

### समेकित क्षेत्रीय कौशल विकास, पुनर्वास एंव दिव्यांगजन सशक्तीकरण केन्द्र—गोरखपुर COMPOSITE REGIONAL CENTRE FOR SKILL DEVELOPMENT, REHABILITATION & EMPOWERMENT OF PERSONS WITH DISABILITIES (CRC), GORAKHPUR राष्ट्रीय दुष्टि दिव्यांगजन सशक्तीकरण संस्थान, देहरादून



(Under the administrative control of NIEPVD, Dehradun) दिव्यांगजन सशक्तिकरण विभाग, सामाजिक न्याय एवं अधिकारिता मन्तालय, भारत सरकार Department of Empowerment of Persons with Disabilities (Divyangjan), M.S.J. & E., Govt. of India बी.आर.डी. मेडिकल कॉलेज परिसर, (उ0प्र0)-273013 दूरभाष 0551.2202024 ई—मेल-crcgkpr@gmail.com BRD Medical Campus, (UP), PIN-273013, Ph: 0551- 2202024 E-mail- crcgkpr@gmail.com

### WALK-IN-INTERVIEW

Eligible Candidates are invited to apply and attend the WALK-IN INTERVIEW for the following Contractual posts of CRC Gorakhpur on dated **18.10.2024 between 9:30 AM TO 05:30 PM**. at CRC-Gorakhpur. The registration will close at 10.30 A.M sharp. The application may be brought at the time of interview in the prescribed proforma available on our institute's website www.crcgkp.org.in.

| Course          | Post               | Number<br>of Post | Education Qualification  | Honorarium<br>Per month<br>(In Rs.) |
|-----------------|--------------------|-------------------|--|-------------------------------------|
| DHLS            | Lecturer/<br>Tutor | 01                | <b>Essential qualifications</b> :<br>A. B.ASLP/B.Sc in Speech & Hearing<br>OR<br>An equivalent qualification with 5 Years clinical<br>experience | 35000/-                             |
| CCCG            | Lecturer           | 01                | RCI registered Rehabilitation Professional with<br>minimum Bachelor's degree in Special<br>Education   | 35000/-                             |
|                 | Demonstr<br>ator   | 01                | RCI registered Rehabilitation Personnel with<br>minimum Diploma preferably in Special<br>Education or any discipline of disability sector.       | 25000/-                             |
| D.ES SE<br>(MD) |                    |                   | 60000/-  |                                     |

|   |             |    | c) The Candidate must have valid registration certificate with RCI |          |
|---|-------------|----|--|----------|
| Ι | Instructor  | 01 | Essential Qualification:   | 40,000/- |
| ( | (Technical) |    | Bachelor degree in any subject with D.Ed. Spl. Ed.                 |          |
|   |             |    | (Db/MD) with valid RCI registration)                               |          |

#### **GENERAL CONDITIONS**

1. This engagement will be purely on temporary basis. Renewal of engagement for further period is subject to project need and performance of the individual consultant.

2. Application(s) should be prepare on the prescribed proforma, which can be downloaded from the Institute's website <u>www.crcgkp.org.in</u>.

4. He/she should all necessary Original Certificate pertaining to the following:-

- Educational Qualifications
- Technical/Professional Qualifications
- Certificate of Date of Birth
- Certificate of Experience
- RCI Registration Certificate
- No Objection Certificate, if any

5. In case any mistake in selection process is detected, the Institute reserves the right to modify/

withdraw/cancel any communication made to the candidates.

6. CRC-Gorakhpur reserves the right to fill or not to fill the post(s) without assigning any reason thereof.

7. Corrigendum, if any shall be posted on the Institute website only. (https://crcgorakhpur.nic.in/)

8. Interim correspondence will not be entertained and replied to.

9. Any dispute with regard to the selection/recruitment process will be subject to Courts/Tribunals having jurisdiction over Gorakhpur.

Sd/-

### **CRC-Gorakhpur**

# Annexure –I

# Application No. \_\_\_\_\_

(To be filled by the office)

| To, | The Director,   |                        |       | Paste a recent<br>passport size<br>photo |  |  |  |
|-----|---|------------------------|-------|--|--|--|--|
|     | CRC Gorakhpur<br>BRD Medical College Campu<br>Sub Station, PIN 273013 | ıs, In front of 33 KVA |       |  |  |  |  |
|     | 1. Applied for the post   | :                      |       |  |  |  |  |
|     | 2. Particulars of attached fee  | e payment: Receipt An  | nount |  |  |  |  |
|     | Transaction ID/Receipt No.  |                        | Date  |  |  |  |  |
|     | 3. Name (in block letters)  | :                      |       |  |  |  |  |
|     | 4. Father's/Husband's Name  | :                      |       |  |  |  |  |
|     | 5. Gender   | :                      |       |  |  |  |  |
|     | 6. Marital Status   | : Married/Single       |       |  |  |  |  |
|     | 7. Date of Birth  | :                      |       |  |  |  |  |
|     | 8. Age  | :                      |       |  |  |  |  |
|     | 9. Nationality  | :                      |       |  |  |  |  |
|     | 10.Postal Address   | :                      |       |  |  |  |  |
|     | a. Permanent<br>b. Present  | :                      |       |  |  |  |  |
|     |   | •                      |       |  |  |  |  |

### **APPLICATION FORM**

11. Are you seeking reservation/relaxation as UR/ OBC(NCL)/SC/ST?:

12. Are you a PwD? : Yes/ No

If yes, type of disability :

13. Are you an Ex-servicemen : Yes/No

14. Details of employment (beginning with the Present Post):

| Office/<br>Institution<br>employed | Date of<br>Joining | Date of<br>Leaving | Post<br>held | Scale of<br>Pay with<br>Grade<br>Pay/Level | Basic<br>Pay<br>Rs. | Total<br>Salary<br>(Gross)<br>Rs. | Nature<br>of<br>Duties |
|------------------------------------|--------------------|--------------------|--------------|--|---------------------|-----------------------------------|------------------------|
|                                    |                    |                    |              |  |                     |                                   |                        |
|                                    |                    |                    |              |  |                     |                                   |                        |
|                                    |                    |                    |              |  |                     |                                   |                        |

**15. Educational Qualification (Commencing with Matriculation):** 

| Examinati<br>on on | University/Board | Year of<br>Passing | Class/Division<br>/Grade | % of<br>Marks    | Subjects<br>offered |
|--------------------|------------------|--------------------|--------------------------|------------------|---------------------|
| Passed             |                  | 1 assing           | /01auc                   | 1 <b>v1a1 K5</b> | uncicu              |
|                    |                  |                    |                          |                  |                     |
|                    |                  |                    |                          |                  |                     |
|                    |                  |                    |                          |                  |                     |
|                    |                  |                    |                          |                  |                     |
|                    |                  |                    |                          |                  |                     |
|                    |                  |                    |                          |                  |                     |
|                    |                  |                    |                          |                  |                     |
|                    |                  |                    |                          |                  |                     |
|                    |                  |                    |                          |                  |                     |

Cont...3/-

16. CRR Number (if applied)

- 17. Contact Details
  - a. Mobile Number :
  - b. Email Id :

## **APPLICANT'S DECLARATION**

- (a) I hereby declare that the information provided in this form is true to the best of my knowledge and belief. I have satisfied myself that I fulfil all the eligibility requirements.
- (b) I shall submit myself to the disciplinary jurisdiction of the competent authorities to exercise discipline under the Act/Statutes/Ordinances and the Rules that have been framed by Institute.
- (c) I agree that the decision of the Institute on all matters will be final and binding on me.
- (d) I understand that my association active or passive with any unlawful organizations/activity is forbidden.

Place:

Date: applicant

Signature of the