**PROFORMA FOR APPLICATION FOR THE POST OF CHIEF COMMISSIONER FOR PERSONS WITH DISABILITIES**

1. (a) Name (In Block Letters):

   (b) Address with telephone number and e-mail ID:

2. (a) Date of Birth:

   (b) Age as on 1.1.2025 :

3. (a) Educational & other Qualifications:

(b) Whether having recognized degree or diploma in Social work or law or management or human rights or rehabilitation or education of Persons with Disabilities(Y/N)? If yes, the details thereof:

(c) Research papers published (Indicate details in brief):

4. Details of Experience :

(a) whether having experience of at least 25 years in a Group "A" level post in the Central Government or a State Government or a Public Sector Undertaking or a Semi-Government or an autonomous body dealing with disability related matters or social sector or as a senior level functionary in registered national and international voluntary organizations in the field of disability or social development?(Y/N)

If yes, the details thereof (details to be provided chronologically upto the date of application):

| Sl. No. | Name of the Office/Department/Organization | Whether Central Govt/State Govt/PSU/Semi-Govt./Autonomus Body/national or international voluntary organization | Details of post held with designation and scale of pay/gross pay | Tenure from (DD/MM/YYYY) | Tenure upto (DD/MM/YYYY) | Nature of appointment-whether regular/adhoc/ deputation/ honorary | Duties/ Job Description with details of experience in disability sector wherever applicable |
|---|---|---|---|---|---|---|---|
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(b) whether having experience of at least 3 years(out of 25 years) in a Group "A" level post in the Central Government or a State Government or a Public Sector Undertaking or a Semi-Government or an autonomous body dealing with in the field of rehabilitation or empowerment of persons with disabilities ?(Y/N)

If yes, the details thereof:

| Sl. No. | Name of the Office/Department/Organization | Whether Central Govt/State Govt/PSU/Semi-Govt./Autonomus Body/national or international voluntary organization | Details of post held with designation and scale of pay/gross pay | Tenure from (DD/MM/YYYY) | upto M/YYYY) | Nature of appointment- whether regular/ adhoc/ deputation/ honorary | Duties/ Job Description with details of experience in disability sector wherever applicable |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

5. Additional details about present employment, please state whether working under:-

i. Central Government:
ii. State Govt./UT Admn:
iii. Recognized Research Institutions:
iv University/Autonomous or Statutory Organization:
v. Registered Bodies (Registered Under Society Registration Act, Trust Act or any other relevant Act of States/ UTs or charitable company, licensed u/s 25 of the Company Act):
vi. International Agency/Society/Association etc (If in a registered body — the size of the organization & the field indicated):

6. Details regarding APARs and Vigilance clearance in r/o applicants working in Central/State Govt establishments/PSUs/Autonomous Bodies etc.,

(i) Whether presently working in Central Govt/State Govt/PSU/Semi-Govt./Autonomus Body etc– Y/N
(ii) If yes, whether the application is submitted through proper channel: Y/N
(iii). If yes, please attach the certified copies of APARs for the last five years
(iv). If yes, please attach the vigilance clearance duly certified by the CVO of the Department/Organization

7. Additional information, if any, in support of the candidature or other relevant details:

8. Whether belong to SC/ST/Person with Disability (PwD):

9. Name, Address and Telephone Nos. of two persons for reference from whom additional information/clarification can be obtained, in case information/documents available along with your application is/are insufficient:

**i) <u>Contact 1</u>**

a) Name:
b) Address:
c) Contact No:
d) Email:

**ii) <u>Contact 2</u>**

a) Name:
b) Address:
c) Contact No:
d) Email:

10. Requisite Documents for submission( Details of documents provided other than the below mentioned documents may be appended in the subsequent rows of the following table):

| S.No. | Document type | Whether submitted or not (✓tick where applicable) | | Page number of document in the application |
|---|---|---|---|---|
| | | Yes | No | |
| 1 | Proof of date of birth (10th certificate/DOB certificate) | | | |
| 2 | Category Certificate(SC/ST/PwD) | | | |
| 3 | Education Certificate(s) (Essential and Desired) | | | |
| i) | Essential (Graduation from a recognized university) | | | |
| ii) | Desired (whether having recognized degree or diploma in social work or law or management or human rights, rehabilitation or education of Persons with Disabilities) | | | |
| 4 | Experience Certificate/appointment orders and relieving orders specifying the tenure and nature of duties in r/o each tenure of employment | | | |
| 5 | Present Pay Certificate (if applicable) | | | |
| 6 | Employer's/Organization's registration certificate in case of NGOs /other national or international organization experience | | | |
| 7 | Copies of APARs for the last five years (if applicable) | | | |
| 8 | Vigilance clearance (if applicable) | | | |

11. Whether any supporting documents in respect of the claim(s) above is missing? If yes, reason(s) for not submitting the same:

Name and Signature of the Candidate

Date :
Place :

Full address (postal and email) for communication.....