



सत्यमेव जयते

Rehabilitation Council of India
(A Statutory Body of Ministry of Social Justice &
Empowerment, Department of Empowerment of Persons
with Disabilities (Divyangjan), Govt. of India)
B-22, Qutab Institutional Area, New Delhi – 110016
Ph.: 91-11-26532408, 26534287
E-mail: rci-depwd@gov.in, www.rehabcouncil.nic.in



भारतीय पुनर्वास परिषद

WALK-IN-INTERVIEW

The Rehabilitation Council of India will conduct walk-in-interview for the following vacancy, to be engaged purely on contract basis in NBER, an adjunct body of the Council. Details of the posts, monthly remuneration, eligibility criteria, age, etc. are given below:

- 1. Controller of Examination (NBER) – No. of post – 01, Consolidated Monthly Remuneration – Rs. 60,000/-p.m.)**

Educational Qualification & Experience:

- (i) Master's degree with at-least 55% marks in any discipline from a recognized University/Institute.
- (ii) 03 years experience as Deputy Controller of Examination or 5 years experience as Assistant Controller of Examination in administration & conduct of examinations in Universities/Institutions with knowledge of rules in conducting examinations.

Desirable: Computer skills including MS office.

Age : 55 Years (maximum)

General Conditions:

1. Interested candidates possessing the above mentioned qualifications may attend walk-in-interview at Rehabilitation Council of India, B-22, Qutab Institutional Area, New Delhi-110016 on 16/08/2024 at 11:00 Hrs.
2. Registration for walk-in-interview will start one hour before the scheduled time on the date of walk-in-interview as mentioned above against the vacancy.
3. Candidates should bring with them the following documents:
 - (i) Bio Data (Application Performa) as per format enclosed.
 - (ii) All Certificate/Testimonials related to Date of Birth, Educational & Professional Qualifications, Experience and any other relevant, if any, in Original.
 - (iii) One self attested copy each of the Certificate/ Testimonial.
 - (iv) Photo Identity Proof – Aadhar/ Driving License/ Voter ID card or any other Government Identity Card in original.
 - (v) Two passport size photograph.
4. The contractual engagements are purely temporary under the project. The engagement will be initially for a period of a one year, extendable from time to time depending upon the performance and co-terminus with the project.

5. The person engaged under the Project shall have no claim either implicit or explicit, for his/her absorption or regularization in RCI.
6. The Council reserves the right to cancel or withdraw any or all the posts without assigning any reason.
7. No TA/DA will be given to attend the interview.

Member Secretary, RCI

REHABILITATION COUNCIL OF INDIA

(A Statutory Body of Ministry of Social Justice & Empowerment,
Department of Empowerment of Persons with Disabilities (Divyangjan), Govt. Of India)
B-22, Qutab Institutional Area, New Delhi-110016,

APPLICATION PERFORMA

Affix a recent
passport size
photograph
and sign
across

- 1. Post Applied for : _____
- 2. Name of the Applicant : _____
- 3. Date of Birth : _____
- 4. Father's / Husband's Name : _____
- 5. Address for Correspondence : _____
- 6. Contact No. : _____
- 7. Email ID (if any) : _____
- 8. Education & Professional Qualification (from SSC onwards)

| Exam Passed | Board/ University | Year of Passing | Subjects | Percentage of marks | Division |
|-------------|-------------------|-----------------|----------|---------------------|----------|
| | | | | | |
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- 9. Proficiency in Computer/IT: _____
(Please specify the level of accomplishment)

- 10. Details of Experience / employment, in chronological order starting with the latest.
Enclose a separate sheet, if the space below is insufficient.

| Name of the Organization | Post held / Designation | From | To | Pay scale/Salary drawn p.m. (in Rs.) | Nature of duties |
|--------------------------|-------------------------|------|----|--------------------------------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |

- 11. Whether belong to SC/ST/OBC/PH: _____

- 12. Justification with regard to your suitability for the post to be stated in a separate sheet.

DECLARATION

I solemnly declare that the above particulars are true and correct to the best of my knowledge and belief. I also understand that my candidature to the post applied for is liable to be cancelled, if any of the above information is found to be false or incorrect.

Place: _____

Date: _____

(Signature of the Applicant)