



समेकित क्षेत्रीय कौशल विकास, पुनर्वास एवं दिव्यांगजन सशक्तिकरण केन्द्र
दिव्यांगजन सशक्तिकरण विभाग, सामाजिक न्याय एवं अधिकारिता मंत्रालय, भारत सरकार
**Composite Regional Centre for Skill Development,
Rehabilitation & Empowerment of Persons with Disabilities**
Department of Empowerment of Persons with Disabilities (Divyangjan),
Ministry of Social Justice & Empowerment, Govt. of India

Near Mahamaya Temple, Sundernagar, Distt. Mandi (HP) – 175018 Phone: 01907-266638, 267638

Post Applied for:

Name (In Block Letters):

Father's/ Husband's Name:

Category:.....Disability (*if any*).....

Address with Pin Code:

.....
.....

Phone/Mobile No.:E-mail:.....

Aadhar No.....Date of Birth..... Age (*in years & months*).....

Qualification(s): Academic/Professional

(From Matric onwards)	Board/University	Year	Subject	Marks Obtained/Total Marks	%age
(1)					
(2)					
(3)					
(4)					

Experience(s):

Sl.	Post Held	Duration		Name of the Organisation	Responsibilities
		From	To		
1.					
2.					
3.					

Use separate sheet, if required.

DECLARATION

I....., hereby declare that the particulars furnished by me in this application form are true to the best of my knowledge and belief and in case any information is found to be false, my candidature shall be liable to be rejected.

Date:

Place:

(Signature of Applicant)

(Detail of documents to be attached)

Particulars of attached fee payment:

Receipt Amount

Transaction ID/Receipt No.....

Date:.....