

के कारण अमेरिका ने भारत पर सबसे बड़े एकल आपूर्तिकर्ता के रूप में कम था।

समेकित क्षेत्रीय कौशल विकास, पुनर्वास एवं दिव्यांगज सशक्तिकरण केन्द्र-गोरखपुर



राष्ट्रीय दृष्टि दिव्यांगज सशक्तिकरण संस्थान, देहरादून



दिव्यांगज सशक्तिकरण विभाग, सामाजिक न्याय एवं अधिकारिता मंत्रालय, भारत सरकार
बी.आर.डी. मेडिकल कालेज परिसर, गोरखपुर (उ.प्र.), पिन-273013, दूरभाष-0551-2202024, ईमेल-crcgkpr@gmail.com

सी.आर.सी.-गोरखपुर (बीआरडी, मेडिकल कालेज परिसर) द्वारा संचालित डीएचएलएस पाठ्यक्रम में Part Time/Guest Faculty (Contractual) के चयन हेतु भर्ती प्रक्रिया की जा रही है। जिसमें योग्यता निम्न प्रकार है।

क्रम सं०	पाठ्यक्रम	योग्यता
01.	Diploma in Hearing Language & Speech (DHLS)	M.Sc. (Audiology)/M.Sc. (Sp. & Hg.)/ MASLP OR BASLP/B.Sc. in Speech & Hearing or an equivalent qualification with 5 years Clinical experience

अधिक जानकारी के लिए सीआरसी-गोरखपुर की वेबसाइट (<https://crcgorakhpur.nic.in>) को नियमानुसार देखें।

पत्रांक: मेमो/दिनांक 05.10.2025

निदेशक
सीआरसी-गोरखपुर

कारोबारी चर्चा

केंद्रगत कार्यवाही इतिहास

Application No. _____
(To be filled by the office)

APPLICATION FORM

To,

**The Director,
CRC Gorakhpur
BRD Medical College Campus, In front of 33 KVA
Sub Station, PIN 273013**

Paste a recent
passport size
photo

1. Applied for the post :

2. Particulars of attached fee payment: Receipt Amount

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 :

b. Present :

Cont...2/-

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) :
(Latest first & proof of each experience to be attached)

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

15. Educational Qualification (Commencing with Matriculation):
(Attached copies of mark sheet & Certificate)

Examinati on on Passed	University/Board	Year of Passing	Class/Division /Grade	% of Marks	Subjects offered

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 fulfill 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 the 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:

Signature of the applicant