

**COMPOSITE REGIONAL CENTRE (For Persons with Disabilities)**  
 (Dept. of Empowerment of PwD's, Ministry of Social Justice & Empowerment, Govt. of India)  
 Near Mahamaya Temple, Sundernagar, Distt. Mandi (HP) - 175018  
 Phone: 01907-267338, 267638; Tele Fax: 01907-266638

Post Applied for: .....

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

Father's/ Husband's Name: .....

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

Address with Pin Code:

.....  
 .....

Phone/Mobile 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)                   |                  |      |         |                            |      |

Paste  
 (Don't staple)  
 your recent  
 passport size  
 colored  
 photograph

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)