

**National Institute for the Empowerment of
Persons with Visual Disabilities (Divyangjan)**

(DEPwD, MSJ&E, Govt. of India)

116, Rajpur Road Dehradun,

**Composite Regional Centre For Skill Development, Rehabilitation & Empowerment Of
Persons With Disabilities, (CRC), Gorakhpur 10, Sitapur Eye Hospital,
Park Street, Civil Lines, Gorakhpur (UP)**

Recent Passport
size Photograph

(5 cm X 4.5
cm) to be
affixed

**APPLICATION FORMAT FOR
CONTRACTUAL POSTS OF CRC GORAKHPUR**

Application for the post of : _____ (On Contraual basis)

1. NIEPVD Advt No	Advt. No.
2. MCI / RCI Registration No. (wherever applicable)	
3. Name in Full (Capital Letters) (as in Matric/Degree Certificate)	
4. Date of Birth (enclose copy of matric certificate)	Day Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. Citizenship Status	Citizen of India By Birth <input type="checkbox"/> Domicile <input type="checkbox"/>
6. Member of Scheduled Caste (SC) / Tribe (ST) / Other Backward Class (OBC) / Person with Disability (PwD) etc.,	Write SC or ST or OBC (<i>Attach certificate</i>) or Person with Disability (PWD) <input type="text"/> <input type="text"/>
7. Address for Communication (with Phone/mobile number & email ID)	
8. Permanent residential Address	
9. Name of Father / Husband /Mother	

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10. Details of Education starting from matric (SSLC/X Std.,) onwards :- (to give details ONLY ON PASSED COURSES & WHERE DEGREE/CERTIFICATEs etc., ARE ALREADY AWARDED/ISSUED.

Academic / Professional Qualification	Discipline	University /Inst/Board	Year & Month of Entry	Year & Month Passed	Marks Obtained / Total Marks	/Class / Division .

11. Additional Qualification / Certificate Courses if any (Training, Apprentice programs attended, refresher courses completed etc.,)

Course	Duration	Certifying Organisation	Whether Govt authorized/recognized	Class/Mark/details

12. Experience in chronological order up to the present post:

Organization/ Department/ Office/Institution/University/ College etc.	Designation/ Post held	From	To	Consolidated pay/Pay in the Pay band with Grade Pay drawn as on date (P.M)	Nature of work presently dealing with/dealt with (attach proof: experience certificates, copies of appointment and relieving) (experience without testimonials will not be considered)
		(If on contract basis mention the term of contract			

13. (i) Details of Present Employment :

(ii) Nature of present work & responsibility held :

(iii) Time required to join if offered the post :

14. References (Names, Designation and Address with email ID & contact details of three Referees / references (with whom you have interaction during your work or study period) (03 references)

(a)

(b)

(c)

DECLARATION OF THE APPLICANT

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 a 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.

Place:

Date:

Signature of the Applicant

With full name in Block letters

Correspondence address of the candidate:-

(to include contact /mobile number, E-mail ID also)

NOTE :-

The application duly filled in all relevant columns, signed and enclosed with the self- attested copies of educational, professional, additional qualifications and experience certificates should be sent to THE DIRECTOR, NATIONAL INSTITUTE FOR THE EMPOWERMENT OF PERSONS WITH VISUAL DISABILITIES (DIVYANGJAN), 116 RAJPUR ROAD, DEHRADUN, UTTARAKHAND- 248001, PHONE NO- 0135-2744491