

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 CDEICS, GUWAHATI AND IMPHAL

Advertisement No.: AD 6B 37/ 07 /2024 dated: 22.07.2024

Affix recent passport size colour photograph

1. Name of the post applied for (in Block Le	etters):
2. Name of the Applicant (in Block Letters)	·
3. Father/Husband's name (in Block Letters	s):
4. Date of Birth	:
5. Gender (Male/Female)	:
6. Nationality	<u>:</u>
7. Category (SC/ST/OBC/GEN/PWD)	<u>:</u>
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 Lo	etters):
	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 &			Period		Salary drawn	
Address of the organization	Designation	Areas of work	From	То	(Pay Scale, basic etc.)	Reason for leaving
<u> </u>					,	

^{*}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. Any other information.

Declaration:

I hereby declare that all statements made in the application are true to the best of my knowledge, belief and based on records.

Full signature of the applicant

Date	:		
Place	:		

No. of enclosures: 1.

2.

3.

4.