



89

**SOCIAL JUSTICE, EMPOWERMENT AND WELFARE DEPARTMENT
(SOCIAL WELFARE DIVISION)
GOVERNMENT OF SIKKIM
SAMAJ KALYAN BHAWAN, LUMSEY,
5TH MILE, TADONG, GANGTOK- SIKKIM**

EMPLOYMENT NOTICE

Application are invited from eligible candidates for appointment to the post of State Commissioner for Persons with Disabilities under Social Justice, Empowerment and Welfare Department, Government of Sikkim.


The details of the post and other conditions have been provided in chapter VIII of The Sikkim Rights of persons with Disabilities Rules, 2017 which can be accessed in the website www.sikkimsocialwelfare.gov.in. The prescribed format can be downloaded from the given website.

The application in the prescribed format should reach the undersigned on or before **10th March 2018** by registered post/Speed post or by person to:

**The Secretary,
Social Justice, Empowerment and Welfare Department
Government of Sikkim
Lumsey, Gangtok – 737101**

“Application for the post of State Commissioner for Persons with Disabilities Social Justice, Empowerment and Welfare Department” should be super-scribed on the envelope.

This Department is not responsible for any postal delay


**Additional Secretary,
to the Government of Sikkim
Social Justice, Empowerment
and Welfare Department**



11/11/11

90

Format of Application for the post of State Commissioner for Persons with Disabilities.

Affix the latest passport size Photo

(Applicant is requested to type the information in the following format, and can add more lines in the format wherever required.)

1. General Information of Applicant

Name (In Capital Letters)	
Date of Birth (Day/Month/Year)	
Age as on 01.01.2018	
Correspondence Address	
Phone No.	Mobile No: Landline No:
Email	

2. Present Position:

a.	Designation	
b.	Organization	
c.	Pay Scale	
d.	Date of appointment to the present post	
e.	Total Experience (In years and Months)	

3. Details of experience possessed as per eligibility criteria:

Sl. No.	Post held	Pay Scale	Organization	Nature of duties	Experience (in Years and Months)



91

4. Educational Qualification (in chronological order from Matriculation to the highest level)

Sl. No.	Qualification	University	Year	Subject(s)/Topic(s)	% Achieved	Distinctions Etc

5. Administrative Experience/ posts & responsibility held including in the field of empowerment of Persons with Disabilities (3 years minimum).

Sl. No.	Posts	Organisation	Duration		Experience (In Years and Months)
			From	To	

6. Participation and contribution in the relevant area

--

7. International academic Exposure if any

Sl. No.	Post/ Assignment	Organization	Area of Assignment	Duration		
				From	To	In Years & Months

8. Honours /Awards & Fellowships for Outstanding Work:

Sl. No.	Name of Award/Fellowship etc.	Elected/Honorary Fellow	Awarded by	Year of Award



92

**9. Your Vision for the Rights and Empowerment of Persons with Disabilities/Divangjan
(up to 200 Words)**

I, hereby, declare that all the statements/ particulars made/ furnished in this application are true, complete and correct to the best of my knowledge and belief. I also declare and fully understand that in the event of any information furnished being found false or incorrect at any state, my application/candidature is liable to be summarily rejected at any stage and if I am already appointed, my services are liable to be terminated without any notice from the post of State Commissioner for Persons with Disabilities as per Act/Statues etc. and other applicable rules.

Place:

(Signature of the Applicant)

Date:

Note: Total No of Pages (A-4 size) of the application should not exceed 5 pages.



10

10