# SWAMI VIVEKANAND NATIONAL INSTITUTE OF REHABILITATION TRAINING <br> AND RESEARCH <br> (Ministry of Social Justice \& Empowerment, Govt. of India) Olatpur, P.O.-Bairoi, Dist-Cuttack,Odisha-754010. 

## APPLICATION FORMAT

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. Caste : General/ SC/ ST/ OBC
7. Nationality
8. Category (SC/ST/OBC/GEN/PH) :
9. Permanent Address (in Block Letters) : At-
P.O. -
P. S. -

Dist-
PIN Code- , State-
Phone No./Mobile No.-
10. Address for Correspondence (in Block Letters):

At-
P. O. -
P.S. -

Dist. -
PIN Code- , State-
Phone No/Mobile No-
Email Id-
11. Educational/Technical qualification (in chronological order):

| Exam. Passed | Board/University | Subject taken | Year of <br> passing | Division | \% of <br> marks |
| :--- | :--- | :--- | :--- | :--- | :--- |
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12. Experience (reverse chronological order):

| Name \& | Address of <br> the <br> organization | Designation | Areas of <br> work | Period |  | Salary <br> drawn <br> (Pay Scale, <br> basic etc.) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Reason for <br> leaving |  |  |  |
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13. Details of Scientific presentation in National/International Conference/Publications in any index Journal:
14. Any other informations:

## 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.

