

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 CDEICs Advertisement No.: AD 6B 37 /08 /2024 dated: 20.08.2024

Affix recent passport size colour photograph

Name of the CDEIC(s) applied for :

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	<u>:</u>
	:
	:
Dist.	:
	ode:
	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 &			Per	iod	Salary drawn	
Address of the	Designation	Areas of work	From	То	(Pay Scale,	Reason for
organization					basic etc.)	leaving

*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. Any other information.

Declaration:

I hereby declare that all statements made in the application are true to the best of my knowledge, belief and based on records.

Full signature of the applicant

Date :

Place :

No. of enclosures: 1.

- 2.
- 3.
- 4.