ANNEXURE to Circular No 16-08/2014-DRC/CCPD(Pt.Vol.II)

**PROFORMA FOR APPLICATION FOR THE POST OF**  **CHIEF COMMISSIONER FOR PERSONS WITH DISABILITIES**

1. (a) Name (In Block Letters):

 (b) Address with telephone number and e-mail ID:

1. (a) Date of Birth:

(b)  Age as on 1.1.2025 :

1. (a) Educational & other Qualifications:

  (b) Whether having recognized degree or diploma in Social work or law or management or human rights or rehabilitation or education of Persons with Disabilities(Y/N)? If yes, the details thereof:

  (c) Research papers published (Indicate details in brief):

4.  Details of Experience :

 (a) whether having experience of at least 25 years in a Group “A” level post in the Central Government or a State Government or a Public Sector Undertaking or a Semi-Government or an autonomous body dealing with disability related matters or social sector or as a senior level functionary in registered national and international voluntary organizations in the field of disability or social development?(Y/N)

 If yes, the details thereof (details to be provided chronologically upto the date of application):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Name of the Office/Department/Organization | Whether Central Govt/State Govt/PSU/Semi-Govt./Autonomus Body/national or international voluntary organization | Details of post held with designation and scale of pay/gross pay | Tenure from(DD/MM/YYYY) | Tenure upto(DD/MM/YYYY) | Nature of appointment-whether regular/adhoc/deputation/ honorary | Duties/ Job Description with details of experience in disability sector wherever applicable |
|   |  |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |

   (b) whether having experience of at least 3 years(out of 25 years)  in a Group “A” level post in the Central Government or a State Government or a Public Sector Undertaking or a Semi-Government or an autonomous body dealing with in the field of rehabilitation or empowerment of persons with disabilities ?(Y/N)

If yes, the details thereof:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Name of the Office/Department/Organization  | Whether Central Govt/State Govt/PSU/Semi-Govt./Autonomus Body/national or international voluntary organization  | Details of post held with designation and scale of pay/gross pay | Tenure from(DD/MM/YYYY) | Tenure upto(DD/MM/YYYY) | Nature of appointment-whether regular/adhoc/deputation/ honorary | Duties/ Job Description with details of experience in disability sector wherever applicable |

5. Additional details about present employment, please state whether working under:-

 i. Central Government:

 ii. State Govt./UT Admn:

  iii. Recognized Research Institutions:

 iv University/Autonomous or Statutory Organization:

 v. Registered Bodies (Registered Under Society Registration Act, Trust Act or any other relevant Act of States/ UTs or charitable company, licensed u/s 25 of the Company Act):

 vi. International Agency/Society/Association etc (If in a registered body — the size of the organization & the field indicated):

6.         Details regarding APARs and Vigilance clearance in r/o applicants working in Central/State Govt establishments/PSUs/Autonomous Bodies etc.,

1. Whether presently working in Central Govt/State Govt/PSU/Semi-Govt./Autonomus Body etc– Y/N
2. If yes, whether the application is submitted through proper channel: Y/N

           (iii).   If yes, please attach the certified copies of APARs for the last five years

           (iv).   If yes, please attach the vigilance clearance duly certified by the CVO of the Department/Organization

7. Additional information, if any, in support of the candidature or other relevant details:

8.      Whether belong to SC/ST/Person with Disability (PwD):

9.      Name, Address and Telephone Nos. of two persons for reference from whom additional information/clarification can be obtained, in case information/documents available along with your application is/are insufficient:

         **i) Contact 1**

                        a) Name:

                        b) Address:

                        c) Contact No:

                        d) Email:

          **ii)** **Contact 2**

                        a) Name:

                        b) Address:

                        c) Contact No:

                        d) Email:

10. Requisite Documents for submission( Details of documents provided other than the below mentioned documents may be appended in the subsequent rows of the following table):

|  |  |  |  |
| --- | --- | --- | --- |
| S.No. | Document type | Whether submitted or not(✔tick where applicable) | Page number of document in the application |
| Yes | No |
| 1 | Proof of date of birth (10th certificate/DOB certificate) |   |   |   |
| 2 | Category Certificate(SC/ST/PwD) |   |   |   |
| 3 | Education Certificate(s) (Essential and Desired)  |
|   i) | Essential (Graduation from a recognized university) |   |   |   |
|   ii) | Desired (whether having recognized degree or diploma in social work or law or management or human rights, rehabilitation or education of Persons with Disabilities) |   |   |   |
| 4 | Experience Certificate/appointment orders and relieving orders specifying the tenure and nature of duties in r/o each tenure of employment |   |   |   |
| 5 | Present Pay Certificate (if applicable) |   |   |   |
| 6 | Employer’s/Organization’s registration certificate in case of NGOs /other national or international organization experience |   |   |   |
| 7 | Copies of APARs for the last five years (if applicable) |   |   |   |
| 8 | Vigilance clearance (if applicable) |   |   |   |

11.          Whether any supporting documents in respect of the claim(s) above is missing? If yes, reason(s) for not submitting the same:

Name and Signature of the Candidate

Date :

Place :

Full address (postal and email) for communication…………………………………………