



भारतीय विज्ञान शिक्षा एवं अनुसंधान संस्थान मोहाली
(शिक्षा मंत्रालय भारत सरकार द्वारा स्थापित)
सैक्टर-81, नॉलेज सिटी, पो. ओ. मनौली, एस. ए. एस. नगर, मोहाली, पंजाब -140306
INDIAN INSTITUTE OF SCIENCE EDUCATION AND RESEARCH MOHALI
(Estd. By Ministry of Education, Govt. of India)
Sector – 81, Knowledge City, P.O. Manauli, S.A.S. Nagar, Mohali, Punjab -140 306

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Advt. No. IISER M/ F (01)/Regular/2022

Date: 07-10-2022

**SPECIAL RECRUITMENT DRIVE FOR SC/ST/OBC/EWS/PwBD CANDIDATES FOR APPOINTMENT
ON FACULTY POSITIONS AT THE LEVEL OF PROFESSOR, ASSOCIATE PROFESSOR,
ASSISTANT PROFESSOR**

IISER Mohali invites online application from SC, ST, OBC-NCL, EWS and Person with Benchmark Disabilities (PwBD) under the Special Recruitment Drive from Indian Nationals for the post of Professor, Associate Professor and Assistant Professor in all areas of Physics, Chemistry, Mathematics, Biology, Earth & Environmental Sciences, Humanities & Social Sciences. Institute is looking for extremely motivated scientists with a high-profile research agenda and a flair for teaching (especially at the undergraduate level). The details of the posts under reserved categories are as under: -


Sr. No	Name of the Post	SC	ST	OBC	EWS	PwBD*
1.	Professor	1	Nil	1	Nil	1*
2.	Associate Professor	1	Nil	1	1	1*
3.	Assistant Professor	3	1	1	2	1*

*** 03 Posts are reserved for person with benchmark disability (as per Govt of India rules and these posts shall be filled from SC/ST/OBC-NCL/EWS candidates through horizontal reservation.**

Sr. No	Name of the Post	Qualification and Experience
1.	Assistant Professor	PhD with a first class in the preceding degree with very good academic record, and a minimum of three years of post-doctoral or equivalent experience. Pay Level: - Academic Pay level 12 with initial pay 1,01,500/- as per 7 th CPC
2.	Associate Professor	PhD with a first class in the preceding degree with very good academic record, and a minimum of six years of teaching/research experience of which at least three years at the level of an Assistant Professor. Pay Level: - Academic Pay level 13A2 with initial pay 1,39,600/- as per 7 th CPC
3.	Professor	PhD with a first class in the preceding degree with very good academic record, and a minimum of ten years of teaching/research experience of which at least four years should be at the level of an associate professor. Pay Level: - Academic Pay level 14A with initial pay 1,59,100/- as per 7 th CPC

General Conditions: -

- 1.** A candidate applying for the above faculty positions must be a citizen of India or an Overseas Citizens of India (OCI). In exceptional circumstances, a foreign national who is not an OCI may be considered for appointment for short term duration on contract basis only, subject to security clearance by the appropriate authority as per Government of India's instructions.
- 2.** The appointment is in the IISER Mohali, which is an Institute of National Importance under the Ministry of Education, Government of India.
- 3.** All applicants must fulfil the essential requirements of the post and other conditions stipulated in the advertisement before the date of advertisement i.e. 06-10-2022. They are advised to ensure their eligibility before applying for a post. No enquiry asking for advice as to eligibility will be entertained.
- 4.** It will be mandatory for all the applicants to apply online and to upload all supporting certificates and documents. Online applications not in prescribed format and/or not accompanied supporting by required information/documents shall be liable to be rejected. The documents uploaded with the online application, will be verified with original testimonials at the time of interview, if the applicants called for the same.
- 5.** If applying for more than one position, separate online applications will be required to be filled-in by the candidates.
- 6.** The prescribed educational qualifications and experience are the minimum. Mere fulfilling of the minimum advertised qualification and experience requirements does not automatically entitle an applicant to be called for seminar presentation at the Institute and /or for interview.
- 7.** The Institute reserves the right to devise its criteria for shortlisting for all the positions advertised. The duly constituted Screening Committee will shortlist the candidates adopting such criteria. Candidates are advised to mention in the online application all the qualifications and experience in the relevant area over and above the minimum prescribed qualification, supported with documents and ensure that all details are complete, accurate and correct.
- 8.** The period of experience rendered by a candidate on part-time basis, daily wages, etc. will not be counted while calculating the requisite experience for shortlisting the candidates for interview.
- 9.** The decision of the Institute in all matters relating to eligibility, acceptance or rejection of any/all applications, fixing the eligibility criteria, equivalence of qualifications, mode of screening/selection, conduct of test/examination/interview, will be final and binding on the candidates.
- 10.** No interim correspondence or personal enquiries shall be entertained by the Institute.
- 11.** Persons already working in Central/State Government/Public Sector Undertakings/Autonomous organization etc. should send their applications through proper channel.
- 12.** All candidates called for interview shall be required to furnish 'No Objection Certificate' from their current employer at the time of interview.
- 13.** During the process of selection/post selection, the Institute reserves the right to seek any other certificate including vigilance clearance in respect of the candidates already in service at any time.

14. The reservation for candidates belongs to SC/ST/OBC/EWS/ PwBD category/ies shall be as per Government of India instructions for which applicants must upload/attach the requisite necessary certificates at the time of application for consideration.
15. The OBC-NCL and EWS certificate should be issued during the current financial year.
16. PwBD candidates, who suffer from not less than 40% of relevant disability, should possess disability certificate issued by the Medical Board duly constituted by Central or State Government issued on or before last date of submission of application
17. Reservations for those belongs to SC/ST/OBC-NCL/EWS/ PwBD category will be as per Govt. of India norms. Candidates belongs to reserved category SC/ST/OBC-NCL/EWS/PwBD should submit the valid certificate (**kindly refer the provided Proforma/s below**) issued by the appropriate authorities applicable for jobs under Government of India. In the absence of such certificate the candidate will be treated under Unreserved Category.
18. The candidates are required to submit the caste/category/disability certificate issued by the Competent authority in the format prescribed by the Government of India for this purpose.
19. The Institute solely reserves the right not to fill any or all the advertised positions without assigning any reason.
20. All the above positions require full 24x7 commitment to the Institute. Therefore, candidates willing to dedicate themselves fully to the Institute are expected to apply. Appointment orders issued by the Institute to the finally selected candidates, shall be provisional. The Institute shall verify the antecedents or documents (verification of character & antecedents /Police verification, verification of all original documents, experience certificate and other relevant documents) at the time of interview and the appointment. In case later on if it is found at any time that any of the facts/documents submitted by the candidate are falsified or tampered with or the candidate has doubtful antecedents / background and has suppressed the said information, then his/her candidature shall stand cancelled and services may be terminated.
21. All appointments, shall be subjected to satisfactory completion of probation period of one year or as applicable. Further, in case of any inadvertent mistake in the process of selection, which may be detected at any stage even after the issue of appointment order, the Institute reserves the right to modify/withdraw/cancel any communication made to the candidates.
22. Addendum/cancellation/corrigendum (if any) shall be posted on the Institute Website only.
23. Canvassing of any nature and/or bringing any influence/pressure from any quarter will be treated as a disqualification for the post.
24. Correspondence, if any, from the Institute including interview call letter to the short-listed candidates/offer letter to the selected candidates shall be sent to the e-mail ID provided by the applicant.
-  [Click here to fill Online Recruitment Application Form](#)
25. Please note that only Online Applications will be entertained. Applications through email will not be considered.
26. The following category shall be eligible against bench mark disability
- Blind, Low Vision.

- b) Deaf, Hard of Hearing
- c) One Arm, Both Arm, One Leg, Both Leg, One Arm and One Leg, Leprosy Cured, Dwarfism, Acid Attack Victims, Spinal Deformity and Spinal Injury with and without associated neurological/ limb dysfunction
- d) Autism Spectrum Disorder (Mild), Special Learning Disability, Mental Illness
- e) Multiple Disabilities involving (a) to (d) above

27. Last date to submit the Online Application is 28-10-2022 till 05:00 PM

28. Point of Contact: recruitment@iisermohali.ac.in & deanfaculty@iisermohali.ac.in (0172-2240086 & 2240266).

REGISTRAR IISER MOHALI

Proforma-I (For SC/ST)

The form of certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under the Government of India

This is to certify that Shri/Shrimati/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, 1951
- @ The Constitution (Scheduled Tribes) Union Territories Order, 1951

[as amended by the Scheduled Castes and Scheduled Tribes List (Modification) Order, 1956; the Bombay Re-organization Act, 1960, the Punjab Re-organization Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Re-organization) Act, 1971, the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976., the State of Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Re-organization) Act, 1987.]

- @ 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 Order (Amendment) Act, 1976*
- @ The Constitution (Dadar and Nagar Haveli) Scheduled Castes Order, 1962
- @ The Constitution (Dadar and Nagar Haveli) Scheduled Tribes Order, 1962
- @ The Constitution (Pondicherry) Scheduled Castes Order, 1964
- @ The Constitution (Uttar Pradesh) Scheduled Tribes 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
- @ The Constitution (Sikkim) Scheduled Tribes Order, 1978
- @ The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989
- @ The Constitution (SC) Order (Amendment) Act, 1990
- @ The Constitution (ST) Order (Amendment) Act, 1991
- @ The Constitution (ST) Order (Second Amendment) Act, 1991
- @ The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act 2002
- @ The Constitution (Scheduled Castes) Order (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes and Scheduled Tribes) Orders (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002

% 2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration to another.

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes certificate issued to Shri/Shrimati*..... Father/Mother of Shri/ Shrimati/ Kumari of village/town* in District/Division*..... of the State/ Union Territory*..... who belongs to the caste/tribe* which is recognized as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* ofissued by the dated

% 3. Shri/Shrimati/Kumari*..... and/or* his/her* family ordinarily resides 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. @Please quote specific Presidential Order.

% Delete the paragraph which is not applicable.

NOTE: The term “ordinarily reside (s)” used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

**List of authorities empowered to issue Scheduled Caste/Scheduled Tribe Certificate.

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary Magistrate/† Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner. †(not below of the rank of 1st Class Stipendiary Magistrate).
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- (iii) Revenue Officers not below the rank of Tehsildar.
- (iv) Sub Divisional Officer of the area where the candidate and/or his/her family normally resides.
- (v) Administrator/Secretary to Administrator/Development Officer(Lakshadweep)

Proforma-II (For OBC-NCL)

(Form of Certificate to be Produced by Other Backward Classes applying for Appointment to the Posts under Govt of India)

This is to certify that Shri/ Smt./ Kumari_____son/daughter of _____of village/town _____in District/Division_____in the State/Union Territory belongs to the _____Community which is recognized as a backward class under the Government of India, Ministry of Social Justice and _____Empowerment's Resolution No._____dated _____*.

Shri/Smt./Kumari_____and/or his/her family ordinarily reside(s) in the____District/Division of the _____State/Union Territory. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M. No. 36012/22/93-Estt (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 Act,1950.

Proforma-III (For EWS)

Government of.....

(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No.....

Date:.....

VALID FOR THE YEAR

This is to certify that Shri/Smt./Kumari
son/daughter/wife of permanent resident of,.....
..... Village/Street, Post Office,
.....District..... in the State/Union Territory..... Pin
Code..... whose photograph is attested below belongs to Economically Weaker Sections, since the gross
annual 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.....



***Note 1:** 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 locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

Proforma IV (for PwBD)

Form-V

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs and in cases 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.
.....

Date:

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
..... 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).

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

Nature of Document	Date of Issue	Details of authority issuing certificate

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

Signature/Thumb impression of the person in whose favour certificate of

disability
certificate
is
issued.

Form-VI
Certificate of Disability
(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:

This is to certify that we have carefully examined Shri/Smt/Kum
..... /son/wife/daughter of Shri
.....

Date of Birth..... (DD)/(MM)/(YY) Ageyears,
male/female..... Registration
No.....

permanent resident of

House

No.....Ward/Village/Street.....

..

..... Post Office
District.....

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

(A) He/she is a Case of Multiple Disability. His/her extent of
permanent physical impairment/disability has been evaluated

as per guidelines (.....number and date of issue of the guidelines to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental 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 Disability			
14.	Autism Spectrum Disorder			
15.	Mental illness			
16.	Chronic Neurological 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

2. This condition is progressive/ non-progressive/ likely to improve / not likely to improve.

3. Reassessment of disability is :

(i) not necessary,

Or

(ii) is recommended/ after years..... months, and therefore this certificate shall be valid till..... (DD)/(MM)/(YY)

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

e.g. Single eye

£ e.g. Left/Right/both ears

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

Nature of Document	Date of Issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority.

Name and seal of Member	Name and seal of Member	Name and seal of the Chairperson

Signature/Thumb impression of person in whose favour certificate of disability is issued.

Form-VII
Certificate of Disability
(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 I have carefully examined Shri/Smt./Kum
..... son/wife/daughter of Shri
.....

Date of Birth..... (DD)/(MM)/(YY) 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

he/she is a case of

..... disability. His/her extent

of percentage physical impairment/disability has been

evaluated as per guidelines (to be specified) and is shown

against the relevant disability in the table below:-

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	€		
8.	Hard of Hearing	€		
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological Conditions			
15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

(Please strike out the disabilities which are not applicable.)

2. The above condition is progressive/ non-progressive/
likely to improve/not likely to improve.

3. Reassessment of disability is :

(i) not

necessary Or

(ii) is recommended/ after years months, and therefore this certificate shall be valid till
..... (DD)/(MM)/(YY)

@ - eg. Left/Right/both arms/legs

- eg. Single eye/both eyes

€ - eg. Left/Right/both ears

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

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)

(Name and Seal)

Countersign

ed (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))

Signature/Thumb
impression of the person
in whose favour certificate
of disability is issued.

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.

Note: The principal rules were published in the Gazette of India by Ministry of Social Justice and Empowerment vide notification number 489, dated 15.06.2017.