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

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



APPLICATION FORM FOR THE POST OF DIRECTOR, CRCSRE, GUWAHATI, ASSAM Recruitment Notice Ref. No.: AD 6B 02/09/2025 dated: 29.08.2025

 Applied for or 	າ Deputation / Contract:						
2. Name of the A	Applicant (in Block Letters	s) :					
3. Father/Husba	nd's name (in Block Lette	ers):			_		
4. Date of Birth ((in DDMMYYYY format)	:			- Affix recent		
5. Date of retirer	ment (where applicable)	:			_ passport size		
5. Gender (Male	/Female)	:			colour - photograph		
6. Nationality		: <u> </u>			- priotograph		
7. Category (SC	/ST/OBC/GEN/PWD)				_		
8. Permanent Address (in Block Letters)		: At :					
		P.O.:			_		
					_		
		Dist.:					
		State					
		PIN Code:					
		Telephone / Mobile No.:					
		E-Mail Id :					
9. Address for C	orrespondence (in Block	Letters): At :					
		P.O. :					
		P.S. :					
		Dist. :					
		State					
					_		
		•	e / Mobile No.:_				
		E-IVIAII IU	:				
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)		
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(B) Desirable Educational Qualification and Expe
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Educational Qualification:

i.

iii. Publi	rience: shed Papers (De erence/Publications in	etails of Sci any index Journ		esentation in	National/International			
11. Details of Employment, in chronological order starting with the latest. Enclose a separate sheet duly authenticated by your signature, if the space below is insufficient*.								
Name &	Post held /	Perio		Scale of Pay	Nature of duties			
Address of the organization	Designation	From	То	/Emoluments	(in detail)			
*If required additional sheet as per above may be attached.								
13. Total emolur 14. Additional de of your empl a. Central 0 b. State Go c. Autonom	ments per month presetails about present eroyer against the relevencement vernment ous Organization	ently drawn: mployment, plea						
e. Universit f. Others	nent Undertaking ies							
15. In case the	present employment is	s held on deputa	tion / contra	ct basis, please st	ate			
b. Period ofc. Name of	of initial Appointment appointment on deputhe Parent office / org formation, if any, which	utation/ contract ganization to whi	ch you belo	 ng	suitability for the post			
17. Please state clearly whether in the light of entries made by you above, you meet the requirements of the post: Yes / No								
18. Details of Pa	yment: Bank Draft No	 >	Dated	Amount F	₹s			
OnBank (Name of the Bank)								
		<u>Declara</u>	ation:					
I have carefully gone through the Vacancy Advertisement and undertake that information / details furnished above are correct to the best of my knowledge.								
				Full signature o	of the candidate			
				Address				
Date : Place :								
No. of enclosure	es: 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: