



**Composite Regional Centre for Skill Development,
Rehabilitation & Empowerment of Persons with Disabilities
(CRC), Balangir**

Under the administrative control of SVIRTAR
Department of Empowerment of Persons with
Disabilities, MSJ&E, Govt. of India,
At-Sashtrinagar, Near Kendriya Vidyalaya 2, Balangir, Odisha-767001
Website: www.crcbalangir.nic.in, Tel -06652 234397



VACANCY NOTICE

Advertisement No. CRCB/05/2025-26/411

Date: 03.03.2026

Name of the Post	Essential Qualifications & Experience:	Remuneration
Driver for running E-Ambulance (EV for PwDs) (on Outsourcing Basis)	i. 10th pass from a recognized Board. ii. LMV and HMV commercial License iii. 2 years' experience of driving commercial vehicle	On Minimum wages applicable for Skilled Worker category under the Minimum Wages Act, as prescribed by the Ministry of Labour and Employment, Government of India.

- The applicants applying in response to this advertisement should satisfy themselves regarding their eligibility for the post applied for. They must be fulfilling eligibility criteria as on the cut-off date i.e 30 Days of publishing this advertisement (5 pm) failing which their application will be rejected. They must possess the educational qualification and experience as recognized by the Govt. of India. Their candidature will be cancelled at any stage if it is found that their educational qualification or experiences is not recognized by the Govt. of India.
- The aspiring applicants satisfying the eligibility criteria in all respect can apply through ON-LINE application mode via email (crcbalangir@gmail.com) or by Hardcopy by hand/Speed post at CRCSRE, Balangir At-Sashtrinagar, Next to Kendriya Vidyalaya 2, Balangir, Odisha-767001 within 30 Days of publishing this advertisement.
- Last Days of Receipt of application 01.04.2026
- Candidates are advised to fill their correct and active mobile number and email in the application, as all correspondences will be made by the Institute through registered mobile and email only also attach the self attested photocopies of qualification and experience certificates.
- Any query regarding the application may be sent to crcbalangir@gmail.com
- The decision of the CRCSRE, Balangir in all matters relating to eligibility, acceptance or rejection of the applications, penalty for false information, mode of selection, methodologies for the selection, and allotment of posts to selected candidates will be final and binding on the candidates and no enquiry/ correspondence will be entertained in this regard.
- Any corrigendum or revision of the advertisement or any other information regarding this recruitment will be posted on the Official website of CRCSRE Balangir (www.crcbalangir.nic.in.) only in due course. Candidates are advised to visit our website regularly for updated information in this regard.
- CRCSRE, Balangir reserves the right of any amendment, cancellation and changes to this advertisement as a whole or in part without assigning any reason or giving notice.

Sd/-
Director



**Composite Regional Centre for Skill Development, Rehabilitation and
Empowerment of Person with Disabilities (Divyangjan)**
Ministry of Social justice and empowerment, Govt. of India
Shastri Nagar, Near Kendriya Vidyalaya No-2, Balangir – 767001
Tel -06652 234397, Email Id – crcbalangir@gmail.com



APPLICATION FORMAT

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. Religion : _____
9. Driving License No : _____
10. Validity of Driving License : _____
11. Permanent Address(in Block Letters) : At: _____
P.O. : _____
P.S. : _____
Dist. : _____
State : _____
Pin Code: _____
Phone No/Mobile No.: _____
E-Mail Id: _____
11. Address for Correspondence (in Block Letters):
At: _____
P.O. : _____
P.S. : _____
Dist.: _____
State _____
PIN Code: _____
Phone No/Mobile No.: _____
E-Mail Id: _____

12. 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.**

13. 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.**

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.ofenclosures

:1.

2.

3.

4.