



SWAMI VIVEKANAND NATIONAL INSTITUTE OF REHABILITATION TRAINING AND RESEARCH
(Ministry of Social Justice & Empowerment, Department of Empowerment for Persons with Disabilities, Govt. of India)
OLATPUR, POST: BAIROI, DIST- CUTTACK, ODISHA-754010

APPLICATION FORMAT

1. Name of the post applied for (in Block Letters):	_____	Affix recent passport size colour photograph
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 (GEN/SC/ST/OBC/PWD)	_____	
8. Permanent Address (in Block Letters)	At : _____	
	P.O. : _____	
	P.S. : _____	
	Dist. : _____	
	State : _____	
	PIN Code: _____	
	Phone No/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 : _____	



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-: 2 :-

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

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

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: