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, PIN: 754 010, ODISHA



APPLICATION FORM FOR THE POST OF DIRECTOR, CRCSRE, GUWAHATI, ASSAM Recruitment Notice Ref. No.: AD 6B 02/ 04 /2024 dated: 06.06.2024

1. Applied for o	n Deputation / Contract:							
2. Name of the	Applicant (in Block Letters	s) :						
3. Father/Husba	and's name (in Block Lette	ers):			-			
4. Date of Birth	(in DDMMYYYY format)			- Affix recent				
5. Date of retire	passport size							
5. Gender (Male	e/Female)	:			colour photograph			
6. Nationality		:			- priotograph			
7. Category (SC	C/ST/OBC/GEN/PWD)							
8. Permanent A	ddress (in Block Letters)	: At :						
		P.O.:	P.O.:					
		P.S.:						
		Dist.:						
		State						
		PIN Code:						
		Telephone / Mobile No.:						
		E-Mail Id :						
9. Address for C	Correspondence (in Block							
		At :_						
		P.O. :_						
		P.S. :						
		Dist. :						
		State						
		•	e / Mobile No.:_					
		E-Mail Id	:					
10. (A) Essentia	al Educational Qualifica	tion (in chro	nological orde	er): *				
Educational Qualification possessed	Board / University	Year of passing	Percentage/ Equivalent Grade	Duration	Main Subject(s)			

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

(B) Desirable Educational Qualification and Exper

Educational Qualification:

i.

ii. Experi iii. Publis Confe		etails of Sci any index Jourr		esentation in	National/International
	nployment, in chror				
Name &	Post held /	Perio		Scale of Pay	
Address of the organization	Designation	From	То	/Emoluments	(in detail)
*If required additi	onal sheet as per ab	ove may be atta	ched.		
13. Total emolum14. Additional det of your emploa. Central Gob. State Govoc. Autonomo	ents per month pres ails about present er yer against the relev overnment ernment ous Organization ent Undertaking	ently drawn: nployment, plea			other: der (indicate the name
	esent employment is	s held on deputa	tion / contra	ct basis, please	state
b. Period of a c. Name of t	of initial Appointment appointment on depu he Parent office / org ormation, if any, whic	utation/ contract ganization to whi	ch you belo	 ng	ur suitability for the post
	 clearly whether in the s / No		made by yo	u above, you me	et the requirements of
18. Details of Pay	ment: Bank Draft NoBank	D		Amoun	t Rs
		<u>Declara</u>	ntion:		
	refully gone through are correct to the bes			and undertake t	hat information / details
				Full signature	e of the candidate
				Address	
Date : Place :					
No. of enclosures	: 1.				
	2.				
	3.				

CERTIFICATE TO BE FURNISHED BY THE EMPLOYER / FORWARDING AUTHORITY

The information / details provided in the above application are true and correct as per the
facts available on records. This Institute/ Department/ Organisation / has no Objection to his /
her application being considered for the post of on
deputation basis. It is certified that there is no Vigilance / Disciplinary case either pending or
contemplated against Shri/Smt./Kum, presently
working with this Department / Organization as
since
2. His / her integrity is certified as beyond doubt.
3. No major or minor penalty was imposed on Shri/Smt./Kum.
during the last 10 years. Details of Penalty imposed (if any)
4. The attested copies of the ACRs/APARs for the last 5 years are enclosed.
5. If selected, he/she will be relieved immediately.
Place:
(Signature of Employer with seal)
Date: