



**SWAMI VIVEKANAND NATIONAL INSTITUTE OF REHABILITATION TRAINING AND RESEARCH**  
**DEPARTMENT OF EMPOWERMENT OF PERSONS WITH DISABILITIES (DIVYANGJAN)**  
**(MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT, GOVERNMENT OF INDIA)**  
OLATPUR, PO: BAIROI, DIST-CUTTACK, ODISHA

**APPLICATION FORMAT FOR CRCSRE,**

**Advertisement No.: AD 6B 19/05 /2024, dated 16.07.2024**

Affix recent  
passport size  
colour  
photograph

1. Name of the post applied for (in Block Letters): \_\_\_\_\_
2. Name of the Applicant (in Block Letters) : \_\_\_\_\_
3. Father/ Husband's name (in Block Letters): \_\_\_\_\_
4. Date of Birth : \_\_\_\_\_
5. Gender (Male/ Female) : \_\_\_\_\_
6. Nationality : \_\_\_\_\_
7. Category (SC/ST/OBC/GEN/PWD) : \_\_\_\_\_
8. Permanent Address (in Block Letters) : At : \_\_\_\_\_  
P.O. : \_\_\_\_\_  
P.S. : \_\_\_\_\_  
Dist. : \_\_\_\_\_  
State : \_\_\_\_\_  
PIN Code: \_\_\_\_\_  
PhoneNo/Mobile No.: \_\_\_\_\_  
E-Mail Id :
9. Address for Correspondence (in Block Letters):  
At : \_\_\_\_\_  
P.O. : \_\_\_\_\_  
P.S. : \_\_\_\_\_  
Dist. : \_\_\_\_\_  
State : \_\_\_\_\_  
PIN Code: \_\_\_\_\_  
Phone No/Mobile No.: \_\_\_\_\_  
E-Mail Id :

10. Educational/ Technical qualification (in chronological order): \*

Exam. Passed	Board/University	Subject taken	Year of passing	Division	% of marks

\*If required additional sheet as per above may be attached.

11. Experience (reverse chronological order): \*

Name & Address of the organization	Designation	Areas of work	Period		Salary drawn (Pay Scale, basic etc.)	Reason for leaving
			From	To		

\*If required additional sheet as per above may be attached.

12. Details of Scientific presentation in National/ International Conference/ Publications in any index Journal.

13. Professional / technical registration Certificate No. \_\_\_\_\_ and valid up to \_\_\_\_\_ (if any).

14. Any other information.

**Declaration:**

I hereby declare that the information given above is correct to the best of my knowledge and belief and I fully understand that if it is found at later date that any information given in the application is incorrect / false or if I do not satisfy the eligibility criteria, my candidature/ appointment is liable to be cancelled / terminated.

**Full signature of the applicant**

**Date :**

**Place :**

- No. of enclosures: 1.  
2.  
3.  
4.