



DISABILITY SUMMIT

3rd December 2014
Talkatora Stadium
New Delhi



World Health Organization
Regional Office for South-East Asia



the Cradle
THE CENTRE FOR REHABILITATION AND ADVANCEMENT OF DISABLES

UN's International Day of Persons with Disabilities

EMPLOYMENT APPLICATION FORM

1	Name						Photograph	
2	Father's Name							
3	Mother's Name							
4	Present Address	House No/Name of House Place State / U.T			Email ID:			
	Mobile No.							
5	Permanent Address	House No/Name of House Place State / U.T			Phone No.2			
	Phone No.1							
6	Date of Birth	Day	Month	Year	7	Age (in Years)		
8	House Hold Income (Income Certificate to be Attached)		Rs.			9	Gender	Male / Female
	In Words Rs.							
10	Category (GENERAL/ OBC/ SC/ST)							
11	Language Details	Languages Known	Proficiency in Language					
				Read	Write	Speak		
			1					
			2					
		3						
12	Physical Standards	Height (In Cms)		Weight (in Kgs)		Chest (Cms)	Wear Glasses (Yes / No)	



The Cradle 8E, Block 7, Pocket 10B, LIG, DDA, Jasola, New Dehli - 110 025

Tele/Fax: 011-26942263, +91-9717595100 Email: bbc4cradle@gmail.com Web: <http://www.trustcradle.com>



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13	Type of Disability	Select, as applicable		%age of Disability	Do You Have Certificate?		
		Visually Impaired			Yes	No	
		Hearing Impaired					
		Loco Motor			If Yes, Name of Authority who issued Certificate:		
		Autistic					
		Mentally Retarded					
		Leprosy Cured:					
		Multiple Disability					
14	Education Qualifications						
	Exam Passed	Board Division	Pass Year	Medium of Instruction	%age	Subject	
15	Professional Qualifications (If Any)						
	Exam Passed	Board/ITI/University	Pass Year	Medium of Instruction	%age	Subjects	
16	Vocational Training (if Any)	Computer	Technical	Shorthand	Other		
17	Experience Details						
	Name of the Department where served	Post held	Pay Scale	Pay at the time of Leaving	Period of Serving		Nature-of duties / Type of Job
					From	To	





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18	Ex-Serviceman Details (if Applicable)						
	Name of Defense organization where served	Post held	Pay Scale	Period of Serving		Nature-of duties / Type of Job	Pay at the time of Leaving
				From	To		

I declare that above information are true to the best of my knowledge. If any information furnished by me turns out to be false subsequently, my registration may be cancelled.

Date : _____

Place : _____

Signature of Applicant

For office use only.....

Serial No. of Application	
Date of Receipt	
Verified By	
Referred to Organisation	
Salary Recommended Rs.	<i>Per month</i>



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