

## Advertisement for Faculty Positions

IISER Mohali currently has 17 vacant positions for direct recruitment of Assistant Professor in all areas of **Physics, Chemistry, Mathematics, Biology, Earth & Environmental Sciences** and **Humanities & Social Sciences**. We are looking for extremely motivated scientists with a high-profile research agenda and a flair for teaching (especially at the undergraduate level). The direct recruitments to these posts shall be as per the provisions of the Central Educational Institutions (Reservation in Teachers cadre) Act, 2019 and the distribution of posts shall be as per the following table:-

Sl No	Name of the post	U R	S C	S T	OB C	EW S	PwBD *
1.	Assistant Professor (17 Posts)	8	3	1	4	1	1*

\* 01 post is reserved for person with benchmark disability (PwBD) of "types (a) (b) (c), (d),(e)" as per Govt of India rules, and this post shall be filled through horizontal reservation.

IISER Mohali invites applications on or before 15-09-2023 from eligible candidates for the post of:

### Assistant Professor

Minimum Qualifications: PhD with a first class in the preceding degree, and a minimum of three years of post- doctoral or equivalent experience.

Pay Level-Academic Pay level 12 with initial basic pay Rs.1,01,500/- as per 7<sup>th</sup> CPC.

### General Conditions: -

1. A candidate applying for the above faculty positions must be a citizen of India or an Overseas Citizen of India (OCI).
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. 15-09-2023. 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. 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.
6. 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.
7. 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.
8. 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.
9. No interim correspondence or personal enquiries shall be entertained by the Institute.
10. Persons already working in Central/State Government/Public Sector Undertakings/Autonomous organization etc. should send their applications through proper channel.
11. All candidates called for interview shall be required to furnish 'No Objection Certificate' from their current employer at the time of interview.
12. 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.
13. 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.
14. The OBC-NCL and EWS certificate should be issued during the current financial year.
15. 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
16. 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.

**17.** 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.

**18.** The Institute solely reserves the right to accept or reject all or any of the applications received without assigning any reason thereof. The Institute also reserves the right not to fill any or all of the advertised positions without assigning any reason. The number of vacant positions to be filled may be increased or decreased at the institute's discretion.

**19.** 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.

**20.** 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.

**21.** Addendum/cancellation/corrigendum (if any) shall be posted on the Institute Website only.

**22.** Canvassing of any nature and/or bringing any influence/pressure from any quarter will be treated as a disqualification for the post.

**23.** 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](#)**

**24.** Please note that only Online Applications will be entertained. Applications through email will not be considered.

**25.** The following category shall be eligible against bench mark disability a) Blind, Low Vision b)Deaf, Hard of Hearing d) Autism Spectrum Disorder (Mild), Special Learning Disability, Mental Illness e) Multiple Disabilities involving (a) to (d) above

**26. Last date to submit the Online Application is 15-09-2023 till 05:00 PM.**

**27.** Applicants must disclose whether any of their close relations are employees or applicants for employment in IISER (including parent/child/sibling or equivalent relation by marriage/ spouse/ or those who could be termed as blood relation)

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

***29. All candidates who may have applied against the rolling advertisement in the past and who continue to be interested for a faculty appointment in the Institute are required to apply afresh against this advertisement before the last date indicated.***

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\* 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 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.....

Recent passport  
size attested  
photograph of  
the applicant



**\*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) ..... 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			

(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.
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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.