

**SOCIETY FOR APPLIED MICROWAVE ELECTRONICS ENGINEERING AND RESEARCH**

(An autonomous R&D Laboratory of the Ministry of Electronics & Information
Technology, Government of India)
IIT Campus, Powai, Mumbai-400076

Advertisement No. 9/2022

Society for Applied Microwave Electronics Engineering and Research invites applications for the following posts to be filled up on regular basis for its Mumbai Centre:

Name of the Post	:	Lower Division Clerk... 4 Posts (UR-1, OBC-2, EWS-1)
Scale of Pay	:	Level 2 in the pay matrix. Starting salary will be Rs. 19,900/-, plus usual allowances as per Central Government Rules
Age	:	Not exceeding 25 years. (Age relaxation to be given to Govt. servants in accordance with DoPT's instructions issued from time to time. Five years' age relaxation to the serving employees of Autonomous Societies under MeitY.)
Qualifications	:	Essential i. 12 th pass from a recognized Board/ University ii. Typing speed of 35 wpm in English or 30 wpm in Hindi, on Computer iii. Proficiency in Computer Operation Desirable i. Degree from a recognized university ii. 6 months' Certificate Course on Computer Operation iii. Experience in establishment/ accounts/ purchase/ stores of a reputed commercial organization/ industry
Name of the Post	:	Driver 2 Posts (UR-1, OBC-1)
Scale of Pay	:	Level 2 in the pay matrix. Starting salary will be Rs. 19,900/-, plus usual allowances as per Central Government Rules
Age	:	Not exceeding 25 years. (Age relaxation to be given to Govt. servants in accordance with DoPT's instructions issued from time to time. Five

		years' age relaxation to the serving employees of Autonomous Societies under MeitY.)
Qualifications	:	<ul style="list-style-type: none"> i. Matriculation or equivalent from a recognized Board/ University ii. Must hold a valid light duty vehicle driving license iii. Having accident free record and ability to carry out minor repairs to the vehicle
Experience	:	Minimum five years' experience in driving light duty vehicles
Name of the Post	:	Multi Tasking Staff 1 Post (UR)
Scale of Pay	:	Level 1 in the pay matrix. Starting salary will be Rs. 18,000/-, plus usual allowances as per Central Government Rules
Age	:	Not exceeding 25 years. (Age relaxation to be given to Govt. servants in accordance with DoPT's instructions issued from time to time.)
Qualifications	:	Matriculation or equivalent from a recognized Board/ University

Note 1: **The number of vacancies may change.**

Note 2. The applicants are required to submit their applications online, through the link provided on the website www.sameer.gov.in. **The link will be activated by 10th November 2022 and shall remain available till 5th December, 2022.** After submitting the application online, the applicants are required to take a printout of the same, append their signature in the space provided for the purpose and enclose self-attested copies of necessary documents and **send the application by speed post to Registrar, Society for Applied Microwave Electronics Engineering & Research (SAMEER), IIT Campus, Powai, Mumbai 400076, so as to reach him, latest by 20th December 2022.** The envelope should be superscribed with advertisement number and name and code of the post applied for.

Note 3: Age limit will be applicable as on last date for receiving applications.

Note 4: Upper age limit will be relaxed for ex-servicemen and persons with disabilities as per the orders of Government of India issued from time to time.

Note 5: Upper age limit will be relaxed by five years for SCs/ STs in case of posts reserved for them.

Note 6: Upper age limit will be relaxed by three years for OBCs, not belonging to the creamy layer, in case of posts reserved for them.

Application Fee: The candidates will have to pay the application fee as mentioned below: -

SCs/STs, persons with disabilities and ex-servicemen	Other Candidates
Rs. 25/-	Rs. 100/-

If an applicant applies for more than one post, he/ she will have to pay application fee for all the posts for which he applies. He/ she will also have to submit separate online application. The payment is to be made through NEFT, as per details given below:-

Beneficiary's Name: - Society for Applied Microwave Electronics Engineering and Research

Name and address of the Bank: - Canara Bank, IIT Powai, Mumbai 400076.

Account No. 2724101086829

Account Type: - Savings

IFS Code: - CNRB0002724

Proformas for submitting Caste Certificates etc:

The candidates are advised to produce the caste certificates etc. in the prescribed proformas, as mentioned below: -

The candidates belonging to	Applicable Proforma
Scheduled Castes and Scheduled Tribes	Proforma-I
Other Backward Class	Proforma-II
Form of declaration to be submitted by the OBC Candidate	Proforma-III
Serving/Retired Released Armed Forces Personnel	Proforma IV
Persons with Disability (ies)	Proforma V
Economically Weaker Sections	Proforma-VI

GENERAL INFORMATION:

1. Persons in service with the Government/Semi-Government Organization/Public Sector Undertaking/Autonomous Bodies etc. should send their application through proper channel.
2. These appointments are on regular basis and the persons selected will be on probation for a period of two years from the date of joining. After the completion of the probation period, their services will be considered for confirmation, based on their performance.

3. Incomplete applications, applications without photocopies of the certificate duly self attested and applications received after last date shall not be considered. The Society will not take responsibility for transit, postal and other delays.
4. Candidates must ensure that they fill in the correct information. Candidates who furnish false information will stand disqualified. The services of such persons shall be liable to be terminated, even if they are selected and join SAMEER.
5. Degree/ certificate should be from recognized institutions/universities.
6. Candidates should possess the prescribed experience in the relevant fields as mentioned under the column "Experience". The experience possessed before acquiring the essential qualifications will not be counted. In such cases, the required experience will be counted only from the date the essential qualifications are acquired. The prescribed Essential Qualifications/experience is bare minimum and mere possession of the same does not entitle candidates to be called for the written test.
7. In case a large number of applications are received for any post, SAMEER may, screen the applications, on the basis of parameters to be decided by it.
8. Canvassing in any form will lead to disqualification of the candidate.
9. **In case of LDCs, selection will be made on the basis of a two-stage written examination. The first stage examination will be of objective type and include questions related to General Knowledge, General English and General Mathematics. Only those who secure the cut-off marks in the first stage examination will be called for the second stage examination, which will be descriptive type in nature and will test the candidates' writing ability. The tests will be held in Mumbai. The written examination will be followed by the skill test.**
10. **In case of Drivers, SAMEER may consider holding an objective type test, to assess the applicants' knowledge of Hindi, English, traffic rules and working of a motor vehicle.**
11. **In case of Multi Tasking Staff, SAMEER may consider holding an objective type test, to assess the applicants' knowledge of Hindi and English.**
12. SAMEER strives to have workforce which reflects gender balance. Women candidates are encouraged to apply.

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* ofof Village/Town*in District/Division*

of the State/ Union Territory* belongs to thecaste/tribe* which is recognised 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 Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) 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 (Reorganisation) Act, 1987.]

- @ The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956
- @ The Constitution (Andaman and Nikobar 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 and 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 Order (Amendment) Act 2002
- @ The Constitution (Scheduled Castes) Order (Amendment) Act 2002
- @ The Constitution (Scheduled Castes 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 recognised as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* of issued 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 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)

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

This is to certify that Shri/Smt./Kumari.....son/daughter ofof village/townin District/Division in the State/Union Territory.....belongs to thecommunity which is recognised 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 OM No. 36012/22/93-Estt.(SCT) dated 8.9.1993, OM No.36033/3/2004-Estt.(Res) dated 9thMarch 2004, OM No. 36033/3/2004-Estt. (Res) dated 14th October, 2008 and OM No. 36033/1/2013-Estt. (Res) dated 27th May, 2013**.

Signature.....

Designation.....\$

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.

\$- List of authorities empowered to issue Other Backward Classes Certificate will be the same as those empowered to issue Scheduled Caste/Scheduled Tribe Certificates.

Note: the term 'ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

**Form of declaration to be submitted by the OBC Candidate
(in addition to the community certificate)**

I son/daughter of Shri resident of village/town/city district state hereby declare that I belong to the community which is recognized as a backward class by the Government of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training's Office Memorandum No. 36102/22/93-Estt. (SCT) dated 8-9-1993. It is also declared that I do not belong to persons/sections/sections (Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum dated 8-9-1993, O.M. No. 36033/3/2004-Estt. (Res.) dated 9th March, 2004 and O.M. No. 36033/3/2004-Estt. (Res.) Dated 14th October, 2008.

Signature

Full Name

Address

.....

**CERTIFICATE TO BE PRODUCED BY SERVING/RETIRED RELEASED ARMED FORCES PERSONNEL FOR
AVAILING THE AGE CONCESSION FOR POSTS FILLED BY DIRECT RECRUITMENT**

A. Form of Certificate applicable for Released/Retired Personnel

It is certified that No Rank
Name whose date of birth is has rendered service
from to..... in Army/Navy/Air Force.

2. He has been released from Military Service

%a. on completion of assignment otherwise than

- i) By way of dismissal, or
- ii) By way of discharge on account of misconduct or inefficiency, or
- iii) On his own request but without earning his pension, or
- iv) He has not been transferred to the reserve pending such release

%b. on account of physical disability attributable to Military Service

%c. on invalidment after putting in at least 5 years of Military Service

3. He is covered under the definition of Ex-Serviceman (Re-Employment in Central Civil Services and Posts) Rules, 1979 as amended from time to time

Place

Date

Signature, Name and Designation of the
Competent Authority**

SEAL

% Delete the Paragraph which is not applicable

B. Form of Certificate for Serving Personnel

(Applicable for serving personnel who are due to be released within one year)

It is certified that No..... Rank.....
Name..... is serving in the Army/Navy/Air Force from.....

2. He is due for release retirement on completion of his specific period of assignment on

3. No disciplinary case is pending against him.

Place

Date

Signature, Name and Designation of the
Competent Authority**

SEAL

Candidate (Serving Personnel) furnishing certificate B as above will have to give the following undertaking:

Undertaking to be given by Service/Armed Force Personnel who are due to be released within one year

I understand that if selected on the basis of the recruitment/examination to which this application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the appointing authority that I have been duly released/retired/discharged from the Armed Forces and that I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen (Re-Employment in the Central Civil Service and Posts) Rules, 1979 as amended from time to time.

Place

Date

Signature and Name of Candidate

C. Form of Certificate applicable for serving ECOs/SSCOs who have already completed their initial assignment and are on extended assignment

It is certified that No..... Rank Name
whose date of birth is is serving in the Army/Navy/Air Force from

2. He has already completed his initial assignment of five years on and is on extended assignment till

3. There is no objection to his applying for Civil Employment and he will be released on three months notice on selection from the date of receipt of offer of appointment.

Place.....

Date.....

Signature Name and Designation of the
Competent Authority**

SEAL

**Authorities who are competent to issue certificate to Armed Forces Personnel for availing age concessions are as follows: -

- (a) In case of commissioned officers including ECOs/SSCOs
 - Army -- Military Secretary Branch, Army Hqrs., New Delhi
 - Navy -- Directorate of Personnel, Naval Hqrs., New Delhi
 - Air Force -- Directorate of Personnel Officers, Air Hqrs., New Delhi

- (b) In case of JCOs/ORs and equivalent of the Navy and Air Force
 - Army – By various Regimental Record Offices
 - Navy – BABS, Mumbai
 - Air Force – Air Force Records, New Delhi

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/femaleRegistration 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
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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 ShriDate 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 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			

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

@ - e.g. Left/ Right / Both arms / legs

- e.g. Single eye/Both eyes

\$ - e.g. Left/ Right/ Both ears

(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)

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

@ - e.g. Left/ Right / Both arms / legs

- e.g. Single eye/Both eyes

\$ - e.g. Left/ Right/ Both ears

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 yearsmonths and therefore this certificate shall be valid till(DD/MM/YY)

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)

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)

Signature/Thumb impression of the person in whose favour certificate of disability is issued.
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Note 1: 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 2: The principal rules were published in the Gazette of India by Ministry of Social Justice and Empowerment vide notification number 489, dated 15.6.2017.

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./KumariSon/daughter/wife ofpermanent 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 agriculture 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.....

Resent passport size attested photograph of the applicant
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- * Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc.
- ** Note 2: The term 'Family' for this purpose includes 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,
