



**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**

Affix recent  
passport size  
colour  
photograph

**Advertisement No.: AD 6B 10/02/2020 dated: 16.03.2020**

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/PH) : .....
8. Permanent Address (in Block Letters) : At- .....  
P.O. - .....  
P. S. - .....  
Dist- .....  
PIN Code- ....., State- .....  
Phone No/Mobile No- .....
9. Address for Correspondence (in Block Letters):  
At- .....  
P. O. - .....  
P.S. - .....  
Dist. - .....  
PIN Code- ....., State- .....  
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. Any other information.

14. Details of Payment: Bank Draft No.....Dated..... Amount Rs.....  
On .....Bank (Name of the Bank)

**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.