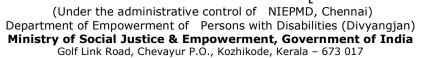
### COMPOSITE REGIONAL CENTRE FOR SKILL DEVELOPMENT, REHABILITATION & EMPOWERMENT OF PERSONS WITH DISABILITIES [CRC – KOZHIKODE]





## NOTICE INVITING APPLICATIONS TO BE ENGAGED AS ASSISTANT PROFESSOR SPEECH & HEARING (CONSULTANT) ON HOURLY BASIS AT CRC KOZHIKODE

The Director, CRC Kozhikode invites applications from eligible candidates to be engaged as Assistant Professor Speech & Hearing (Consultant) on hourly basis / session basis at Composite Regional Centre for Skill Development, Rehabilitation & Empowerment of Persons with Disabilities, Kozhikode (CRC-K).

Name of the Position	Qualification	Experience	Honorarium per session (02 hours) * Maximum 04 session per day
		Less than 03 years	Rs. 400- per session
Assistant Professor Speech & Hearing (Consultant)	<ul><li><u>Essential:</u></li><li>Post-Graduation (MASLP).</li><li>Valid RCI registration.</li></ul>	03 Years and above	Rs. 450- per session
		06 years and above	Rs. 500- per session

Interested eligible candidates can submit their applications in the attached format along with self-attested copies of all testimonials/certificates to the following address on or before 17<sup>th</sup> September 2025:

THE DIRECTOR
CRC KOZHIKODE
GOLF LINK ROAD
CHEVAYUR P.O.
KOZHIKODE – 673017

For more details, please contact CRC-K Office 0495-235 33 45.

Sd/-Director CRC Kozhikode

# COMPOSITE REGIONAL CENTRE FOR SKILL DEVELOPMENT, REHABILITATION & EMPOWERMENT OF PERSONS WITH DISABILITIES [CRC – KOZHIKODE]

# NOTICE INVITING APPLICATIONS TO BE ENGAGED AS ASSISTANT PROFESSOR SPEECH & HEARING (CONSULTANT) ON HOURLY / SESSION BASIS AT CRC KOZHIKODE

	_	
	Post Applied For:	Assistant Professor Speech & Hearing (Consultant)
1.	Name of Applicant: (in full Block Letters):	D D M M Y E A R Age
2.	Date of Birth: (Enclose Copy of Certificat	
3.	Citizenship Status: Cit (Please Tick)	izen of India By Birth By Domicile
4.	,	
5.	RCI/MCI Registration No: (Applicable in case of Faculty	&Technical Positions)
6.	Name of Father/Spouse:	
7.	Nationality:	Indian Foreign NRI
8.	Gender:	Male Female others
9.	Category: (Attach certificate)	SC ST OBC General Ex-Service man
	Are you Persons with Disab others (If yes, mention the categor sability with relevant Certific	y of
11.	Address for Communication	
	House No & Street Name Village/City:	
	District:	
	Post Office:	
	State:	
	Pin-code:	
	Phone No (Land Line	e):

Mobile No:												
Email Id:												
		_	_	-					_	_		_
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12. Details of Education starting from Matric (SSLC/X Std.,) onwards: - (to give details only on passed courses &where Degree/Certificates etc., are already awarded/issued):

Academic Qualification	Discipline	University /Inst/Board	Year & Month of Entry	Year & Month Passed	Full Time/Part Time/Correspondence	% of Marks

13. Additional Qualification / Certificate Courses if any (Training, Apprentice programs attended, refresher courses completed etc.)

Course	Duration	Certificate/ Organization	Whether Govt authorized/recognized	Class/Mark/details

14. Experience in chronological order upto the present post:-

(Attach a separate sheet if required)

Name of Organization/	Designation/ Post held	whether on Regular Basis or on Deputation or on Contract Basis etc.,)	Salary drawn (Pay band + G.P to be mentioned in case of Govt. organization)	From	То	Nature of Work presently dealing with(attach proof/experience certificate	Total period of Exp in Years & Months

15. Why you think you are suitable for the post you have applied for (Details within one page) attach separately):

16.Reference of three persons with whom you have interaction during your work or study period)

S.No	Names, Designation and Address	Phone No & Mail ID
1		
2		
3.		

17. Any other relevant information the applicant want to mention, if any (attach additional sheets if necessary):

#### **DECLARATION OF THE APPLICANT**

I hereby declare that the information given above is correct to the best of my knowledge and belief and I fully understand that if it is found at a later date that any information given in the application is incorrect / false or if I do not satisfy the eligibility criteria, my candidature / appointment is liable to be cancelled / terminated.

Place:		
Date:		
	DD MM YEAR	Signature of the Applicant