

**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 Orthopeadically 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 (a)	Pay/Pay Scale (b)	Name & Address of Employer (c)	Period of Experience			Nature of work/ duties (g)	S. No. of Proof of enclosure (h)
			From date (d)	To date (e)	No. of years/ months (As on date of advertisement) (f)		

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:

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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