



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, ODISHA

APPLICATION FORMAT FOR EXTENSION CENTRE AT NAGALAND

Advertisement No.: AD 6B 19/06 /2024, dated 16.07.2024

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photograph

1. Name of the post applied for (in Block Letters): _____
2. Name of the Applicant (in Block Letters) : _____
3. Father/ Husband's name (in Block Letters): _____
4. Date of Birth : _____
5. Gender (Male/ Female) : _____
6. Nationality : _____
7. Category (SC/ST/OBC/GEN/PWD) : _____
8. Permanent Address (in Block Letters) : At : _____
P.O. : _____
P.S. : _____
Dist. : _____
State : _____
PIN Code: _____
PhoneNo/Mobile No.: _____
E-Mail Id :
9. Address for Correspondence (in Block Letters):
At : _____
P.O. : _____
P.S. : _____
Dist. : _____
State : _____
PIN Code: _____
Phone No/Mobile No.: _____
E-Mail Id :

10. Educational/ Technical qualification (in chronological order): *

Exam. Passed	Board/University	Subject taken	Year of passing	Division	% of marks

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

11. Experience (reverse chronological order): *

Name & Address of the organization	Designation	Areas of work	Period		Salary drawn (Pay Scale, basic etc.)	Reason for leaving
			From	To		

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

12. Details of Scientific presentation in National/ International Conference/ Publications in any index Journal.

13. Professional / technical registration Certificate No. _____ and valid up to _____ (if any).

14. Any other information.

Declaration:

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 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.

Full signature of the applicant

Date :

Place :

- No. of enclosures: 1.
2.
3.
4.