

**DR. SHAKUNTALA MISRA NATIONAL REHABILITATION UNIVERSITY
LUCKNOW**

Application Form for Sign Language Interpreter

| | |
|--|-----------------------|
| Post Applied for _____ : Have you applied earlier for this post (Yes/No) _____ : If Yes, give details, _____ | Paste Signed Photo |
|--|-----------------------|

Details of Fee Payment (The requisite fee has to be remitted through Bank draft in favour of Finance Officer, Dr Shakuntala Misra National Rehabilitation University, Lucknow)

| Transaction ID (Attach Receipt) | Date | Amount | Mode of Payment (RTGS/NEFT) | Name of Bank and Branch |
|------------------------------------|------|--------|--------------------------------|-------------------------|
| | | | | |

| | | | | |
|---|------------------------------|------------|-------------|---------|
| 1 | Name (In Capital Letters) | First Name | Middle Name | Surname |
| | | | | |

| | | | | | | | |
|---|---------------|-----|-------|------|--------------------------------------|-------|--------|
| 2 | Date of Birth | Day | Month | Year | Age as on last date of advertisement | Years | Months |
| | | | | | | | |

| | | | | |
|---|----------------|--------------|-------|---------|
| 3 | Place of Birth | City/Village | State | Country |
| | | | | |

| | | |
|---|---------------|--|
| 4 | Father's Name | |
| | | |

| | | |
|---|---------------|--|
| 5 | Mother's Name | |
| | | |

| | | |
|---|-------------|--|
| 6 | Nationality | |
| | | |

| | | |
|---|--------|--------------------------|
| 7 | Gender | Male/ Female/Transgender |
| | | |

| | | |
|---|--|---|
| 8 | Community/ Category (Please strike out whichever is not applicable) | SC/ST/OBC/Other Categories give details _____ S. No. of proof enclosed _____ |
| | | |

| | | |
|---|----------------|---|
| 9 | Marital Status | a. Married / Unmarried/ Divorced / Name of Spouse _____ |
| | | |

| | | | | |
|----|--|---------|--------------------------|------------------------------|
| 10 | If Persons with Disabilities(Divyang), indicate the relevant particulars | Yes/ No | Percentage of Disability | S. No. of proof of enclosure |
|----|--|---------|--------------------------|------------------------------|

| | | | | |
|----|--------------------------|--|--|--|
| a. | Blindness or Low Vision: | | | |
|----|--------------------------|--|--|--|

| | | | | |
|----|--------------------|--|--|--|
| b. | Hearing Impairment | | | |
|----|--------------------|--|--|--|

| | | | | |
|----|--|--|--|--|
| c. | Locomotor disability or cerebral palsy (includes all cases of Orthopedically Disabled) | | | |
|----|--|--|--|--|

11. Address for correspondence:

(a) Mailing address : _____ (b) Permanent address: _____

(c) E-mail : _____ (d) Mobile/Telephone: _____

12. Educational Qualifications (Attach additional Pages, if required)

| | Name of Course | Name of the Board/ University | Year of Passing | Division | CGPA (if grading is applicable) | % of Marks (pl. indicate equivalent to CGPA also) | Subjects studied | S. No. of proof of enclosure |
|----------------------------------|----------------|-------------------------------|-----------------|----------|---------------------------------|---|------------------|------------------------------|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) |
| 10th Class / equivalent | | | | | | | | |
| 10+2/Higher Secondary equivalent | | | | | | | | |

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Bachelor's degree | | | | | | | | |
| Master's degree | | | | | | | | |
| A, B, C Level or Diploma in Sign Language Interpretation | | | | | | | | |
| Any other Exams Passed | | | | | | | | |
| | | | | | | | | |

| 13. Chronological list of Experience (starting from current position/ employment): | | | | | | | |
|--|---------------|----------------------------|----------------------|---------|--|------------------------|------------------------------|
| Designation | Pay/Pay Scale | Name & Address of Employer | Period of Experience | | | Nature of work/ duties | S. No. of Proof of enclosure |
| | | | From date | To date | No. of years/ months (As on date of advertisement) | | |
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) |
| | | | | | | | |
| | | | | | | | |

| 14. Nature of experience : | | | S. No. of Proof of enclosure |
|---|-------------------------------|---------------|------------------------------|
| a) Teaching/Interpreting | No. of Years | No. of Months | |
| i) Under-graduate level | | | |
| ii) Post-graduate level | | | |
| b) Post-doctoral experience | | | |
| c) Other experience, if any | | | |
| Total Experience | | | |
| 15. Academic Distinctions: | | | S. No. of Proof of enclosure |
| Name of the Academic Course/ Body | Academic Distinction Obtained | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 16. Names and complete postal addresses of 3 referees (The referee should be the last employers of the candidate or any other person having know-how of candidate's experience/ knowledge and should not be related to the applicant) | | | |
| | Refree-1 | Refree-2 | Refree-3 |
| Names & Complete postal address | | | |

| | | | |
|--------------------------------|--|--|--|
| | | | |
| Email: | | | |
| Phone (Landline) with STD code | | | |
| Mobile Ph: | | | |
| Fax: | | | |

List of self attested testimonials attached (original to be produced at the time of interview)

17. Please tick the enclosures attached

| S. No. | Cheek List | S. No. of enclosure | No. of sheets |
|--------|---|---------------------|---------------|
| i. | Matriculation mark sheet/ certificate | | |
| ii. | Intermediate mark sheet / certificate | | |
| iii. | B.A./ B.Sc./ B.Com (Final) mark sheet/ degree | | |
| iv. | M.A./ M.Sc./ M.Com (Final) mark sheet/ degree | | |
| v. | 'A', 'B', 'C' Level or Diploma in Sign Language Interpretation | | |
| vi. | Caste Certificate issued by the Competent Authority (OBC/SC/ST/etc) | | |
| vii. | Experience certificates | | |
| viii. | Recommendation letter(s) | | |
| ix. | Any other | | |

Total number of sheets enclosed _____ (please give sequential number to each sheet and signature with date).

18. Have you been reprimanded ever Yes/No
Give detail, if yes _____

19. Any other information/ qualification relevant to the post applied for:

20. Declaration

I, _____, Son/Daughter/Wife of, _____

hereby declare that all statements and entries made in this application are true, complete and correct to the best of my knowledge and belief. It is further declared that I have never been convicted and no criminal case is pending or contemplated against me in any Court of law.

In the event of any information being found false or incorrect or ineligibility being detected before or after the Selection Committee and Executive Council meetings, my candidature / appointment may be cancelled by the University.

Dated : _____

Place : _____

Signature of the Applicant

*Name as signed (in BLOCK LETTER)

*Application not signed by the candidate is liable to be rejected