#### **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 (Programme), Consultant (Academics), and Consultant (Administration)

Consultant (Programme) / Consultant (Academics) / Consultant (Administration))   Personal Details	Post Applied For:					At	ttach Passport Size Photo
Full Name	(Consult	tant (Programme	e) / Consultant (Ad	cademics) / Consultant (Ad	ministration))		
Father's/Husband's   Name   Mobile Number	Persona	l Details					
Father's   Husband's   Name   Mobile   Number   Name	Full Na	ame					
Name	Email	ID					
Date of Birth		's/Husband's					
Aadhar Number   Age	Mobile	e Number					
Age   Gender   Gender	Date o	f Birth					
Address	Aadha	r Number					
Address  House No.  Road/Village  Locality  City  District  State  Qualification Details  SI.No   Course/ Programe/ Degree/ Diploma   Degree/ Diploma   Degree/ Grade   Passing Year Grade    1	Age						
House No.	Gende	r					
Road/Village							
City District State  Qualification Details  SI.No   Course/ Programe/ Degree/ Diploma   Degree/ Diploma   Degree/ Diploma   Degree/ Grade   De							
City District State  Qualification Details  SI.No   Course/ Programe/ Degree/ Diploma   Percentage/ Grade   Passing Year Grade    1							
District State  Qualification Details  SI.No   Course/ Programe/ Degree/ Diploma   Degree/ Grade   Passing Year Grade    1		.y 					
State  Qualification Details  SI.No   Course/ Programe/ Degree/ Diploma   University/ Board Name   Percentage/ Grade   Passing Year    1							
Qualification Details  SI.No   Course/ Programe/ Degree/ Diploma	Distric	t					
SI.No Course/ Programe/ Degree/ University/ Board Name Percentage/ Grade  1	State						
Diploma Grade  1	Qualific	ation Details					
2	SI.No		ame/ Degree/	University/ Board Nam			Passing Year
	1						
	2						

(Add additional rows as needed on separate Sheet)

#### **Experience Details**

	_	•		-	_	To (DD/MM/YYYY)
1						
2						
3						

Total Experience:		(in years,	/months
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## **Training Programme Details**

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

(Add additional rows as needed on separate Sheet)

### **Publication (National/International)**

SI. No	National/International	Year of Publication	First Author/ Single Author
1			
2			

(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)

Orgai	ization Name
Descr	ption
Retire	d Post
Date	of Retirement
Docum	ents 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:
Declar	tion
	arefully gone through the vacancy circular/advertisement and undertake that the information/details ed 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.

Date: \_\_\_/ \_\_\_ (DD/MM/YYYY)

Signature: \_\_\_\_\_