



REHABILITATION COUNCIL OF INDIA
(A Statutory Body of Ministry of Social Justice & Empowerment,
Department of Empowerment of Persons with Disabilities
(Divyangjan), Government of India)
B-22, Qutab Institutional Area, New Delhi-11 0016
Tel: 011-26534287, 26532408, Email: rci-depwd@gov.in



Applications are invited from the eligible candidates to fill up the following post in Rehabilitation Council of India, New Delhi on deputation basis, as per details given below:

1. Deputy Director (Administration) -One post, Group A, Ministerial in the Pay Level 11 of Pay Matrix (Rs.67700-208700/-) (on Deputation basis only)

Eligibility criteria: Officers under Central/State Government/Universities/Recognized Research Institutes/Public Sector Undertaking/Semi Government/Autonomous/Statutory Organization.

(i) Holding analogous posts on regular basis; or
(ii) Posts in Pay Level 7 of Pay Matrix (Rs. 44900-142400/-) with eight years regular service or equivalent; and

(iii) Degree from a recognized University or its equivalent.

General Conditions:

1 Period of deputation including period of deputation in another ex-cadre post held immediately preceding this appointment in the same or some other organization or department shall not ordinarily exceed three years. The maximum age limit for deputation shall not be exceeding 56 years as on the closing date of receipt of the applications.

2 The deputation will be governed by the instructions issued by DOP&T as applicable to Central Government Departments/Organizations.

3 Applications in the prescribed format available on the Council's website www.rehabcouncil.nic.in, completed in all respects, accompanied by self-attested copies of testimonials/certificates along with last five years ACRs/APARs, Integrity Certificate and Vigilance Clearance should reach the Member Secretary, Rehabilitation Council of India, B-22, Qutab Institutional Area, New Delhi-110016 through proper channel, within 45 days from the date of publication of this advertisement in Employment News/Rozgar Samachar.

4 The applications received without requisite documents or received after the last date or received without forwarding by the respective Department/Organization, will not be considered.

5 The department while forwarding applications may please ensure that the officials who volunteer for the post shall not be allowed to withdraw their names later on in case of their selection. Prescribed Application Format is available on the Council's website, www.rehabcouncil.nic.in and may be downloaded from website.

6 The Council reserves the right to withdraw the advertisement/vacancy circular at any time without assigning any reasons.

Dr. Subodh Kumar
Member Secretary, RCI

REHABILITATION COUNCIL OF INDIA

APPLICATION PROFORMA - (FOR DEPUTATION ONLY)

Application Proforma for the post of _____

Please Affix
Your Recent
Passport Size
Photograph
duly attested

1. Name and Address (in Block Letter):
with telephone/mobile number

2. Father's Name:

3. Date of Birth (in Christian Era):

4. Date of retirement (where applicable
under Central/ State Govt. Rules)

5. Educational Qualification

6. Whether educational and other qualifications required for the post are satisfied (if any qualification has been treated as equivalent to the one prescribed in the Rules, state the authority for the same)

		Qualifications/Experience required	Qualifications/Experience Possessed by the Applicant
Essential	1		
	2		
	3		
Desired	1		
	2		

7. Please state clearly whether in the light of entries made by you above, you meet the requirements of the post: Yes/No

8. Details of Employment, in chronological order starting with the latest. Enclose a separate sheet duly authenticated by your signature, if the space below is insufficient.

Organization	Post held/Designation	From	To	Scale of Pay with GP, if any and the Basic Pay	Nature of duties (in details)

9. Nature of present employment i.e. Ad-hoc or Temporary or Permanent.

10. In case the present employment is held on deputation/ contract basis, please state-

- (a) The date of initial appointment
- (b) Period of appointment on deputation/ contract.
- (c) Name of the parent office/organization to which you belong

11. Additional details about present employment. Please state whether working under (indicate the name of your employer against the relevant column)-

- (a) Central Govt.
- (b) State Govt.
- (c) Autonomous Organization
- (d) Government Undertaking
- (e) Universities
- (f) Others

12. Please state whether you are working in the same department and are in the feeder grade or feeder to feeder grade.

13. Are you in Revised Scale of Pay? If yes, give the date from which the revision took place and also indicate the pre-revised scale.

14. Total emoluments per month now drawn.

15. Additional information, if any, which you would like to mention in support of your suitability for the post.

16. Whether belong to SC/ST/ OBC/.PwD (OH, B, LV, HI)

17. Remarks [The candidates may indicate information with regard to (i) Research publication and reports and special projects (ii) Awards/ Scholarship/ Official Appreciation (iii) Affiliation with the professionals bodies/ institutions/ Societies and (iv) any other information.]

(Note: Enclose a separate sheet if the space is insufficient).

I have carefully gone through the Vacancy circular/advertisement and I am well aware that the curriculum Vitae duly supported by documents submitted by me will also be assessed by the Selection Committee at the time of selection for the post.

Date -----

Signature of the candidate

Address

COUNTERSIGNED

(Employer with seal)

CERTIFICATE TO BE FURNISHED BY THE EMPLOYER/FORWARDING AUTHORITY

It is also certified that there is no Criminal/Vigilance/Disciplinary case either pending or being contemplated against Shri/Smt/Kum _____, presently working with this Dept/Organization as _____ since _____.

2.His/her integrity is certified as beyond doubt.

3.No major or minor penalty was imposed on Shri/Smt./Kum. _____ during the last 10 years.

4.The attested copies of the ACRs/APARs for the last 5 years are enclosed.

Place:

Countersigned

Dates:

(Employer with seal)