NATIONAL DOPE TESTING LABORATORY
Government of India
JLN Stadium Complex, East Gate No. 10, New Delhi – 110003

Advertisement No. 02/2025

The National Dope Testing Laboratory (NDTL), Government of India, New Delhi invites applications from Indian nationals possessing excellent academic record and relevant work experience to fill the following post on Direct Recruitment basis:

S. No.	Name of Post and Pay Matrix Level (PML)	No. of Post	Category	Maximum age DR
1.	Scientist – B (PML-10 Rs 56100 - 177500	01*	OBC (NCL) Backlog Vacancy	35 Years

Note:

I. DR: Direct Recruitment; OBC: Other Backward Class; NC: Non-Creamy layer.

II. [*] The post is earmarked for PwBD: Person with Benchmark Disability- **Loco-motor disability including cerebral palsy, leprosy cured, dwarfism, acid attacks victims and muscular dystrophy.**

III. For application format & other details, please visit http://ndtlindia.com.

IV. Please go through detailed General Instructions/ information before filling the application form.

V. Last date for receipt of applications shall be 45 days from the date of publication of this advertisement in the Employment News.

-Sd-
Deputy Director (Admin)

ESSENTIAL/ DESIRABLE EDUCTIONAL QUALIFICATION & EXPERIENCE FOR THE DIRECT RECRUITMENT

Scientist – B: 1 Post: (OBC) (Non-creamy layer) (Backlog Vacancy). The post is earmarked for PwBD (Loco-motor disability including cerebral palsy, leprosy cured, dwarfism, acid attacks victims and muscular dystrophy)

S. No.	Name of the Post and PML	Educational Qualification and experience as per Recruitment Rules
1.	Scientist – B PML - 10 (Rs 56100 – 177500)	**Essential Qualification:** i. Master's degree in Chemical/ Biological/ Pharmaceutical Sciences in relevant fields from UGC/ AICTE recognized University/ Institute; ii. Three years' post Qualification experience in the use of relevant analytical technique such as Chromatography, Immunoassays, Electrophoresis or Mass Spectrometry in relevant area of drug analysis. **Desirable**: i. Ph.D in relevant subject from a UGC/ AICTE recognized University/ Institute; ii. Experience in Research & Development in the field of drug analysis/ sports dope testing evident by research publications Peer review journals; iii. Experience in Quality Management System as per ISO/IEC: 17025 and quality assurance processes.

General Instructions/ Information:

1. Experience in the Relevant field means: the experience in the thrust areas of NDTL in the field of drug analysis / sports dope testing. The period of experience in the requisite discipline/area of work wherever prescribed shall be counted w.e.f. the date of acquiring the prescribed minimum educational qualifications required for that post. The prescribed educational qualifications should have been obtained from a recognized Board/ Institution/ University. Only self-attested copies of certificates/ testimonials should be uploaded at the time of filling online application.

2. The National Dope Testing Laboratory (NDTL) Government of India is an Autonomous Body under Societies Registration Act-1860.

3. The post advertised above is as per the Central Government pay scales as extended to NDTL and carry allowances like Dearness Allowance, House Rent Allowance, Transports Allowance and Children's Educational Allowance etc. This post is governed by National Pension Scheme (NPS) of Govt. of India and will be eligible for other benefits like Medical, LTC etc., as per NDTL's norms.

4. Age Relaxation and concessions

(i). Upper age limit is relaxable by 3 years in case of OBC candidates. The reservation and relaxation is not applicable to OBC candidates falling within the creamy layer. Candidates applying under OBC category shall require to produce the required certificate in the prescribed format duly signed by the Issuing Authority. A copy of valid certificate in the

prescribed format for appointment of posts under the Central Government is attached as **Annexure I.**

(ii). Age relaxation to Persons with Benchmark Disabilities (PwBD): Age relaxation of 10 years is allowed (Total 13 years for OBCs in respect of the posts reserved for them) to Visually, Hearing and Orthopedically handicapped persons. The persons claiming age relaxation under this sub-para would be required to produce a certificate in prescribed proforma in support of their claims clearly indicating that the degree of physical disability is 40% or more. In any case, the appointment of these candidates will be subject to their being found medically fit in accordance with the standards of medical fitness as prescribed by the Government for each individual posts to be filled by Direct Recruitment.

(iii). Upper age limit is also relaxable up to five years for the regular employees working in Government Departments in accordance with the instructions or orders issued by the Central Government. This relaxation admissible to such of the government servants as are working in posts which are in the same line or allied cadres and where a relationship could be established that the service already rendered in a particular post will be useful for the efficient discharge of the duties of the posts, recruitment to which has been advertised. A copy of valid certificate in the prescribed format for appointment of posts under the Central Government is attached as **Annexure II.**

(iv). There shall be no age limit for Departmental candidates applying for Direct Recruitment Posts, provided they fulfil other eligibility criteria including educational qualifications and experience.

(v). One time age relaxation, up to the period of contract service rendered by contractual employees working in NDTL, subject to a maximum of 10 years will be reckoned on the closing date.

(vi). Person with Benchmark Disabilities (PwBD) is entitled to age concession by virtue of being a Central Government Employee, concession to him/her will be admissible either as a 'person with disability' or as a 'Central Government Employee' whichever may be more beneficial to him/her. Relaxation in age limit shall be applicable irrespective of the fact whether the post is reserved (for PwBD) or not, provided the post is identified for PwBD.

(vii) Candidates applying under PwBD category shall require to produce the required certificate in the prescribed format duly signed by the Issuing Authority. A copy of valid certificate in the prescribed format for appointment of posts under the Central Government is attached as **Annexure III/ Annexure IV/ Annexure V** (as the case maybe).

(viii) Age limit will be reckoned on the closing date of receipt of online application.

5. Mode of payment of the Application Fee is through Online.

Direct Recruitment	**Fee Amount**
OBC	Rs.1,000
PwBD & Woman	Rs.500

6. Screening Criteria:

6.a. In case of applications received in response to this advertisement is large/overwhelming, and in order to restrict the number of candidates to be called for interview so as to enable the selection committee to have comprehensive assessment of the candidates, applications received for the position of Scientist-B shall be screened on the basis of any of the following methods (i) Desirable Qualification (DQs) (any one or combination of two or more or all DQs, if more than one DQ is prescribed); (ii) On the basis of higher Experience in the relevant field than the minimum prescribed in the advertisement; (iii) On the basis of higher relevant Educational Qualifications than the minimum prescribed in the advertisement; (iv) Other credentials of the candidates like academic excellence from Graduation onwards, honors & awards, Patents, Publications in

an objective manner higher than the minimum prescribed qualification & experience in the advertisement, and: (v) and/or resort to conducting a written test or both, before calling the limited number of candidates for an interview.

6.b. The criteria to be adopted in the above regard by the duly constituted Screening Committee to shortlist the candidates to be called for interview will be notified in the NDTL's website. The number of applications received in response to the advertisement will also be notified in the NDTL's website. Therefore, mere fulfilling of requirement as laid down in the advertisement does not qualify a candidate to be called for the interview. No correspondence in this regard shall been entertained.

6.c. The candidate, should, therefore, mention all his/her academic qualifications, experience in the relevant field over and above the indicated including other credentials.

7. Candidates working under the Central / State Government / Public Sector Undertakings should upload a "NO OBJECTION CERTIFICATE" from their employer. No extension of time shall be provided for production of NOC.

8. How to Apply:

i. Candidates are required to apply online through https://ndtlindia.com/career/ . No other means/ mode of application will be accepted.

ii. Candidates must ensure before applying that they are eligible according to the criteria stipulated in the advertisement. If the candidate is found in-eligible at any stage of recruitment processes, he/she will be dis-qualified and his/her candidature will be cancelled. Hiding of information or submitting false information will lead to cancellation of candidature at any stage of recruitment.

iii. All applicants must fulfill the minimum education qualifications essentially required for the post and other conditions stipulated in the advertisement. They are advised to satisfy themselves before applying for the post. No enquiry asking for advice as to eligibility will be entertained. The date for determining the eligibility of all candidates in every respect shall be the closing date as indicated in the advertisement.

iv. Candidate should ensure that he/she possesses essential educational qualification/experience in the relevant area as required in the category/post, for which he/she is applying, on the last date for receipt of online applications. Experience certificate must be issued from competent administrative authority of the concerned organization.

v. The Personal interview of short listed/screened in candidates will be held at DELHI. Travelling Allowance for out station candidates (other than NCR) attending the Personal interview at DELHI will be as per Rules of the NDTL and it will be reflected in the interview letter.

vi. Any discrepancy has been found between the information given in the application and as evident in original documents will make the candidate ineligible for appearing in the interview. Such candidate will not be paid any fare.

9. General Conditions:

i. NDTL reserves the right to Revise / Reschedule / Cancel / Suspend / Postpone / Withdraw recruitment process without assigning any reason. The decision of NDTL shall be final and no appeal shall be entertained. The number of vacancies indicated against each category is provisional and may or may not vary at the time of selection.

ii. Canvassing in any form/ bringing in any influence political or otherwise will be treated as a disqualification for the post. No interim queries/correspondence will be entertained on the matter.

iii. The applications through proper channel or advance copies of applications received after closing date or without enclosures or incomplete applications will be summarily rejected. NDTL will not be responsible for transit, postal and other delays.

iv. The decision of the Appointing Authority, NDTL in all matters relating to eligibility, acceptance or rejection of applications, mode of selection and conduct of examination/interview will be final and binding on the candidates and no enquiry or correspondence will be entertained in this connection from any individual or his/her agency.

v. Any legal proceedings in respect of any matter of claim or dispute arising out of this advertisement and /or an application in response there to can be instituted only in NEW DELHI and courts/tribunals/forums at NEW DELHI only shall have sole and exclusive jurisdiction to try any such cause/dispute.

vi. Number of applications received, details of shortlisted candidates, date of interview, any Addendum/Corrigendum in respect of the advertisement shall be issued ONLY on NDTL's website @ www.ndtlindia.com and no separate notification shall be issued in the press. Applicants are requested to regularly visit the website to keep themselves updated.

vii. Candidates are advised to fill their correct and active email address including alternative email address/mobile number as all correspondence in connection with the recruitment will be made by **e-mail ONLY**.

S/d

Deputy Director (Admn)

ANNEXURE-I

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 of _____ 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**.

Date :

District Magistrate/
Deputy Commissioner

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.
**- Or further modified vide O.M. No. 36033/2013-Estt (Res.) dated 27.05.2013 or further modified vide O.M. No. 36033/1/2013-Estt (Res.) dated 13.09.2017 or latest notification of the Government of India.

Note:- The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

Annexure II

The form of certificate to be produced by Government servants for claiming Age concession

(Letter Head of the Institution/Issuing Authority)

This is to certify that Shri/Ms..... S/o,D/o,W/o Shri..... is a regularly appointed an employee of this Organization/Department/Ministry and duties performed by him/her during the period(s) are as under

Certified that:

(a) Shri/Smt./Kum. ..... holds substantively a permanent post of ..... in the Office/Department of ..... with effect from.....

*(b) Shri/Smt./Kum. ..... has been continuously in temporary service on a regular basis under the Central Government in the post of ..... in the Office/Department..... with effect from.....

Signature.....

Name.....

Designation.....

Ministry/Office.....

Address. .....

Office SEAL.....

Place: .....

Date: .....

ANNEXURE-III

Form-V

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case 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 I 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 _____

1. 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 Authorized Signatory of Notified Medical Authority

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

ANNEXURE-IV

Form - VI Certificate of Disability
(In cases 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 I am 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 ticket below, 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.	Dwarfism			
5.	Cerebral Palsy			
6.	Aid attak Victim			
7.	Low vision	#		
8.	Blindness	#		
9.	Deaf	£		
10	Hard of Hearing	£		
11.	Speech and Language disability			
12.	Intellectual Disability			
13.	Specific Disability	Learning		
14.	Autism Disorder	Spectrum		
15.	Mental illness			
16.	Chronic Conditions	Neurological		
17.	Multiple sclerosis			
18.	Parkinson“s disease			
19.	Haemophilia			
20.	Thalassemia			
21.	Sickle Cell disease			

(B) in the light of 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 the person in whose favour Certificate of disability is issued.

ANNEXURE – V

Form – VII

Certificate of Disability

(In case other than 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 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 I am satisfied that he/ she is a case of _____ 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) 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 disability 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)

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

e.g. Single eye/ both eyes

£ 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**

(Authorized Signatory of notified Medical Authority)
(Name and Seal)

Countersigned
{Conter signature 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