



NATIONAL INSTITUTE FOR THE EMPOWERMENT OF PERSONS WITH VISUAL DISABILITIES (DIVYANGJAN)

(Department of Disability Affairs, Ministry of Social Justice & Empowerment, Govt. Of India)

116, Rajpur Road, Dehradun 248001, Uttarakhand.

Website: www.nivh.gov.in, Phone no: 0135 2744491, 2744578

Applications are invited from the eligible candidates for filling up the following contractual posts for Composite Regional Centre For Skill Development, Rehabilitation & Empowerment Of Persons With Disabilities, (CRC), Gorakhpur 10, Sitapur Eye Hospital, Park Street, Civil Lines, Gorakhpur (UP) on purely temporary basis. Applications should reach the Director of the Institute at the above address. The Last date for receipt of application is 26.10.2020 in the enclosed format.

1. **Name of Post** : Special Educator (Consultant) (For 06 Months)
Emoluments : Rs. 25,000/- P.M. with no other allowances.

Essential Qualifications :-

- (i) Graduation with Diploma/ B.Ed/ PG Diploma in Spl. Education or equivalent (Preferably in MD/ ASD / ID / CP)
- (ii) Minimum 02 years of experience.
- (iii) Registration with RCI

Desirable:-

- i. M.ED in special Education

2. **Name of Post** : Sign Language Interpreter (Consultant) For 06 Months
Emoluments : Rs. 25,000/- P.M. with no other allowances.

Essential Qualifications :-

- (i) Graduation from Recognized University.
- (ii) Diploma in Sign Language Interpretation (DISLI)
- (iii) 02 Years of experience as sign language interpreter.
- (iv) Registration with RCI

1. The Selection will be based on online interview.

GENERAL CONDITIONS

1. Neat and Clean application should be submitted giving full particulars as asked in the advertisement.
2. Applications must invariably be accompanied with attested copies of certificates, degrees, mark sheets, testimonials in support of qualifications, age and experience failing which application will be rejected straitway. No query will be entertained after receipt of application.
3. Eligible candidates serving Central/State Government, Public Sector undertaking Autonomous bodies must send their applications through proper channel if applicable.
4. This Institute will not be responsible for the matter/contents of Advertisement published in any other news papers except **Danik Jagran, Gorakhpur Edition & NIVH Website.**
5. The Director, NIEPVD Dehradun reserves the right to fill or not to fill the post(s) without assigning any reason thereof.

Director, NIEPVD, Dehradun

**National Institute for the Empowerment of
Persons with Visual Disabilities (Divyangjan)**

(DEPwD, MSJ&E, Govt. of India)

116, Rajpur Road Dehradun,

**Composite Regional Centre For Skill Development, Rehabilitation & Empowerment Of
Persons With Disabilities, (CRC), Gorakhpur 10, Sitapur Eye Hospital,
Park Street, Civil Lines, Gorakhpur (UP)**

Recent Passport
size Photograph

(5 cm X 4.5
cm) to be
affixed

**APPLICATION FORMAT FOR
CONTRACTUAL POSTS OF CRC GORAKHPUR**

Application for the post of : _____ (On Contractual basis)

| | |
|--|--|
| 1. NIEPVD Advt No | Advt. No. |
| 2. MCI / RCI Registration No. (wherever applicable) | |
| 3. Name in Full (Capital Letters) (as in Matric/Degree Certificate) | |
| 4. Date of Birth (enclose copy of matric certificate) | Day Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 5. Citizenship Status | Citizen of India By Birth <input type="checkbox"/> Domicile <input type="checkbox"/> |
| 6. Member of Scheduled Caste (SC) / Tribe (ST) / Other Backward Class (OBC) / Person with Disability (PwD) etc., | Write SC or ST or OBC (<i>Attach certificate</i>) or Person with Disability (PWD) <input type="text"/> <input type="text"/> |
| 7. Address for Communication (with Phone/mobile number & email ID) | |
| 8. Permanent residential Address | |
| 9. Name of Father / Husband /Mother | |

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10. Details of Education starting from matric (SSLC/X Std.,) onwards :- (to give details **ONLY ON PASSED COURSES & WHERE DEGREE/CERTIFICATEs etc., ARE ALREADY AWARDED/ISSUED.**)

| Academic / Professional Qualification | Discipline | University /Inst/Board | Year & Month of Entry | Year & Month Passed | Marks Obtained / Total Marks | /Class / Division . |
|---------------------------------------|------------|------------------------|-----------------------|---------------------|------------------------------|---------------------|
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11. Additional Qualification / Certificate Courses if any (Training, Apprentice programs attended, refresher courses completed etc.,)

| Course | Duration | Certifying Organisation | Whether Govt authorized/recognized | Class/Mark/details |
|--------|----------|-------------------------|------------------------------------|--------------------|
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12. Experience in chronological order up to the present post:

| Organization/ Department/ Office/Institution/University/ College etc. | Designation/ Post held | From | To | Consolidated pay/Pay in the Pay band with Grade Pay drawn as on date (P.M) | Nature of work presently dealing with/dealt with (attach proof: experience certificates, copies of appointment and relieving) (experience without testimonials will not be considered) |
|---|---------------------------|--|----|--|--|
| | | (If on contract basis mention the term of contract | | | |
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13. (i) Details of Present Employment :

(ii) Nature of present work & responsibility held :

(iii) Time required to join if offered the post :

14. References (Names, Designation and Address with email ID & contact details of three Referees / references (with whom you have interaction during your work or study period) (03 references)

(a)

(b)

(c)

DECLARATION OF THE APPLICANT

I hereby declare that the information given above is correct to the best of my knowledge and belief and I fully understand that if it is found at a later date that any information given in the application is incorrect / false or if I do not satisfy the eligibility criteria, my candidature / appointment is liable to be cancelled / terminated.

Place:

Date:

Signature of the Applicant

With full name in Block letters

Correspondence address of the candidate:-

(to include contact /mobile number, E-mail ID also)

NOTE :-

The application duly filled in all relevant columns, signed and enclosed with the self- attested copies of educational, professional, additional qualifications and experience certificates should be sent to THE DIRECTOR, NATIONAL INSTITUTE FOR THE EMPOWERMENT OF PERSONS WITH VISUAL DISABILITIES (DIVYANGJAN), 116 RAJPUR ROAD, DEHRADUN, UTTARAKHAND- 248001, PHONE NO- 0135-2744491