தமிழ்நாடு அரசு இந்திய மருத்துவம் மற்றும் ஓமியோபதி இயக்குநரகம், சென்னை-600 106. (தொலைபேசி எண்: 044-26214718)

அநிவிக்கை

தேசிய ஊரக நலத் திட்டத்தின் கீழ் செயல்படும் அரசு ஆரம்ப சுகாதார நிலையங்களில் காலியாகவுள்ள கீழே குறிப்பிடப்பட்டுள்ள மருந்து வழங்குபவர்/சிகிச்சை உதவியாளர் பணியிடங்களில் தற்காலிகமாக ஈடுபடுத்த தகுதி வாய்ந்த நபர்களிடமிருந்து விண்ணப்பங்கள் வரவேற்கப்படுகின்றன.

| ഖ.எண். | பதவியின் பெயர் | ക്നலി பணியிட எண்ணிக்கை | சம்பளம் | கல்வித் தகுதி |
|--------|-----------------------------|---------------------------|--|--|
| 1 | மருந்து வழங்குபவர் | 420* | நாளொன்றுக்கு ரூ.750/- (ரூபாய் எழுநூற்று ஐம்பது மட்டும்) வீதம் (Hiring charges) தினமும் 6 மணி நேரம் வாரத்தில் 6 நாட்கள்) | தமிழ்நாடு அரசால் நடத்தபபெற்ற மருந்தாளுநா் பட்டயப் படிப்பு (சித்தா / யுனானி / ஆயுா்வேதா /ஓமியோபதி) அல்லது ஒருங்கிணைந்த மருந்தாளுநா் பட்டயப் படிப்பு |
| 2 | சிகிச்சை உதவியாளர்(ஆண்) | 53* | நாளொன்றுக்கு ரூ.375/- (ரூபாய் முந்நூற்று எழுபத்து ஐந்து மட்டும்) | டிப்ளமோ-இன் நர்சிங் தெரபி (Diploma in |
| 3 | சிகிச்சை உதவியாளர்(பெண்) | 82* | வீதம் (Hiring charges) தினமும் 6 மணி நேரம் வாரத்தில் 6 நாட்கள்) | Nursing Therapy) by Directorate of Indian Medicine and Homoeopathy, Government of Tamil Nadu |

^{*}மேற்குறிப்பிடப்பட்டுள்ள காலி பணியிட எண்ணிக்கை மாறுதலுக்கு உட்பட்டது.

விண்ணப்பங்கள் மற்றும் இதர நெறிமுறைகள் மற்றும் கல்வி தகுதி, வயது, இதர பிறவற்றிற்கு http://www.tnhealth.tn.gov.in சுகாதாரத் துறையின் வலைதள முகவரி மூலமாக பதிவிறக்கம் செய்து கொள்ளலாம்.

பதிவிறக்கம் செய்யப்பட்டு, பூர்த்தி செய்யப்பட்ட விண்ணப்பங்கள், "சென்னை — 600106 அரும்பாக்கம், அறிஞர் அண்ணா அரசினர் இந்திய மருத்துவமனை வளாகத்திலுள்ள இந்திய மருத்துவம் மற்றும் ஓமியோபதித் துறை இயக்குநர்" அவர்களுக்கு 15.06.2021 அன்று மாலை 5.00 மணிக்கு முன்னதாக கிடைக்குமாறு அனுப்பி வைக்கப்பட வேண்டும். காலதாமதமாக பெறப்படும் விண்ணப்பங்கள், எக்காரணம் கொண்டும் ஏற்றுக்கொள்ளப்பட மாட்டாது. அவ்வாறு தாமதமாக பெறப்படும் விண்ணப்பங்கள் முழுமையாக நிராகரிக்கப்படும்.

இந்திய மருத்துவம் மற்றும் ஓமியோபதி இயக்குநருககாக

GOVERNMENT OF TAMIL NADU DIRECTORATE OF INDIAN MEDICINE AND HOMEOEPATHY CHENNAI - 600 106.

Phone No. (044 26214718)

RECRUITMENT NOTIFICATION

Applications in the prescribed format are invited for temporary engagement of Dispensers/Therapeutic Assistants under NRHM /NAM scheme on hiring basis from the qualified persons for the following vacancies at AYUSH clinics in the State of Tamil Nadu.

| Sl.No. | Name of the | No. of | Hiring charges | Educational Qualification |
|--------|--------------------------------------|--------|--|--|
| | Post | Post | | |
| 1 | Dispenser | 420* | Hiring charges at the rate of Rs.750/- (Rupees Seven hundred and fifty only) for six hours per day for six days in a week. | Diploma in Pharmacy (Siddha/ Unani/ Ayurvedha / Homoeopathy) / Diploma in Integrated Pharmacy conducted by the Government of Tamil Nadu |
| 2 | Therapeutic Assistant (Male) | 53* | Hiring charges at the rate of Rs.375/- (Rupees Three hundred and Seventy | Diploma in Nursing Therapy conducted by Directorate of Indian Medicine and Homoeopathy, Government of |
| 3 | Therapeutic Assistant (Female) | 82* | Five only) for six hours per day for six days in a week. | Tamil Nadu |

^{*}It is liable change till finalization of selection for appointment.

The engagement of Dispensers/Therapeutic Assistants under this scheme is purely temporary and it will not confer any right to the individual for the appointment on regular time scale of pay

For application form and other conditions relating to Education / Age, Terms and conditions etc. Please log on to the Website: http://www.tnhealth.tn.gov.in

Filled in application in complete shape addressed to "the Director of Indian Medicine and Homoeopathy, Chennai - 106" should reach this office <u>on or before 5.00 PM on 15.06.2021.</u> Belated applications will not be entertained at any cost.

Director of Indian Medicine and Homoeopathy



GOVERNMENT OF TAMIL NADU DIRECTORATE OF INDIAN MEDICINE AND HOMOEOPATHY Arignar Anna Government Hospital of Indian Medicine Campus,

Arumbakkam (PO)., Chennai – 600 106.

Website: www.tnhealth.tn.gov.in E.mail: dimh.tn@nic.in

Phone No. (044) 26214718

RECRUITMENT NOTIFICATION

Applications in the prescribed are invited for temporary engagement of Therapeutic Assistants in the Yoga and Naturopathy System of Medicine under NRHM/NAM scheme on hiring basis from the persons having qualification of **Diploma in Nursing Therapy conducted by the Directorate of Indian Medicine and Homoeopathy**, **Government of Tamil Nadu** for the following vacancies at Yoga and Naturopathy Clinics in the State of Tamil Nadu.

| SI. No. | Name of the Post | No. of vacancies | Hiring charges |
|---------|----------------------------------|------------------|---|
| 1. | Therapeutic Assistant(Male) | 53* | Hiring charges at the rate of Rs.375/- (Rupees Three hundred and Seventy Five only) per |
| 2. | Therapeutic Assistant(Female) | 82* | session - six hours per day for six days in a week. |

^{*} The number of vacancies advertised is only an indicative number and it is liable for change till finalization of selection for appointment.

2. Nature of Engagement:

The engagement of Therapeutic Assistants under this scheme is purely on part time basis with hiring charges and it will not confer any right to the individual for the appointment on regular time scale of pay

3. IMPORTANT DATES:

Date of Notification : 28.05.2021

Last date for submission of Application : 15.06.2021 up to 05.00 PM

4. RULE OF RESERVATION:

The rule of reservation is applicable as per the rules in force.

5. AGE (as on 01.07.2021):

| SI. No. | Category | Minimum Age (should have completed) (in years) | Maximum Age (in years) SC/ST/SCA/BC/BCM/MBC&DNC |
|---------|--------------------|---|---|
| а | For all categories | 18 | 57 |

6.. EDUCATIONAL QUALIFICATION:

Candidate shall possess the following qualification on the date of this notification

| SI. No. | Name of the posts | Qualification |
|---------|---------------------------|--|
| 1. | Therapeutic Assistants | No person shall be eligible for engagement as Therapeutic Assistant, unless he possesses the followingQuaification: "Diploma in Nursing Therapy conducted by the |
| | | Government of Tamil Nadu" |

OTHER CONDITIONS:

- i. The claims of the candidates with regard to the date of birth, educational / technical qualifications and community are generally accepted only on the information furnished by them in their application, without physical verification of their claims. Their candidature therefore will be provisional and subject to the Department satisfying itself, about their age, educational/technical qualifications, community etc. through a physical verification process. The candidature is therefore, provisional at all stages and the Department reserves the right to reject any candidature at any stage, even after the selection has been made.
- ii. Persons with required qualification whether registered in employment exchange or otherwise are eligible to apply.

7. PROCEDURE OF SELECTION:

"Selection will be made based on the marks scored by the candidates in their academic qualification for the post of Therapeutic Assistant(Male), Therapeutic Assistant(Female) duly following the rules of reservation and communal rotation issued by the Government of Tamil Nadu .There will be no oral test (interview) for the post"

| Minimum Educational qualification required for the post | Weightage of marks | | | | |
|--|---|-------------|-----------------------|--|--|
| Diploma in Nursing Therapy (for certificates issued by Government of Tamil Nadu only) | Diploma in Nursing Therapy Course | HSC/ PUC | SSLC/10 th | | |
| | 50% | 30% | 20% | | |

8. How to apply:

a. Candidates should download the application appended herewith and submit filled in application with required certificates in complete shape to the "Director of Indian Medicine and Homoeopathy, Arumbakkam, Chennai -106" on or before 5.00 PM on 15.06.2021.

Belated applications will not be entertained at any cost.

- b. A valid e-mail ID and Mobile Number is mandatory and it should be mentioned in their application for future correspondence. email ID and the given mobile number should be kept active till the declaration of selection of candidates.. Intimation regarding certificate verification etc. will be sent only through the registered e-mail ID.
- c. Please note that all the particulars mentioned in the application including Name of the Candidate, Post Applied, Communal Category, Date of birth, Address, Email ID, etc. will be considered as final and no modifications will be allowed after applying. Candidates are requested to fill in the application form with utmost care as no correspondence regarding change of details will be entertained.

Note:

- i. Candidates are advised in their own interest to apply in time and submit their application before the closing date and not to wait till the last date to avoid rejection.
- ii. This office will not be responsible for any delayed submission.
- iii. Under no circumstances, a candidate should share/mention e-mail ID or Mobile

 Number with any other person. In case a candidate does not have a valid personal

 e-mail ID, they should create a new e-mail ID before applying and must maintain that

 email account.
- iv. Candidates should carefully fill in the details in the Application at the appropriate places and also advised to verify each and every particular filled in their application.

 The name of the candidate or his /her father/husband's name etc. should be furnished correctly in the application as it appears in the certificates. Any change/alteration found may disqualify the candidature.

9. LIST OF DOCUMENTS TO BE PRODUCED AT THE TIME OF CERTIFICATE VERIFICATION

- a) Evidence of Date of Birth (Birth Certificate / SSLC)
- b) Evidence and Mark sheet of Educational qualification (SSLC, HSC and Diploma in Nursing Therapy Course)
- c) Evidence of Tamil qualification (viz., SSLC / Certificate for having passed the second class Language Test (Full Test) in Tamil conducted by the Tamil Nadu Public Service Commission).
- d) Community certificate from the competent authority (Permanent Community Certificate)
- e) Certificate of character and conduct issued by Group A or Group B Officer on or after issue of the current notification.
- f) Certificate of character and conduct issued by the Head of the Institution in which he / she last studied / Local body authorities.

- g) Differently abled certificate issued by the competent authority (if applicable).
- h) A Declaration should be submitted with the application form as in the Annexure I of this notification
- Recent passport size colour photograph with self attestation should be affixed in the application form.
- j) Any one of the photo ID Card issued by a Government Authority (other than PAN card),
 depicting the Address for communication or permanent Address furnished in the application.
- k) Destitute widow certificate (if applicable).
- In respect of Ex-Servicemen they have to produce the Discharge Certificate, PPO No., in case if he is already Discharged. If the candidate is a serving personnel to be discharged within one year from the last date of receipt of the application of this notification, he has to produce An undertaking given by the candidate in Annexure II & Form of Certificate for serving personnel in Annexure III of this notification. (if applicable).

10. COMMUNICATION WITH THE OFFICE OF THE DIRECTOR OF INDIAN MEDICINE & HOMOEOPATHY, CHENNAI:

- i) Any communication intended for the office must be made in writing and addressed only to the Director of Indian Medicine and Homoeopathy, Chennai 106.
- ii) Communications seeking reasons for non-selection and other qualifications will receive no attention. Requests for furnishing causes of failure (non-selection) will not be complied with.
- iii) Communication in the name of pleader or agent will not be entertained.
- viii) Any claim relating to the selection should be received within 30 days from the date of announcement of selection. Claims received thereafter will not be considered.

11. CERTIFICATE OF PHYSICAL FITNESS:

Candidates provisionally selected for appointment to the posts will be required to produce a certificate of physical fitness including Vision Certificate in the prescribed form.



THERAPEUTIC ASSISTANT

| MALE | FEMALE | OTHERS |
|------|--------|--------|
|------|--------|--------|

DIRECTORATE OF INDIAN MEDICINE AND HOMOEOPATHY, CH - 106. APPLICATION FOR THERAPEUTIC ASSISTANT POST IN YOGA AND NATUROPATHY UNDER NRHM AND WELLNESS CLINICS

| | APPLICATION NUMBER | | | | | M | ARK | | | | |
|------------|---|-------------------|----------|--------|--------|-------|-------------|--------|-------|----|---|
| | | | | | | | | | | | |
| | | (TO BE ENTERED | ВҮ ТНЕ О | FFICE) | | | | | | | - |
| 1. | NAME IN BLOCK LETTER | S (Initial at the | end) : | | | | | | | | |
| 2. | FATHER/ MOTHER/ SPOUSE NAME | | | | | | | | | | |
| 3. | ADDRESS FOR COMMUNICATION : | | | | | | | | | | |
| | | | | | | | | | | | |
| | PIN | | | | | | | | | | |
| 4. | CONTACT PHONE No: | | | | | | | | | | |
| 5 . | E-Mail id | | | | | | | | | | |
| 6. | NATIONALITY 🗹 | 7. NATIVITY 🛭 | 7 | | | 8. SE | x ✓ | | | | |
| | INDIAN OTHER | TAMIL NADU | ОТН | IERS | | MAL | E I | FEMALE | OTHER | RS | |
| 9. | DATE OF BIRTH: | 10. COI | MMUNIT | Υ✓ | | | | | | | |
| | DATE MONTH YEAR | ОС | ВС | всм | MBC/ | DC | S C | S C(A) | ST | | |
| 11. | COMMUNITY CERTIFICATE NO | : | | | DATE _ | | | | | | |
| | COMMUNITY CERTIFICATE ISSUING AUTHORITY | | | | | | | | | | |
| 13. | NAME OF THE CASTE | | | | | | | | | | |

| 14 | IF DIFFERENTLY AB | BLED 🗹 | 15. % OF | DISABILITY | 16. NATURE OF DISABILITY | |
|-----|-------------------|--------------|------------------|----------------|-------------------------------------|--|
| | YES N | 0 | | | | |
| 17. | DISABILITY CERTIF | ICATE No | | DATE | : | |
| 18. | DISABILITY CERTI | FICATE FY | | | | |
| 19. | IF DESTITUTE WID | ow 🗹 | 20 . CERTIFICAT | E NO &DATE | 21. ISSUING AUTHORITY | |
| | YES NO |) | | | | |
| 22. | EX- SERVICE MAN | ☑_ 23.E | NROLLMENT | NO | _24.ENROLLMENT DATE | |
| | YES NO |) | | | | |
| 25. | MARK STATEM | ENTS(Self a | ittested Xerox o | copies must be | e enclosed for all mark statements) | |
| | A) SSLC | | | | | |
| | I. REG.NO | | II. CERTIFIC | ATE NO. | MONTH & YEAR | |
| | | | | | | |
| | SUBJECT | MAXIMUM M | IARKS MA | ARKS OBTAINED | | |
| | TAMIL | | | | | |
| | ENGLISH | | | | | |
| | MATHS | | | | | |
| | SIENCE | | | | | |
| | SOCIAL SIENCE | | | | | |
| | TOTAL | | | | | |

B) HSC

| I. REG.NO | II. CERTIFICATE NO. | MONTH & YEAR |
|-----------|---------------------|--------------|
| | | |

| SUBJECT | MAXIMUM MARKS | MARKS OBTAINED |
|-------------------|---------------|----------------|
| | | |
| TAMIL | | |
| ENGLISH | | |
| MATHS / BOTANY | | |
| PHYSICS | | |
| CHEMISTRY | | |
| BIOLOGY / ZOOLOGY | | |
| TOTAL | | |
| | | |

| 26. DIPLOMA CERTIFICATE No | 27.MONTH & YEAR |
|----------------------------|-----------------|
| | |

28) . DIPLOMA IN NURSING THERAPY

| I. REG.NO | II. CERTIFICATE NO. | MONTH & YEAR |
|-----------|---------------------|--------------|
| | | |

SEMESTER - 1

| SUBJECT | MAXIMUM MARKS | | | MARKS OBTAINED | | |
|---------|---------------|-----------|-------|----------------|-----------|-------|
| | THEORY | PRACTICAL | TOTAL | THEORY | PRACTICAL | TOTAL |
| NFIA | 100 | 0 | 100 | | | |
| NFIB | 100 | 0 | 100 | | | |
| NFIC | 100 | 0 | 100 | | | |
| NFID | 100 | 0 | 100 | | | |
| TOTAL | 400 | 0 | 400 | | | |

SEMESTER - 2

| | MAXIMUM MARKS | | | MARKS OBTAINED | | |
|---------|---------------|-----------|-------|----------------|-----------|-------|
| SUBJECT | THEORY | PRACTICAL | TOTAL | THEORY | PRACTICAL | TOTAL |
| NSEE | 100 | 50 | 150 | | | |
| NSEF | 100 | 50 | 150 | | | |
| NSEG | 100 | 0 | 100 | | | |
| NSEH | 100 | 0 | 100 | | | |
| TOTAL | 400 | 100 | 500 | | | |

SEMESTER - 3

| | MAXIMUM MARKS | | | MARKS OBTAINED | | |
|---------|---------------|-----------|-------|----------------|-----------|-------|
| SUBJECT | THEORY | PRACTICAL | TOTAL | THEORY | PRACTICAL | TOTAL |
| NTHI | 100 | 0 | 100 | | | |
| NTHJ | 100 | 50 | 150 | | | |
| NTHK | 100 | 50 | 150 | | | |
| NTHL | 100 | 50 | 150 | | | |
| TOTAL | 400 | 150 | 550 | | | |

SEMESTER - 4

| 0110 1505 | MAXIMUM MARKS | | | MARKS OBTAINED | | |
|-----------|---------------|-----------|-------|----------------|-----------|-------|
| SUBJECT | THEORY | PRACTICAL | TOTAL | THEORY | PRACTICAL | TOTAL |
| NFOM | 100 | 50 | 150 | | | |
| NFON | 100 | 50 | 150 | | | |
| NFOO | 100 | 0 | 100 | | | |
| NFOP | 100 | 0 | 100 | | | |
| NFOQ | 50 | 0 | 50 | | | |
| TOTAL | 450 | 100 | 550 | | | |

| OFMEOTER | MAXIMUM MARKS | | | MARKS OBTAINED | | |
|----------|---------------|-----------|-------|----------------|-----------|-------|
| SEMESTER | THEORY | PRACTICAL | TOTAL | THEORY | PRACTICAL | TOTAL |
| I | 400 | 0 | 400 | | | |
| II | 400 | 100 | 500 | | | |
| III | 400 | 150 | 550 | | | |
| IV | 450 | 100 | 550 | | | |
| TOTAL | 1650 | 350 | 2000 | | | |

29. HAVE YOU ENCLOSED THE ALL SUPPORTING

| YES NO | YES | NO |
|--------|-----|----|
|--------|-----|----|

DECLARATION BY THE APPLICANT

| I,son / daugnter | |
|---|---|
| ofan applicant seeking Posting | |
| under the NRHM / Wellness clinic and hereby solemnly declare that the information | |
| furnished and the documents submitted are true, correct and complete. We further declare | |
| that if it is found otherwise, we are ready to forfeit the selection whatever may be the stage of | |
| appointment, besides making us liable for criminal prosecution. I well aware of the fact that if | |
| the information given by me is proved false/not true, I will have to face the punishment as per | r |
| the law, Also, all the benefits availed by me shall be summarily withdrawn. | |
| | |
| | |
| Signature of the Candidate | |
| | |
| LACE: | |
| PATE: | |
| *Strike whichever is not applicable | |
| *Strike whichever is not applicable | |

Annexure I

DECLARATION BY THE CANDIDATE

- I. I hereby declare that all the particulars furnished in this application are true, correct and complete to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the selection, action can be taken against me by the authorities concerned..
- II. I hereby declare that I will not be a party to any kind of canvassing on my behalf.
- III. I further declare that I fulfil all the eligibility conditions prescribed for admission to this post.
- IV. I have informed my employer in writing that I am applying for this post and furnish the NOC for this purpose (if applicable).
- V. I have gone through the instructions etc. to candidates and the Notification for this recruitment before filling up the application form.
- VI. I declare that I possess the Medical Standards prescribed for the post(s) which I am now applying.
- VII. I certify that I have not been debarred / disqualified by the Board or any other recruiting agency.
- VIII. I am not a dismissed Government Employee.
- IX. There is no criminal case filed against me in any Police Station / Court.
- X. There is no Vigilance Case filed against me in the Police Station.
- XI. I hereby declare that my character/antecedents are suitable for appointment to this post.
- XII. I declare that I do not have more than one living spouse / I am unmarried.

(Signature of the candidate)

ANNEXURE - II

FORM OF UNDERTAKING AND CERTIFICATE TO BE FURNISHED BY THE SERVING PERSONNEL

I hereby accept that, if selected on the basis of the recruitment / examination to which this application relates, I will produce documentary evidence to the satisfaction of the appointing authority that I have been duly released / retired / discharged from the Armed forces and I am entitled to the benefits admissible to Ex – servicemen given under rule 52 of General Rules for Tamil Nadu State and Subordinate Services as amended from time to time.

| Place: | | Signature of the candida | ate. |
|-----------------|------------------------------|--|-----------------|
| | Form of certi | Annexure - 8B ficate for serving personnel | |
| I hereby Certif | y that, according to the inf | formation available with me | |
| (No) | (Rank) | (Name) | is |
| due to complet | te the specified term of his | engagement with the Armed F | orces on the |
| (date) | | | |
| Place: | | Signature of the Com | manding officer |
| Date: | | | |

ANNEXURE - IV

CERTIFICATE TO BE PRODUCED BY THE CANDIDATES WHO CLAIMS CONCESSION UNDER DESTITUTE WIDOW

SCHEDULE - VI

*(Referred to in the Explanation to rules 12 (d) and 21 (b)

| 01. Name of the individual : |
|--|
| 02. Full Postal Address : |
| 03. Details of job held, if any: |
| 04. Particulars of her Children, if any |
| 05. Name and last occupation of her late husband |
| 06. Date of demise of her husband : |
| 07. Monetary benefits received after her husband's death by way of family pension, Insurance etc., if any. |
| 08. Details of Properties if any immovable and movable left behind by him |
| 09. Present monthly income:- |
| (a) From salaries / wages : |
| (b) From family pension : |
| (c) From private properties : |
| (d) Rents received : |
| (e) From private practice : |
| (f) Other sources, if any : |
| (g) TOTAL: |
| 10. Whether living alone or living with her husband's parents / inlaws / parents / brother (s) |

11. Whether the satisfies the definition of the term "Destitute Widow" as defined in the Explanation to rules 12(d) and 21(b) of the General Rules for the Tamil Nadu State and Subordinate Services

:

Certified that I have verified the particulars furnished by the individual and satisfied myself as to the correctness of her claim with reference to the definition of the term "Destitute Widow" under the Explanation to rules 12(d) and 21(d).

Certificate Reference No: Signature:

Place: Name:

Date: Designation:

Revenue Divisional Officer / Assistant Collector / Sub-Collector.

Explanation:- The above certificate should be issued only by the Revenue Divisional Officer or the Assistant Collector or the Sub-Collector concerned.

| a} | The number of vacancies advertised is only an indicative number and is liable for change (decrease or increase) with reference to vacancy position at any time before finalisation of selection for appointment. |
|----|---|
| b) | Separate reservation of 3.5% within the 30% reservation available for Backward Classes is applicable only to Backward Class Muslims (BCMs). All the concessions / relaxations / benefits applicable to BC candidates are applicable to BC Muslim candidates as well. |
| c) | The expression B.C (i.e. Backward Class) wherever it occurs including online application form, should be read as "B.C. (other than BCM) and B.C. (Muslims)", [BCMs denotes Backward Class Muslims]. |
| d) | i. In the case of direct recruitment to the posts with Grade Pay which oes not exceed Rs.2800/-, ten per cent of vacancies out of thirty percent vacancies set apart for women shall be set apart for destitute widows and the first vacancy in every ten vacancies set apart for women in each category namely the General Turn, Backward Class Muslims, Backward Classes, Most Backward Classes / Denotified Communities, Scheduled Castes or Scheduled Tribes shall be apart for destitute widows. If no qualified and suitable destitute widow is available, the turn so set apart for destitute widow shall go to the women (other than destitute widow) belonging to respective category. ii. Every candidate claiming to be a "destitute widow" shall produce a certificate in the format given in Annexure 9 to this notification from the Revenue Divisional Officer or the Assistant Collector or the Sub-Collector concerned. |
| e) | Reservation for Ex-service men:- In direct recruitment to the Group 'C' post, five percent (5%) posts are reserved for Ex-service men as per the 200 point roster of Government of Tamil Nadu. Every candidate claiming to be an Ex-servicemen, if already discharged, should produce the Discharge Certificate from the Defence services, pension, payment order etc. and if the candidate is serving personnel (yet to be discharged) the candidate has to produce an undertaking as in Annexure 8 A (in Annexure – 8) and form of certificate for serving personnel in Annexure 8 B (in Annexure – 8). |
| f) | Reservation for differently abled:- As per G.O.(Ms).No.3, Health and Family Welfare (C2) Department dated: 06.01.2016, 3% of the posts are reserved for Differently Abled candidates (Orthopaedically physically handicapped locomotory disability of the lower limbs should be between 40% and 70%). Such candidates have to produce a certificate of physical fitness from the Medical Board (as in Annexure 7A & 7B of this notification). That Certificate should be obtained from the Medical Board of a Medical college. |