

**Application No:**

**MOUNT CARMEL COLLEGE OF TEACHER EDUCATION FOR WOMEN  
KOTTAYAM – 4**

**Application for the Post of Computer Assistant & Office Attendant**

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1. Name in full (Block Letters)	
2. Age and Date of Birth	
3. Sex, Marital status	
4. Religion (With Caste/ Community/Parish)	
5. Category (Please✓)	General/ Minority/ OBC/ OEC/ ST/SC
6. Are you a PwD Candidate? If Yes, Nature and Proceedings of Disability (Attach Medical certificate from competent authority).	
7. Permanent address with Phone No. and Email ID	
8. Address to which communication is to be sent	
9. Name of Parent/ Guardian and relationship with the applicant & Mobile Number	
10. Two Wheeler/ Four Wheeler Driving License No.	

**11. Qualifications**

Exam	Subject	Institution Attended	Board/ University	Year of Passing	Total Marks	Class & CGPA	% of Marks
7 <sup>th</sup> / 8 <sup>th</sup> / 9 <sup>th</sup>							
10 <sup>th</sup> / SSLC							
PDC/ +2							
BA/ B.Sc.							
BCA							
B.Tech.(CS)							
MA/ M.Sc.							
MCA							
M.Tech.(CS)							
Other Qualifications (if any)							

**12. Experience:**

Sl. No.	Computer Assistant/ Office Attendant	Institution	Experience	Period	No. of Months

**13. Co-curricular Achievements**


**14. Name and address of a person from whom reference is obtained**


**15. Other Major Achievements, if any**


**DECLARATION**

I ....., do hereby declare that all the details given in this application are true to the best of my knowledge and belief.

Place:

Date:

Signature of the Applicant

- N.B
- (i) Enclose a note in your own handwriting explaining why you desire to join the institution not exceeding 150 words.
  - (ii) Enclose self-attested copies of documents to prove Date of birth, Qualifications, Rank Certificates and marks secured UG and PG level. Additional sheet can be attached if more space is needed.
  - (iii) The advertisement of the appointment published in the Newspapers.

## **Instructions to Applicant**

1. Application is to be filled in by the candidate.
2. Attach
  - I. Self attested copies of Page one of SSLC book/ Proof of Age and Mark Sheets of all Examinations Degree/ Diploma.
  - II. Copy of Bio-data should be attached
  - III. The advertisement of the appointment published in the Newspapers.
  - IV. Letter of reference.
3. All employed persons shall send the applications through the employer with No Objection Certificate.
4. Application fee Rs.1000/- should be remitted only by the General Category to the following bank account through online and a copy of the receipt/ transaction should be attached along with the filled in application form. There is no Application fee for the Candidates with Person with Disabilities.

Bank : South Indian Bank, Kanjikuzhy  
A/c Name : The Principal  
Mount Carmel College of Teacher Education for Women  
Kottayam

A/c Number: 0315053000001890  
IFSC : SIBL0000315
5. Incomplete Applications will be rejected.
6. Filled application along with the copy of all certificates, mark sheets and receipt of application fee remitted should reach the college in person or by Registered /Speed Post within one month of the advertisement of vacant posts in the newspapers.

**Job Oriented Physical and Functionality Certification**

Recent passport size attested photograph of the person with disability.

**Certificate No:****Date of issue:**

This is to certify that I have carefully examined Shri/Smt/Kum \_\_\_\_\_ son/wife/daughter of Shri \_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ years, male/female \_\_\_\_\_ with disability certificate No. \_\_\_\_\_

Permanent resident of House No. \_\_\_\_\_ Ward/Village/Street \_\_\_\_\_ Post Office \_\_\_\_\_ District \_\_\_\_\_ State Kerala, whose photograph is affixed above, has been evaluated for the job oriented physical and functional capabilities, and is shown against the physical requirement and Categories of disability.

Physical Requirement		Yes/No	Physical Requirement		Yes/No
1	One Arm (OA)		17	Movement (M)	
2	One Leg (OL)		18	Manipulation by Fingers (MF)	
3	One Arm and One Leg (OAL)		19	Observing (Watching) (O)	
4	Both Arms (BA)		20	Picking (P)	
5	Both Leg (BL)		21	Pulling and Pushing (PP)	
6	Both Legs and Arms (BLA)		22	Sitting (S)	
7	Both Legs and One Arm (BLOA)		23	Standing (ST)	
8	Bending (BN)		24	Writing (Wr)	
9	Communication (C)		25	Reading (R)	
10	Climbing (CL)		26	Walking (W)	
11	Crawling (CRL)		27	Seeing (SE)	
12	Hearing (H)		28	Hearing (H)	
13	Holding (Ho)		29	Holding (H)	
14	Jumping (Ju)		30	Jumping (J)	
15	Kneeling & Crouching (KC)		31	Reading & Writing (RW)	
16	Lifting (L)				
<p>One Arm (OA), One Leg (OL), One Arm and One Leg (OAL), Both Arms (BA), Both Leg (BL), Both Legs and Arms (BLA), Both Legs and one arm (BLOA), Bending (BN), Communication (C), Climbing (CL), Crawling (CRL), Hearing (H), Holding (Ho), Jumping (Ju), Kneeling &amp; Crouching (KC), Lifting (L), Movement (M), Manipulation by Fingers (MF), Observing (Watching) (O), Picking (P), Pulling and Pushing (PP), Sitting (S), Standing (ST), Writing (Wr), Reading (R), Walking (W), Seeing (SE), Hearing (H), Holding (Ho), Jumping (J), Reading &amp; Writing (RW)</p>					

<b>Categories of Disability</b>			
<b>1. Locomotor Disability (LD)</b>			
<b>Ia</b>	<b>Dwarfism (DW)</b> _____%	<b>Ie</b>	<b>Cerebral Palsy (CP)</b> (√one)
<b>Ib</b>	<b>Leprosy Cured (LC)</b> (√one)  WHO Grading Grade 0 Grade 1 Grade 2		GMFCS Level 1 (<40%) Level II (40-50%) Level III (51-60%) Level IV (61-79%) Level V (80% or more)
<b>Ic</b>	<b>Muscular Dystrophy (MD)</b> _____%		MACS Level 1 (20%) Level II (30%) Level III (40%) Level IV (55%) Level V (70% or more)
<b>Id</b>	<b>Acid Attack Victims (AAV)</b> _____%		
<b>II Visual Impairment (VI)</b>			
<b>IIa</b>	<b>Blindness (B)</b> (√one)  Category IV a - 90% IV b - 100%	<b>IIb</b>	<b>Low Vision (LV)</b> (√one)  Category IIIa (Low Vision 40%) IIIb (Low Vision 50%) IIIc (Low Vision 60%) IIId (Low Vision 70%) IIIe (Low Vision 80%)
<b>III Hearing Impairment (HI)</b>			
<b>IIIa</b>	<b>Deaf (D)</b> (=> 70dB loss in Better Ear) Percentage of hearing loss _____	<b>IIIb</b>	<b>Hard of Hearing (HH)</b> (60-70dB loss in Better Ear) . Percentage of hearing loss _____
<b>IIIc</b>	<b>Speech and Language Disability` (SL)</b> _____ %		
<b>Category IV and V</b>			
<b>IVa</b>	<b>Autism (ASD)</b> (√one)  Mild          Moderate          Severe	<b>IVc</b>	<b>Specific Learning Disability (SLD)</b>  Percentage of Disability _____%
<b>IVb</b>	<b>Intellectual Disability (ID)</b> (√one)  (Based on adaptive functioning assessment (VSMS) severity scoring will be done and disability for ID charted.) VSMS score 0-20 :Profound          Disability –100% VSMS score 21-35:Severe          Disability – 90% VSMS score 36-54:Moderate          Disability –75% VSMS score 55-69:Mild          Disability –50% VSMS score 70-84:Borderline          Disability –25%	<b>IVd</b>	<b>Mental Illness (MI)</b> (√one)  Total Disability score + DOI SCORE = Global Disability Score Percentages: 0          No Disability          = 0% 1-6          Mild Disability          = <40% 7-13          Moderate Disability          = 40 - 70% 14-19          Severe Disability          = 71-99% 20          Profound Disability          = 100% Cut off for the welfare measures = 40%
<b>V</b>	<b>Category V - Multiple Disability</b>  Disability 1 .....%          2 Disabilities – a + [b x (90-a)] / 90 if a > b Disability 2 .....%  Overall Disability Percentage .....%		

Authorised Signatory of notified Medical Authority

Name and seal