#### **REHABILITATION COUNCIL OF INDIA**

# A Statutory Body of Ministry of Social Justice and Empowerment Department of Empowerment of Persons with Disabilities (Divyangajan) Government of India

# **Application for Consultant Project Officer(Digital Media)**

|                  | pplied For:               |                    |                           |                 | A                   | ttach Passport<br>Size Photo |
|------------------|---------------------------|--------------------|---------------------------|-----------------|---------------------|------------------------------|
| (Consul          | tant (Programme           | ) / Consultant (Ac | ademics) / Consultant (Ad | dministration)) |                     |                              |
| Persona          | al Details                |                    |                           |                 |                     |                              |
| Full Na          | ame                       |                    |                           |                 |                     |                              |
| Email            | ID                        |                    |                           |                 |                     |                              |
| Father<br>Name   | 's/Husband's              |                    |                           |                 |                     |                              |
| Mobil            | e Number                  |                    |                           |                 |                     |                              |
| Date o           | of Birth                  |                    |                           |                 |                     |                              |
| Aadha            | ır Number                 |                    |                           |                 |                     |                              |
| Age              |                           |                    |                           |                 |                     |                              |
| Gende            | er                        |                    |                           |                 |                     |                              |
| Addres:<br>House |                           |                    |                           |                 |                     |                              |
| Road/            | Village                   |                    |                           |                 |                     |                              |
| Localit          |                           |                    |                           |                 |                     |                              |
| City             |                           |                    |                           |                 |                     |                              |
| Distric          | t                         |                    |                           |                 |                     |                              |
| State            |                           |                    |                           |                 |                     |                              |
| Qualific         | ation Details             |                    |                           |                 |                     |                              |
| Sl.No            | Course/ Progra<br>Diploma | me/ Degree/        | University/ Board Nan     |                 | ercentage/<br>Grade | Passing Year                 |
| 1                |                           |                    |                           |                 |                     |                              |
| 2                |                           |                    |                           |                 |                     |                              |

(Add additional rows as needed on separate Sheet)

#### **Experience Details**

| SI.<br>No | Organization<br>Name | Organization<br>Type | Post<br>Held | Nature of<br>Duties |  | To<br>(DD/MM/YYYY) |
|-----------|----------------------|----------------------|--------------|---------------------|--|--------------------|
| 1         |                      |                      |              |                     |  |                    |
| 2         |                      |                      |              |                     |  |                    |
| 3         |                      |                      |              |                     |  |                    |

(Add additional rows as needed on separate Sheet)

| Total Experience: | in ر | years/months |
|-------------------|------|--------------|
|-------------------|------|--------------|

## **Training Programme Details**

| SI. No | Name of Training Programme | Duration | Organization Name |
|--------|----------------------------|----------|-------------------|
| 1      |                            |          |                   |
| 2      |                            |          |                   |
| 3      |                            |          |                   |

(Add additional rows as needed on separate Sheet)

## Achievements/Other Work

| SI. No | Details | Related Institution | Remarks |
|--------|---------|---------------------|---------|
| 1      |         |                     |         |
| 2      |         |                     |         |

(Add additional rows as needed on separate Sheet)

| Docum | nents to Attach                         |
|-------|---|
| 1.    | 10th Certificate or Date of Birth Proof |
| 2.    | Aadhar or Photo ID                      |
| 3.    | Qualification Degree(s)                 |
| 4.    | PPO (Pension Payment Order):            |
| 5.    | Experience Certificate(s):              |
| 6.    | Any Other Relevant Document:            |
|       |   |
|       |   |

#### Declaration

I have carefully gone through the vacancy circular/advertisement and undertake that the information/details furnished above are correct to the best of my knowledge. I also understand that my candidature for the post applied for is liable to be cancelled if any of the above information is found to be false or incorrect.

|                              | Signature: |  |
|------------------------------|------------|--|
| <b>Date</b> : / (DD/MM/YYYY) |            |  |