



NSPC (National solar Power corporation).

(A Government of India Navratna Enterprise)

Solar energy power corporation of india (NSPC)
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new Delhi - 110024.

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Recruitment Advertisement No. 06/2025

Recruitment of Field Assistant / Multi Tasking Staff (MTS).

Opening Date Of Online Application : 25.06.2025

Last date of receipt of online Application: 25.07.2025 (upto 23:00 hours)

NSPC-National Solar Power corporation invites applications from eligible Indian citizens for filling up the following Group 'C' posts:

- Online Application are invited from eligible candidate for Selection Post as indicated in Notice. The vacancies indicate are tentative in nature and NSPC reserves the right to alter/cancel/withdraw/merge any or all the vacancies at any time if need arises.the candidates should go through this notice of Recruitment carefully before applying for the post(s) and ensure that they fulfill all the eligibility conditions like Age -Limit / Essential qualification(Eqs)/category etc

Name of the post	No. of Post & Reservation	Scale of Pay as per 7th CPC	Essential Qualifications	Upper Age Limit
Office Assistant / (MTS)	No. of Posts: 410 [UR: 177; EWS: 23; OBC: 110 SC:86; ST: 14]	Level-1 [Pay Band :5,200-20,200] Grade Pay :Rs 1800 (Total Emoluments: Rs : 33,275 [approximately]*)	Matriculation or its equivalent and proficiency in Field Assistant as per the prescribed norms fixed by DoPT from time to time.	28 Years

Abbreviations used: UR –Unreserved, EWS –Economically Weaker Section, OBC -Other backward class (non creamy layer) SC-Scheduled Castes, ST- Scheduled Tribes,

Note: The number of vacancies indicated against the post may increase or decrease.

Crucial date for claim of SC/ST/OBC/EWS/PwBD status or any other benefit viz. fee concession, reservation age-relaxation as well as determining the age, qualifications and experience etc., where not specified otherwise, shall be the closing date for receipt of online applications

Total Emoluments means approximate total emoluments per month on minimum of scale including House Rent Allowance, Transport Allowance as admissible in 'Y' class city, as per rule.

Essential Qualification (s):

Matriculation or its equivalent and proficiency in Field Assistant as per the prescribed norms.

All qualifications should be from universities / institutions / Bord recognized and approved in India

Selection Procedure:

A Committee duly constituted by the Director, NSPC, will shortlist the candidates fulfilling the qualification(s), terms and conditions of this advertisement. However, detailed scrutiny will be done only at the time of final selection.

The selection will be made based on the merit list of Competitive Written Examination . The details of scheme of written examination are as mentioned below:

- **Scheme of Competitive Written Examination:**

Mode of Examination	OMR Based or Computer Based Objective Type Multiple Choice Examination.
Medium of Questions	The questions will be set both in English and Hindi except the questions on English language.
Total No. of Questions	100
Total time allotted	1:30 hours (1:50 hours for PWBD)

- **Competitive Written Examination for the post of (MTS) will consist only of one paper with 03 parts as detailed below:**

Part	Subject	No. of Questions	Maximum Marks
I	General Intelligence & Reasoning	25	25
II	General Awareness	35	35
III	Language & Comprehension	40	40

- **Note** -There will be no any negative marks

Preparation of Merit List:

- The final merit list will be prepared on the basis of the performance of the candidates in the competitive written examination and verification of documents.
- Methodology for resolution of tie cases wherever two or more candidates have secured equal aggregated marks
- Date of Birth, with older candidate placed higher;
- Candidate acquiring minimum educational qualification earlier, placed higher;
- Alphabetical order in which first names of the candidates appear
- Other Conditions:

GENERAL CONDITIONS

- The applicant must be a citizen of India.
- All applicants must possess the essential qualification of the post and fulfil other conditions stipulated in the advertisement. They are advised to satisfy themselves before applying that they possess at least the minimum essential qualifications laid down for the post which is compulsory even if a candidate has some other higher qualifications. Enquiries asking for advice as to eligibility will not be entertained.

The candidate should, mention in the application all the qualifications if any, in the relevant area supported by documents and ensure that all details are in full and accurate.

In respect of the equivalent clause, if a candidate is claiming a particular qualification as equivalent qualification as per the requirement of advertisement, then the candidate is required to produce order/letter in this regard, indicating the Authority (with number and date) under which it has been so treated otherwise the application is liable to be rejected. The decision with regard to equivalence of qualification(s) and about recognition of Universities / Institutes / Boards / Councils shall be final and binding.

- Candidates belong to General/Ews/OBC category fee Rs-0, SC/ST Rs-0, application fee not applicable
Fee is not applicable for PWBD candidates.

• **Age Limit & Relaxations:**

The age limit for the posts is 18-28 years .

The upper age limit is relaxable up to 5 years for SC/ST and 03 years for OBC (NCL) as per Government of India orders in force only in those cases where the post is reserved for respective categories, on production of relevant certificate in the prescribed format signed by the specified authority.

Concession / relaxation to Persons with Benchmark Disability

- Age relaxation for persons with benchmark disabilities (PwBD): Age relaxation of 10 years (15 years for SC/ST and 13 years for OBC (NCL) candidates, only in those cases where the post is reserved for respective categories) in upper age limit shall be allowed to persons suffering from
(a) blindness or low vision (b) deaf and hard of hearing (c) locomotor disability including cerebral palsy, leprosy cured, dwarfism, acid attack victims and muscular dystrophy (d) autism, intellectual disability, specific learning disability and mental illness; (e) multiple disabilities from amongst persons under clauses (a) to (d) including deaf-blindness. The age concession to the persons with disabilities shall be admissible irrespective of the fact whether the post is reserved for person with benchmark disabilities or not. 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 of India for each individual posts. [Formats for PwBD certificates (Annexure-IV, IVA and IVB)]

Abbreviation used:

- In case of persons with benchmark disabilities (PwBD) in the category of blindness, locomotor disability (both arms affected-BA) and cerebral palsy, the facility of scribe is provided, if desired by the candidate.
- In case of remaining categories of persons with benchmark disabilities (PwBD), the provision of scribe will be provided on production of certificate at the time of examination to the effect that the person concerned has physical limitation to write, and scribe is essential to write examination on his behalf, form the Chief Medical Officer/ Civil Surgeon/ Medical Superintendent of a Government health care institution as per proforma at Annexure-V.
- The facility of scribe will also be provided to PwBD candidates having disability less than 40% and having difficulty in writing in pursuance to OM No. 29-6/2019-DD-II dated 10.08.2022 issued by Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment. The facility will be provided on production of certificate as per Annexure.
- The candidates will have the discretion of opting for his/her own scribe or to avail the facility of scribe provided by NSPC.
- In case the candidate opts for his own scribe, the qualification of the scribe should be one step below the qualification of the candidate taking the examination. The candidates with benchmark disabilities (PwBD) opting for own scribe shall be required to submit details of the own scribe at the time of examination as per proforma at Annexure-VI.
- The candidates with disabilities (PwD) eligible for the scribe as per Para 3.3 above and opting for own scribe shall be required to submit details of the own scribe at the time of examination as per proforma at Annexure-VIA. In addition, the scribe has to produce a valid ID proof in original at the time of examination.
- A photocopy of the ID proof of the scribe signed by the candidate as well as the scribe will be submitted along with proforma at Annexure-VI/ Annexure-VIA. If subsequently it is found that the qualification of the scribe is not as declared by the candidate, then the candidate shall forfeit his right to the post and claims relating thereto.

Annexure-I

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*

village/town*..... ofof in

District/Division*.....of the e/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 Reorganization Act, 1960, the Punjab Re-organization Act, 1966, the State of Himachal Pradesh Act, i 1970, the North Eastern Areas (Reorganization) 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 (Reorganization) 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 Have ii) Schedule 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 Dill) 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 @ The Constitution (Scheduled Caste) Order (Amendment) Act 2007 % 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 Caste/Scheduled Tribe certificate issued to Shri/ Shrimati*.....Father/ Mother of Shri/ Shrimati/ Kumari*.....of village/ town*/ Territory** in District/Division* of the State/ Union Territory*...

..... who belong to the caste/ tribe* which is recognised as a Scheduled Caste/Scheduled Tribe* in the State/ Union Territory* issued by the..... dated..... %3. Shri/ Shrimati/ Kumari*.....and/ or* his/ her* family ordinarily resides in village/ town*...

..... ofDistrict/ Division* of the State/ Union Territory* of..... Place:

..... Date: * Please delete the words which are not applicable. @Please quote specific Presidential Order. %Delete the paragraph which is not applicable

Signature.....

**Designation..... (With Seal of Office) State/Union Territory 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) Note: ST candidates belonging to Tamil Nadu State should submit caste certificate ONLY FROM THE REVENUE DIVISIONAL OFFICER .

Annexure-II

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 village/town of in District/Division belongs to the community which is recognised as a backward class under the Government of India, Ministry of Social Justice and Empowerment's Resolution No. dated * the and/or his family District/Division ordinarily reside(s) of in 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, OM No. 36033/3/2004- Estt. (Res) dated 9th March, 2004, O.M. No. 36033/3/2004-Estt. (Res) dated 14th October, 2008 and O.M. 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 (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) 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 – NCL candidate (in addition to the community certificate) Annexur

- **Annexure-III**

- Form of declaration to be submitted by the OBC – NCL candidate (in addition to the community certificate) I Son/daughter of Shri district resident of hereby declare that I belong to the village/town/city state 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 Office Memorandum No. 36102/22/93-Estt.(SCT) dated 8 9-1993. It is also declared that I do not belong to persons/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 and as amended time to time. I also declare that the condition of status/annual income for creamy layer of my Parents/guardian is within prescribed limits as on last date of application.
- Signature_____
- Full Name_____
- Address_____
- Place: _____
- Date:_____

• **Annexure-IV**

- Government of (Name & Address of the authority issuing the certificate) **INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS** Certificate No: VALID Date:..... FOR THE YEAR..... This is to certify that Shri/Smt./Kumari..... Son/daughter/wife of Permanent resident of, Village/ Street, Post Office, 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 lakhs (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. 3. Shri/Smt./Kumari..... Belongs to the ca ste 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.

• **Annexure-V**

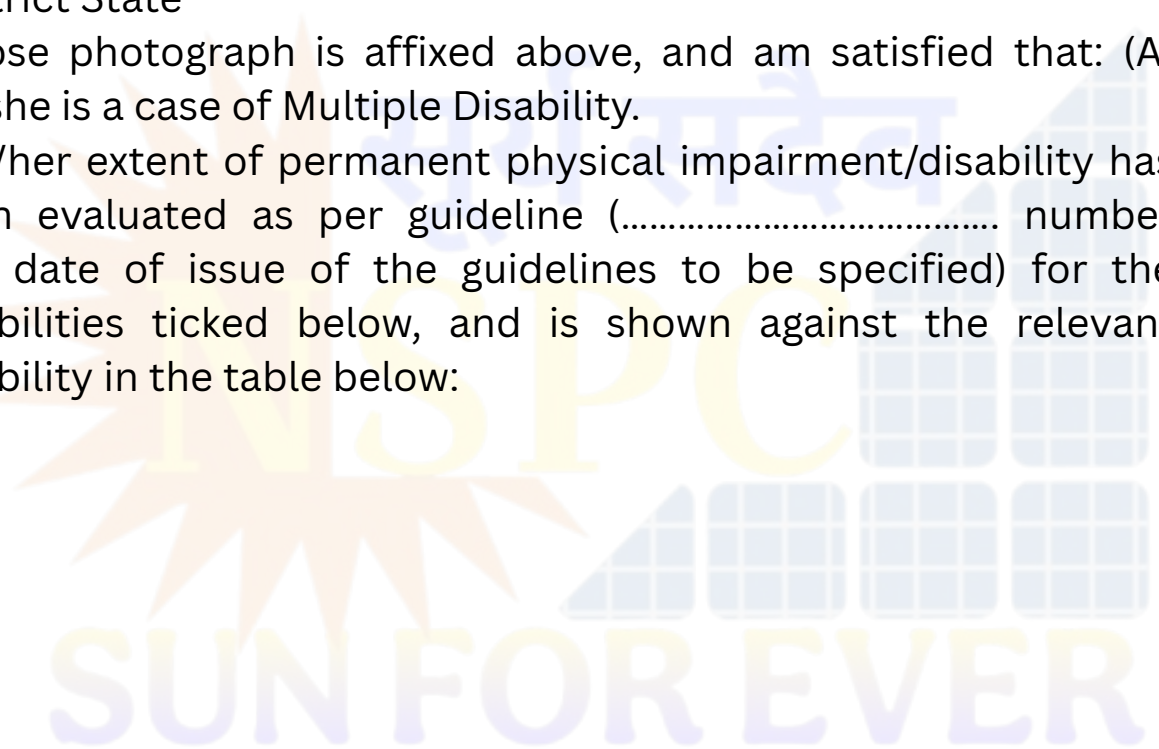
- Form-V Certificate of Disability (In cases of amputation or complete permanent paralysis of limbs or dwarfism and in cases of blindness) [See rule 18(1)] (NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE) Recent Passport Size Attested Photograph (Showing face only) of the person with disability Certificate No..... 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

.....
• Regist ration 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) (A) the diagnosis in his/her case isHe/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. Annexure-VI

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Annexure-VI

- Form-VI Certificate of Disability (In cases of multiple disabilities) [See rule 18(1)] (Name and Address of the Medical Authority issuing the Certificate) 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 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 guideline (..... number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:



- (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: percentage 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) @ - 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 Signature/thumb impression of the person in whose favour certificate of disability is issued Date of Issue Details of authority issuing certificate

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- **Annexure-VII**

- 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)] Certificate No. Date: This is to certify that I have carefully examined Shri/Smt/Kum son/Wife/daughter of Shri Date of Birth (DDD/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 (.....number and date of issue of the guidelines to be specified) and is shown against the relevant disability in the table below: (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) .

- **Annexure-VIII**

- Certificate for person with specified disability covered under the definition of Section 2 (s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing. This is to certify that, we have examined Mr/Ms/Mrs(name of the candidate), S/o /D/o, a resident of (Vill/PO/PS/District/State), aged.....years, a person with ... (nature of disability/condition), and to state that he/she has limitation which hampers his/her writing capability owing to his/her above condition. He/she requires support of scribe for writing the examination. 2. The above candidate uses aids and assistive device such as prosthetics & orthotics, hearing aid (name to be specified) which is /are essential for the candidate to appear at the examination with the assistance of scribe. 3. This certificate is issued only for the purpose of appearing in written examinations conducted by recruitment agencies as well as academic institutions and is valid upto (it is valid for maximum period of six months or less as may be certified by the medical authority) Signature of medical authority (Signature & Name) (Signature & Name) (Signature & Name) Orthopedic / PMR specialist Clinical Psychologist / Rehabilitation Psychologist/Psychiatrist/ Special Educator (Signature & Name) (Signature & Name) Neurologist (if available) Occupational therapist (if available) (Signature & Name) Other Expert, as nominated by Chairperson (if any) Chief Medical Officer/Civil Surgeon/Chief District Medical Officer.....Chairperson Name of Government Hospital/Health Care Centre with Seal Place: 'Date: