

ODISHA ASSOCIATION OF THE DEAF
Plot No. 105/A, Palashpalli, P.O. Aerodrome Area, Bhubaneswar-751020.

ADVERTISEMENT FOR RECRUITMENT

(ନିଯୁକ୍ତି ବିଜ୍ଞାପନ)

Advt. No.

Applications are invited from eligible candidates for recruitment of teaching and non-teaching staffs in the Nursery School for the Deaf run by the Management of this Organization under Grant-in-Aid fold of SSEPD Department, Govt. of Odisha. The vacancy position, required qualification and consolidated salary details is given in the table below. Selection process shall be carried out as per the extant norms and guidelines of SSEPD Department, Govt. of Odisha. Desirous candidates may apply along with complete Bio-Data, with Qualification documents, photo etc., so as to reach the undersigned before 18th December, 2022 by 5.00 P.M. sharp.

Nursery School for the Deaf, Bhubaneswar.

Sl.No.	Type of post as per Govt. Yardstick	Vacancy against the approved post	Requisite qualification	Scale of Pay (Consolidated)
1	Asst. Teacher Trained Graduate (T.G.)	01	Graduate in Arts/Science having B.Ed. (General) with Diploma or Spl. B.Ed. in concerned stream, i.e. H.I.	9300-34800, Grade Pay-4200.
2	Asst Teacher(Speech & Language Therapist-DHLS (Diploma in Hearing, Language & Speech).	01	+2 Science or equivalent with DHLS(Diploma in Hearing, Language and Speech) or BASLP(Bachelor of Science in Audiology & Speech Language Pathology).	5200-20200, Grade Pay-2200.
3	Matron/Warden	01	Graduate in any discipline with Degree or Diploma in concerned stream, i.e. H.I.	5200-20200, Grade Pay-2800.
4	Attendant(Male) (ପରିଚାଳକ-ପୁରୁଷ)	01 (Male)	VIII Pass. (H.I.)	4750-14680. G.P.-1700.

Sd/-
General Secretary

E-mail: oadbbss@gmail.com

mob- 9937400370

APPLICATION FORM

Affix one passport
size photograph
duly self attested
on front side

Application for the post of: _____

Applied for the Special School: _____

1. Name in full (in block letters): _____

2. Father's/ Husband's Name: _____

3. Permanent Address: At - _____ PO - _____

PS - _____ Via - _____

District - _____ Pin - _____

4. Present Address: At - _____ PO - _____

PS - _____ Via - _____

District - _____ Pin - _____

Contact No. _____

E-mail ID: _____

5. Aadhar No. _____, Disability if any: _____

6. Gender : Male / Female / TG (Please tick one)

7. Marital Status : Married / Unmarried (Please tick one)

8. Cast : ST / SC / SEBC / GEN (Please tick one)

9. Date of Birth (With proof): Number:-//.....//.....

Word:- _____

10. Age as on 01/01/2022: _____ in wards (.....)

11. Educational Qualification:-

Name of Course/Exam	Name of Board	Year of Passing	Full Mark	Mark Secured (Without Extra Optional)	% of Marks

12. Details of Professional Qualification:

Name of Course/Exam	Name of Board	Year of Passing	Full Mark	Mark Secured	% of Marks

13. Details of Experience, if any:

Name of Post/Designation	Name of Institution/ Organization	Private /Govt.	Period of Service	Total Years

14. Documents to be attached (Self attested photocopies)

- All the Certificates/ Mark Sheets qualifying the educational & Professional background of the applicants to be submitted in & as duly self attested.
- Two recent passport size photographs duly self attested and one must be affixed to the application.
- Valid Aadhar Card & PAN Card (if any).
- Valid Disability Certificate (UDID) for PWD candidate.
- Valid Caste Certificate in support of Age and other relaxations in case of SC/ST/SEBC candidates.
- Valid RCI Registration Certificate as rehabilitation personnel for the posts of academic category and where as applicable.
- Valid Employment exchange registration certificate.

DECLARATION

I do hereby solemnly declare that all the statements/documents submitted by me are true and relevant. If any such information or documents provided by me is/are found false or irrelevant during or after selection, my candidature/selection shall be cancelled and I shall be liable to penal action as per law. Further I declare that whenever required the information furnished and to be furnished by me during the selection procedure may be used by the committee or may be shared for benefited purpose.

Place: _____

Date: _____

Full Signature of the candidate