

	भारतसरकार / Government of India पत्तन, पोतपरिवहन और जलमार्गमंत्रालय / Ministry of Ports, Shipping and Waterways दीपस्तंभ और दीपपोत निदेशालय / Directorate of Lighthouses and Lightships दीपभवन, पोर्टरिजिडेंशियल एरिया, मालिग्रामपुरम Deep Bhavan, Port Residential Area, Saligrampuram विशाखापट्टनम-530024 / Visakhapatnam-530024	
फोनसं / Ph. No: 0891-2733140, फैक्स / Fax: 0891-2731790, ई/मेल-E-mail : dte-visha@nic.in		

No. (9189) ESTVSP-06002(03)/1/2026-Establishment

Date- 07-10-2026

NOTICE OF VACANCY

(Refer Employment News Dated 03-09 October, 2026 Advertisement No.06/2026, Pg. No.08 and 09)

Applications are invited from the eligible Indian citizens for filling up 1 (One) post of Navigational Assistant Grade – III in Level-5 in Pay Matrix (7th Central Pay Commission) in the Director of Lighthouse & Lightships, Visakhapatnam. Further details viz. name of the post, age, educational qualification are as under:-

Name of the Post	Age Limit	Educational and other Qualifications required
(1)	(2)	(3)
Navigational Assistant Grade-III	Between 18 and 27 years. (Relaxable as per orders issued by the Central Government from time to time). The crucial date for determining the age limit shall be last date for receipt of application i.e. 01/11/2026	Essential: Diploma in Electronics or Telecommunication or Electronics and Communication or Electrical and Electronics from an Institution recognized by Central Government or State Government.
Place of Posting	No. of Post and reservation	Application to be sent to
(4)	(5)	(6)
Initial posting shall be at any Lighthouse/DGNSS/NAVTEX Station under Visakhapatnam Directorate and liable to be transferred anywhere in India.	01 Post (Scheduled Caste)	The Director, Directorate of Lighthouses and Lightships, “Deep Bhavan” Port Residential Area, Saligrampuram, Visakhapatnam-530024, Andhra Pradesh

The last date and time for receipt of applications is **01/11/2026** at **1700 Hrs.** In respect of North East Region i.e. Assam, Meghalaya, Arunachal Pradesh, Mizoram, Manipur, Nagaland, Tripura, Sikkim & Union Territory of Jammu & Kashmir and Ladakh, Chamba and Spiti District of Himachal Pradesh State, Andaman and Nicobar Islands and Lakshadweep Islands the last date will be 7 days more than from the closing date. The applications received after the last date & time will not be entertained. However, Age shall be reckoned as on **01/11/2026** for all. **The applications should strictly be forwarded to The Director, Directorate of Lighthouses and Lightships, “Deep Bhavan” Port Residential Area, Saligrampuram, Visakhapatnam-530024, Andhra Pradesh,** superscribed with application for the post of Navigational Assistant Grade – III preferable by Speed Post/Registered Post. Department will not be responsible for any postal delay. Any addendum/corrigendum regarding this advertisement will be published in Departmental website <http://www.dgll.nic.in> only and it shall not be published in employment news/any other media.

Note :- In case the closing date happens to be a public holiday the next working day will be the last date for receiving of applications at 1700 Hrs. and the Directorate of Lighthouses and Lightships, Visakhapatnam will not be responsible for any postal delay or loss.


Director

Control No. (Office use)

APPLICATION FOR THE POST OF NAVIGATIONAL ASSISTANT GRADE - III

Candidates are advised to go through the advertisement before the submission of application.
Application must be submitted in A4 size good quality paper only.

(Please fill up the application in capital letters)

Paste (Do not staple)
your recent passport size
colour photograph
(size 3.5 cm x 3.5 cm)
(not more than 3 months old)
Not to be attested

Signature of candidate
below the photograph

1. Title: Mr./Mrs./Miss

2. Name of Candidate:

First Name

Middle Name

Last Name

3. Father / Husband
Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. Address:

Flat/Room/Door/Block No.

(For Communication) Name of Premises/Building/Village

Road/Street/Lane

Post Office

Area/Locality/Taluka/Sub-Division

Town/City/District

State/Union Territory

Pin Code

5. Permanent Address: Flat/Room/Door/Block No.

Name of Premises/Building/Village

Road/Street/Lane

Post Office

Area/Locality/Taluka/Sub-Division

Town/City/District

State/Union Territory

Pin Code

6. Nearest Railway
Station:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

7. Aadhar Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

8. Mobile No:

Land Line No. STD Code

+	9	1													
0															

Phone No.

9. E-mail:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

10. Category:

UR

☐

SC

☐

ST

☐

OBC

☐

EWS

☐

Certificate to be submitted in the form as per prescribed Annexure as applicable

11. Gender:

Male

☐

Female

☐

12. Religion

Hindu

☐

Muslim

☐

Christian

☐

Others

☐

13. Date of Birth (DD/MM/YYYY)

14. Age: (as on date of application)

Years

Months

Days

15. Are you (i) Employee of Central/ State Govt. Autonomous bodies/

PSUs, Public Sector Banks

Yes

☐

No

☐

(ii) Ex-Servicemen:

Yes

☐

No

☐

16. Have you ever been terminated/dismissed/removed from Central/State Govt, Autonomous bodies

PSUs, Public Sector Banks (if yes, give details in separate sheet): Yes ☐ No ☐

17. Physically Handicapped: Yes ☐ No ☐

18. Identification Marks:

19. Qualification:

Academic	Qualification	University/ Board	Year of Passing	Subjects/ Description	Marks/ % Obtained
S.S.C /X/ Matriculation					
Higher Secondary / XII / Intermediate					
Diploma					
Any Other Qualification					

20.Experience: - Details of previous & present employment held (in chronological order starting from present position backward) (Attach separate sheet, if required)

Name & Address of Employer	Designation & Scale of Pay	Date from	Date to	Nature of Job	Length of the service

21. Document attached as proof of: (Indicate in relevant boxes indicated below);

☐ DOB copy (Birth Certificate)

☐ Matric/SSC/ X Certificate (for DOB Proof)

☐ 12th marksheet

☐ Essential Qualification Certificates

☐ Mark list of all semesters/years

☐ Category Certificate: SC/ST/OBC/EWS

☐ Disability Certificate - PwD

☐ No Objection Certificate (from present Employer)

☐ Experience Certificate

☐ Discharge Certificate for Ex-SM

22. If selected, minimum time for joining the post:

23. Have you ever been detained in Police custody? Or convicted by Court of Law? Or any criminal case is pending or contemplated by Court of Law? Yes ☐ No ☐
If any of this is Yes, give complete details thereto on separate paper.

Note: 1) Candidates presently employed in Central/State Government, Autonomous bodies, PSUs, Public Sector Banks may apply "through proper channel" or submit "No Objection Certificate" along with application else the application will be rejected.

2) Non submission of documents mentioned at Sr.No.21 will lead to the rejection of application.

Declaration:

"I hereby declare that all the statements made by me in the application are true and complete to the best of my knowledge and belief and nothing has been concealed or suppressed. I also understand that in case, any of my statement is found untrue during any stage of recruitment or thereafter, shall disqualify me for the post and I shall be liable for any action under the extant rules and my services are liable to be terminated without giving any notice or reason thereof."

Date:

Place:

Left Thumb impression

Signature of Candidate

PREScribed PROFORMAE

Performa-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* of of village/town*
..... in District/Division* of the
State/Union Territory* belongs to the..... caste/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 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 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 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)

Logo of Government of India	Logo of Department of Empowerment of Persons with Disabilities, GoI	Logo of Respective State or Union Territory
-----------------------------	---	---

**Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India**

Form-V

Disability Certificate

(In case of Single Disability)

[See rule 18(1)]

(Name and Address of the Medical Authority Issuing the Certificate)

Recent
passport size
photograph
(Showing face
only) of the
person with
disability

Certificate/UDID No.

Date of Issue :

This is to certify that I / we have carefully examined <Name of the applicant>, Son/Daughter/Care of <name of father/mother/guardian>, Date of Birth (DD/MM/YYYY), Gender <Male/Female/Transgender>, Registration No. <UDID Enrolment No.> Resident of <address of PwD> whose photograph is affixed above, and I am/we are satisfied that:

(A) He/ She is a case of (Any one of the following disabilities):

- i. Locomotor Disability
- ii. Muscular Dystrophy
- iii. Leprosy Cured
- iv. Dwarfism
- v. Cerebral Palsy
- vi. Acid Attack Victim
- vii. Low Vision
- viii. Blindness
- ix. Hearing Impairment
- x. Speech and Language Disability
- xi. Intellectual Disability
- xii. Specific Learning Disabilities
- xiii. Autism Spectrum Disorder
- xiv. Mental Illness
- xv. Chronic Neurological Conditions
- xvi. Multiple Sclerosis
- xvii. Parkinson's Diseases
- xviii. Haemophilia
- xix. Thalassemia
- xx. Sickle Cell Disease

(B) Name of affected body part:

(C) The diagnosis in his/her case is.....

(D) He/ She has% (in figure) percent (in words) disability and the nature of certificate is {Permanent / temporary and valid till (DD/MM/YYYY)} as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide <Notification No.>dated (DD/MM/YYYY).

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Member(s):

Signature:

Name and Address of the Medical Authority Issuing the Certificate:

Logo of Government of India	Logo of Department of Empowerment of Persons with Disabilities, GoI	Logo of Respective State or Union Territory
-----------------------------	---	---

**Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India**

Form-VI

Disability Certificate

(In case of Multiple Disabilities)

[See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport
size photograph
(Showing face
only) of the
person with
disability

Certificate/UDID No.

Date of Issue:

This is to certify that we have carefully examined <Name of the applicant> Son/Daughter/Care of <name of father/mother/guardian>, Date of Birth (DD/MM/YYYY), Gender <Male/Female/Transgender>, Registration No. <UDID Enrolment No.> Resident of <address of PwD> whose photograph is affixed above, and we are satisfied that:

(A) He/ She is a case of **Multiple Disabilities**. His/her extent of physical impairments/ disabilities have been evaluated as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide <Notification No.> dated <DD/MM/YYYY> for the disabilities below:

S. No.	Disability	Name of Affected Body Part	Diagnosis	Disability Percentage
1.	Locomotor Disability			
2.	Muscular Dystrophy			
3.	Leprosy Cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid Attack Victim			
7.	Low Vision			
8.	Blindness			
9.	Hearing Impairment			
10.	Speech and Language Disability			
11.	Intellectual Disability			
12.	Specific Learning Disabilities			
13.	Autism Spectrum Disorder			
14.	Mental Illness			
15.	Chronic Neurological Conditions			
16.	Multiple Sclerosis			
17.	Parkinson's Diseases			
18.	Haemophilia			
19.	Thalassemia			
20.	Sickle Cell Disease			

(Note: Only the disabilities diagnosed will be listed)

(B) He/She has.....% (in figure)percent (in words) overall disability and the nature of certificate is { permanent/ temporary and valid till (DD/MM/YYYY)} .

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Members:

Signature:

Name and Address of the Medical Authority Issuing the Certificate:

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 n employee of this Organization/Department/Ministry and duties performed by him/her during the period(s) are as under

Certified that:

*(a) Shri/Shrimati/Kum. holds substantively a permanent post ofin the Office/Department ofwith effect from

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

Signature.....

Name.....

Designation

Ministry/Office.....

Address.....

Office SEAL.....

Place:

Date:

Advt. No. 06/2026

Requisition form to be used when calling for applicants from Employment Exchange.

[illegible]

(Please fill up the application in capital letters)

Control No. (Office use)

(Please fill up the application in capital letters)

ate
iss

ate :

[illegible]

name :

(for Communication)

[illegible]

ent

[illegible]

ation

7.	Aadhar No. :							
8.	Mobile No. :	+ 9 1						
	Land Line No. STD Code	0						
	Phone No.							

1

10. Category: UR ☐ SC ☐ ST ☐ OBC ☐ EWS ☐

Certificate to be submitted in the form as per prescribed Annexure as applicable

1

1

13.	Date of Birth								
	(DD/MM/YYYY):								

14.	Age : (as on last date of application)	Years	Months	Days

Continued from page 8

15.	Are you	Yes	No	(ii) Ex-Service-men :	Yes	No
(i) Employee of:						
Central/State Govt.						
Autonomous bodies/PSUs, Public Sector Banks						

16. Have you ever been terminated/dissmised/removed from Central/State Govt. Autonomous Bodies, PSUs, Public Sector Banks (if yes, give details in separate sheet) :

Yes	No
-----	----

17. Physically Handicapped : Yes ☐ No ☐

18. Identification Marks : ☐

19. Qualification:

Academic	Qualification	University/Board	Year of Passing	Subjects/Description	Marks / % Obtained
S.S.C. / X / Matriculation					
Higher Secondary/ XII/Intermediate					
Diploma					
Any Other Qualification					

20. Experience:- Details of previous & present employment held (in chronological order starting from present position backward) (Attach separate sheet, if required).

Name & Address of Employer	Designation & Scale of Pay	Date from	Date to	Nature of Job	Length of the service

21. Document attached as proof of : (Indicate in relevant boxes indicated below);

- ☐ DOB copy ☐ matric/SSC/X Certificates (for DOB proof) ☐ 12th Marksheet
☐ Essential Qualification Certificate ☐ Mark list of all semesters/years
☐ Category Certificate : ST/SC/OBC/EWS ☐ Disability Certificates PWD
☐ No Objection Certificate (from present Employer) ☐ Experience Certificate
☐ Discharge Certificate for Ex-SM

22. If selected, minimum time for joining the post :

23. Have you ever been detained in Police custody? Or convicted by Court of Law? Or any criminal case is pending or contemplated by Court of Law? If any of this is Yes, give complete details thereto on separate paper.	Yes	No
	☐	☐

Note 1) Candidates presently employed in Central/State Government, Autonomous bodies, PSUs, Public Sector Banks may apply "through proper channel" or submit "No Objection Certificate" along with application else the application will be rejected.

2) Non submission of documents mentioned at Sr.No.20 will lead to the rejection of application.

Declaration:

"I hereby declare that all the statements made by me in the application are true and complete to the best of my knowledge and belief and nothing has been concealed or suppressed. I also understand that in case, any of my statement is found untrue during any stage of recruitment or thereafter, shall disqualify me for the post and I shall be liable for any action under the extant rules and my services are liable to be terminated without giving any notice or reason thereof."

Date :	
Place :	
Left Thumb impression	Signature of Candidate

CBC 23105/11/0006/2627

EN 27/2

Government of India
Ministry of Jal Shakti
Deptt. of Water Resources, RD & GR

Central Water Commission



Chaudhary Charan Singh
National Institute of Agricultural
Marketing