

| 2. Shri / Shrimathi / Kumari*                       | _and/or | * | his/her* | family |
|---|---------|---|----------|--------|
| ordinarily reside(s) 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

**Note :** The term " Ordinarily resides" used here will have the same meaning as in section 20 of the Representation of the People Act 1950.

Annexure D

## FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA

| This to contract daughter of                       | ertify that Shri / Smt / Kumari, son<br>,of Village / Townin District / Divisior  |
|--|---|
|  | in the State / Union Territory  |
| the Governmer                                      | Community which is recognized as a Backward Class undent of India, Ministry of Social Justice and Empowerment's<br>, dated*. Shri / Smt / Kumari<br>and / or his / her family ordinarily reside(s               |
| in the   | District / Division of the State / Unior  |
| Territory. This<br>persons/section<br>Government o | is also to certify that he/she does not belong to the<br>s (Creamy Layer) mentioned in column 3 of the Schedule to the<br>f India, Department of Personnel and Training O.M.No<br>stt. (SCT), dated 8-9-1993**. |

District Magistrate, Deputy Commissioner, etc.

Dated :

Seal

\* 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 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the people's Act, 1950

Annexure H

#### Government of...... (Name & Address of the authority issuing the certificate)

#### INCOME & ASSET CERTIFICATE TO · BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. -----

Date:\_\_\_\_\_

#### VALID FOR THE YEAR \_\_\_\_\_.

|               | This is to ce | ertify that     | Shri/Smt./Kumar | i        |                   | son /     |
|---------------|---------------|-----------------|-----------------|----------|-------------------|-----------|
| daughter/wife |               | 181999 <b>.</b> |                 | -180     | permanent         | resident  |
| of            | λi.           |                 | Village /S      | treet    |                   | Post      |
| Office        | District      |                 | in              | the      | State/Union       | Territory |
|               |               |                 | Pin Code        | VORTON D | whose pho         | ot ograph |
|               |               |                 | omically Weaker |          | ns, since the gro |           |

income\* of his/her 'family"\* is below Rs.8 lakh (Rupees Eight Lakh only) for the financial year . His/her family does not own or possess any of the following assets\*\*\* :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari \_\_\_\_\_belongs to the \_\_\_\_caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office\_\_\_\_\_

Name \_\_\_\_\_

Designation

Recent Passport size attested photograph of the applicant

\*Note1 :.Income covered all sources i.e. salary, agriculture, business, profession, etc.

\*\*Note 2:The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

\*\*\*Note 3: The property held by a "Family" in different I ocations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

## Annexure – E1

### Disability Certificate (FORM -V)

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

#### [See rule 18(1)]

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

Recent passport size attested photograph (Showing face only) of the person with disability.

Certificate No.

This is to certify that I have carefully examined Shri / S mt. /Kum. son /wife /daughter of Shri \_\_\_\_\_ Date of Birth (DD/MM/YYYY) \_\_\_\_\_ 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
  - dwarfism
  - blindness (Please tick as applicable)
- (B) the diagnosis in his/her case is \_\_\_\_\_
- (A) he/she has \_\_\_\_\_\_ % (in figure) \_\_\_\_\_\_ percent (in words) permanent locomotor disability/dwarfism/blindness in relation to his/her \_\_\_\_\_\_ (part of body) as per guidelines (.....number 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<br>certificate |
|--------------------|---------------|---|
|                    |               |   |

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Signature/thumb impression of the person in whose favour certificate of disability is issued Date:

Annexure – E2

### Disability Certificate (Form – VI) (In case of Multiple Disabilities)

[See rule 18(1)] (Name and Address of the Medical Authority issuing the Certificate)

> Recent passport size attested photograph (Showing face only) of the person with disability.

Certificate No.

Date:

|    | Th    | nis | is  | to  | certify | that  | I   | have    | carefully  | examin | ed  | Shri | / Smt.         | / Kum. |
|----|-------|-----|-----|-----|---------|-------|-----|---------|------------|--------|-----|------|----------------|--------|
|    |       |     |     |     |         | son A | Nif | fe /dau | ghter of S | Shri   |     |      |                | Date   |
| of | Birth | (D  | D/I | MM/ | YYYY)   |       |     |         | Age        |        | yea | ars, | ma <b>l</b> e/ | female |

 Registration No.
 permanent resident of House No.

 Ward/Village/Street
 Post Office

 State
 , whose photograph is affixed above, and am satisfied that:

(A) he/she is a case of Multiple Disability. His/her extent of permanent physical impairment/ disability has been ev aluated as per guidelines (.....number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:

| SI.<br>No. | Disability           | Affected<br>part of<br>body | Diagnosis | Permanent physical<br>impairment/mental<br>disability (in %) |
|------------|----------------------|-----------------------------|-----------|--|
| 1.         | Locomotor disability | @                           |           |  |
| 2.         | Muscular Dystrophy   |                             |           |  |
| 3.         | Leprosy cured        |                             |           |  |
| 4.         | Dwarfism             |                             |           |  |
| 5.         | Cerebral Palsy       |                             |           |  |
| 6.         | Acid attack Victim   |                             |           |  |
| 7.         | Low vision           | #                           |           |  |

| 8.  | Blindness                          | # |  |
|-----|------------------------------------|---|--|
| 9.  | Deaf                               | £ |  |
| 10. | Hard of Hearing                    | £ |  |
| 11. | Speech and Language disability     |   |  |
| 12. | Intellectual Disability            |   |  |
| 13. | Specific Learning<br>Disability    |   |  |
| 14. | Autism Spectrum<br>Disorder        |   |  |
| 15. | Mental illness                     |   |  |
| 16. | Chronic Neurological<br>Conditions |   |  |
| 17. | Multiple sclerosis                 |   |  |
| 18. | Parkinson's disease                |   |  |
| 19. | Haemophilia                        |   |  |
| 20. | Thalassemia                        |   |  |
| 21. | Sickle Cell disease                |   |  |

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (.....number and date of issue of the guidelines to be specified), is as follows : -

In figures : - ----- percent In words :- ----- percent

- This condition is progressive/non-progressive/likely to improve/not likely to improve.
- Reassessment of disability is :
  - 1) Not necessary, or
  - Is recommended /after..... year..... months and therefore this certificate shall be valid till ----- (DD) (MM) (YYYY)

@e.g. Left/right/both arms/legs

# e.g. Single eye

£ e.g. Left/Right/both ears

 The applicant has submitted the following document as proof of residence:-

| Nature of<br>document | Date of issue | Details of authority issuing<br>certificate |
|-----------------------|---------------|---|
|                       |               |   |

5. Signature and seal of the Medical Authority.

|                            | 1.0                        |                                  |
|----------------------------|----------------------------|----------------------------------|
| Name and Seal of<br>Member | Name and Seal<br>of Member | Name and Seal of the Chairperson |

| Sig  | natur | e/thumb    | imp  | ression    |
|------|-------|------------|------|------------|
| of   | the   | person     | in   | whose      |
| fav  | our c | ertificate | of d | lisability |
| is i | ssued | 1          |      |            |

# **Disability Certificate (Form – VII)**

(In cases other than those mentioned in Forms V and VI) (Name and Address of the Medical Authority issuing the Certificate) (See rule 18(1))

> Recent passport size attested photograph (Showing face only) of the person with disability.

Certificate No.

Date:

| This   | is    | to   | certify  | that    | Т    | have    | care    | fully  | examin     | ed    | Shri   | 1 :  | Smt     | /    | Kum    |
|--------|-------|------|----------|---------|------|---------|---------|--------|------------|-------|--------|------|---------|------|--------|
|        |       |      | -        |         |      |         |         | -      |            | Son   | / wif  | e/   | daug    | ghte | er of  |
| Shri   | _     |      |          |         |      |         |         |        |            |       | _ C    | Date | of      |      | Birth  |
| (DD/   | мΜ    | (YY) | (Y)      |         |      |         | Age _   |        | years,     | ma    | e/fem  | ale  |         |      |        |
| Regi   | strat | tion | No.      |         |      |         |         | pe     | rmanent    | res   | ident  | of   | Hou     | se   | No.    |
|        |       |      | War      | d/Villa | ige  | /Street | t       |        |            |       |        | _    | Post    | C    | Office |
|        |       |      |          | _       | -    | Distri  | ct      |        |            |       |        | _    |         | 5    | State  |
|        |       |      |          | ,       | wh   | iose pl | hotogi  | raph   | is affixe  | d ab  | ove, a | and  | am s    | sati | sfied  |
| that I | ne/s  | he i | s a cas  | e of    |      |         |         |        |            |       |        | disa | bility. | His  | s/her  |
| exter  | nt of | f pe | rcentage | e phys  | sica | a impa  | airmer  | nt/dis | ability ha | as b  | een e  | va   | uated   | as   | s per  |
| guide  | line  | es ( | nur      | nber a  | and  | date    | of issu | le of  | the guid   | eline | s to b | be s | pecifi  | ed)  | ) and  |
| -      |       |      |          |         |      |         |         |        | able belo  |       |        |      |         |      |        |

| SI.<br>No. | Disability                           | Affected<br>part of<br>body | Diagnosis | Permanent physical<br>impairment/mental disability<br>(in %) |
|------------|--------------------------------------|-----------------------------|-----------|--|
| 1.         | Locomotor<br>disability              | @                           |           |  |
| 2.         | Muscular<br>Dystrophy                |                             |           |  |
| 3.         | Leprosy cured                        |                             |           |  |
| 4.         | Cerebral Palsy                       |                             |           |  |
| 5.         | Acid attack Victim                   |                             |           |  |
| 6.         | Low vision                           | #                           |           |  |
| 7.         | Deaf                                 | €                           |           |  |
| 8.         | Hard of Hearing                      | €                           |           |  |
| 9.         | Speech and<br>Language<br>disability |                             |           |  |
| 10.        | Intellectual<br>Disability           |                             |           |  |
| 11.        | Specific Learning<br>Disability      |                             |           |  |

| 12. | Autism Spectrum<br>Disorder           |  |  |
|-----|---------------------------------------|--|--|
| 13. | Mental illness                        |  |  |
| 14. | Chronic<br>Neurological<br>Conditions |  |  |
| 15. | Multiple sclerosis                    |  |  |
| 16. | Parkinson's<br>disease                |  |  |
| 17. | Haemophilia                           |  |  |
| 18. | Thalassemia                           |  |  |
| 19. | Sickle Cell<br>disease                |  |  |

(Please strike out the disabilities which are not applicable)

- The above condition is progressive / non-progressive / likely to improve / not likely to improve.
- Reassessment of Disability is
  - (i) Not Necessary, Or

| (ii) | s    | recommended         | /    | after_  |            | years | months    | and  |
|------|------|---------------------|------|---------|------------|-------|-----------|------|
| ther | refo | re this certificate | e sł | nall be | valid till |       | (DD/MM/YY | 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 documents as proof of residence:

| Nature of | Date of | Details of authority |
|-----------|---------|----------------------|
| Document  | issue   | issuing Certificate  |
|           |         |                      |

## (Authorised Signatory of notified Medical Authority) (Name and Seal)

Signature/thumb impression of the person in whose favour certificate of disability is issued Countersigned {Countersignature and seal of the Chief Medical Officer/Medical Superintendent/ Head of Government Hospital, in case the Certificate is issued by a medical authority who is not a Government servant (with seal)}

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.



# NAINI AEROSPACE LIMITED, NAINI, PRAYAGRAJ

## **APPLICATION FORM**

| Advertisement Reference No.: NAeL/Rectt./24/03         |                                    |
|--|------------------------------------|
| Position Applied For:                                  | Affix self-attested                |
| 1. Name:   | recent Passport<br>size photograph |
| 2. Father's/Spouse's Name:                             | size photograph                    |
| 3. Mother's Name :                                     |                                    |
| 4. Date of the Birth (DD/MM/YYYY):                     |                                    |
| 4. Age:YearsMonths as on 30/11/2024(Attach self-attest | ed copy of proof)                  |
| 5. Gender (Please tick): Male Female                   |                                    |
| 6. Present Address:                                    |                                    |
|  |                                    |
| 7. Permanent Address:                                  |                                    |
|  |                                    |
| 8. Mobile No.:   |                                    |
| 9. Email- ID :   |                                    |
| 10. Nationality:11. State of Domicile                  |                                    |
| 12. PAN No.: (Please attach self-at                    | tested copy).                      |
| 13. Aadhaar No.:                                       | tested copy).                      |



14. Educational Qualifications (Starting from Matriculation onwards: Attach self-attested copy of mark-sheets/certificate) (Please give full & complete information, if required, attach extra sheet):

| Sl.<br>No. | Name of<br>Qualification<br>with<br>Specialisation<br>wherever<br>applicable | Institution/ University | Nature of<br>the Course<br>(Full Time/ Part<br>Time/Correspon<br>dence) | Duration<br>of the<br>Course | Mont<br>h &<br>Year<br>of<br>Passi<br>ng | Discipline/<br>Subjects | Division/ % of<br>marks |
|------------|--|-------------------------|---|------------------------------|--|-------------------------|-------------------------|
|            |  |                         |   |                              | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  |                         |                         |
|            |  |                         |   |                              |  |                         |                         |
|            |  |                         |   |                              |  |                         |                         |
|            |  |                         |   |                              |  |                         |                         |
|            |  |                         |   |                              |  |                         |                         |

15. Post Qualification Experience (Starting with current job- attach self-attested copy of Service Certificate of past employment & proof of date of joining etc.) (If required, attach extra sheet):

| Company Name | Central        |  |                | Period        |                    | Pay   | СТС | Reason for |
|--------------|----------------|--|----------------|---------------|--------------------|-------|-----|------------|
|              | Govt./<br>PSU/ |  | From<br>(DD/MM | To<br>(DD/MM/ | Respon<br>sibility | Scale |     | leaving    |
|              | Private        |  | /YYYY)         | YYYY)         | J                  |       |     |            |
|              |                |  |                |               |                    |       |     |            |
|              |                |  |                |               |                    |       |     |            |
|              |                |  |                |               |                    |       |     |            |
|              |                |  |                |               |                    |       |     |            |
|              |                |  |                |               |                    |       |     |            |
|              |                |  |                |               |                    |       |     |            |
|              |                |  |                |               |                    |       |     |            |
|              |                |  |                |               |                    |       |     |            |
|              |                |  |                |               |                    |       |     |            |
|              |                |  |                |               |                    |       |     |            |



| 15. Total Post Qualification Relevant Experience (as on 30/11/2024) :                 |
|---|
| 16. Specify relevant Training/ Certification (if any):                                |
|   |
| 17. Any other relevant information:   |
|   |
| 18. COVID Vaccination Status (Please tick): First Dose 2nd Dose Booster Dose          |
| 19. Category (SC/ ST/OBC/EWS/PwBD/General) (attach certificate as per applicability): |
| 20. Account Details for Future Use:   |
| i) Name of Account Holder:  |

- ii) Account No.:
- iii) Name of Bank:
- iv) IFSC Code:

I hereby certify that the information furnished above by me is true to the best of my knowledge and belief. In the event of any discrepancy in the above particulars being detected at any stage, my candidature/ service may be cancelled/ terminated without any notice. I am attaching self-attested copies of all the relevant documents/ information.

## (Note: Please sign on each page of Application Form and attached documents)

| Date:  | •••• | <br> | <br>•••• |  |
|--------|------|------|----------|--|
| Place: |      | <br> | <br>     |  |

(Signature of Candidate)



# **Checklist of Documents for Submission**

| Sl.<br>No. | Particulars of Documents Attached                       | Whether Submitted<br>(Yes/ No) |
|------------|---|--------------------------------|
| 1          | Proof of Date of Birth                                  |                                |
| 2          | 10th/ Matric Certificate & Marksheet                    |                                |
| 3          | 12 <sup>th</sup> / Intermediate Certificate & Marksheet |                                |
| 4          | Graduation or BE/ B.Tech Certificate &                  |                                |
|            | Mark sheets   |                                |
| 5          | Post-Graduation Certificate & Marksheets                |                                |
| 6          | Any other Professional Certificate/ Degree              |                                |
|            | with Marksheets   |                                |
| 7          | PAN Copy  |                                |
| 8          | AADHAR Copy   |                                |
| 9          | Experience Certificate(s)                               |                                |
| 10         | Training/ Certification Copy                            |                                |
| 11         | Caste/Tribe/Class/Income & Asset (EWS)                  |                                |
| 12         | Demand Draft of Rs. 500/- in favour of                  |                                |
|            | Naini Aerospace Ltd. payable at SBI SME                 |                                |
|            | Branch, Naini, Prayagraj (Exempted for                  |                                |
|            | SC/ST/PwBD)   |                                |
| 13         | Any Other (Please specify):                             |                                |
|            |   |                                |

(Signature of Candidate)