

Women and Child Development and Empowerment of Differently Abled and Senior Citizens Department, 1st Floor, 3rd Gate, M.S. Building, Bangalore-560001

NOTIFICATION

APPLICATION FOR THE POST OF STATE COMMISSIONER FOR PERSONS WITH DISABILITIES

Qualification for appointment of State Commissioner.- No person shall be eligible for appointment of State Commissioner for Persons with Disabilities, unless he,-

- (a) is a graduate from a University established by law;
- (b) shall be a holder of Degree or Diploma in social work or law or management or human rights or rehabilitation or education of person with disabilities;
- (c) is having experience of at least fifteen years in a Group "A" level post in the State Government out of which at least two years of experience in dealing with the welfare and rehabilitation schemes of persons with disabilities;

or

- (d) shall have experience of at least fifteen years in Public Sector undertaking or a Semi Government or an Autonomous Body dealing with disability related matters or Social Sector or as senior level functionary in registered National and International voluntary organizations in the field of disability or social development;

Salary : Rs.1,44,200-2,18,200+3% annual increment plus allowances as admissible to a Secretary of the Government of Karnataka.

Last date for submission of application by registered post with acknowledgement due: 20.12.2022 at 5.00 pm

Application submitted to the following address:

The Secretary to Government, Women and Child Development and Empowerment of Differently Abled and Senior Citizens Department, 1st Floor, 3rd Gate, M.S Building, Bangalore-560001.

Application format and other instructions can be downloaded from the Website: <https://dwdsc.karnataka.gov.in> (Karnataka State Rights of Persons with Disabilities Rules, 2019)



(K.N. Murthy)

Deputy Secretary to Government,
Women and Child Development and
Empowerment of Differently Abled and Senior
Citizens Department, Bangalore



GOVERNMENT OF KARNATAKA

PROFORMA FOR APPLICATION FOR THE POST OF STATE COMMISSIONER FOR PERSONS WITH DISABILITIES

1. a. Name in full (Block Letters):		Affix a recent passport size photograph and sign across				
b. Father's Name						
c. Mother's Name						
d. Sex:						
e. Nationality						
f. Religion						
g. Caste/sub caste/category :						
h. Disabled:		<table border="1" style="display: inline-table;"><tr><td>Yes</td><td style="width: 30px; height: 20px;"></td></tr><tr><td>No</td><td style="width: 30px; height: 20px;"></td></tr></table>	Yes		No	
Yes						
No						
(If yes, the information should be furnished in a prescribed format)						
i. Ex-serviceman:		<table border="1" style="display: inline-table;"><tr><td>Yes</td><td style="width: 30px; height: 20px;"></td></tr><tr><td>No</td><td style="width: 30px; height: 20px;"></td></tr></table>	Yes		No	
Yes						
No						
(If yes, the information should be furnished in a prescribed format)						
j. Residential address for communication:						
k. Land Line/Mob No and e-mail address:						

2. Date of Birth: ___/___/_____ **Age:** _____

3. Qualifications:

a. Educational & other Qualifications: (Attested copies of Marks cards and Certificates shall be attached)

b. Research papers published (indicate the details in brief not exceeding 01-02 pages)

4. Details of Experience :

Office/ Organization	Brief of organization	Post held with scale of pay/ consolidated pay	Period of service from- To	Nature of appointment whether regular/ ad-hoc/deputation/ honorary	Duties/ Job description

5. Additional details about present employment: (indicate the details in brief not exceeding one page)

- i. Central /State government;
- ii. Recognised Research Institutions;
- iii. University/autonomous or Statutory Organization;

(If in a registered body - the size of the organization & the field of functioning may be indicated)

6. Additional information, if any, which you would like to mention in support of your candidature:

7. Names, Addresses and Telephone No. of two persons for reference from whom additional information/clarification can be obtained, in case information/documents made available along with your applications is insufficient.

Sl.No	Name	Addresses	Telephone No.
1.			
2.			

Self Declaration

I Solemnly declare that the above particulars are true and correct to the best of my knowledge and belief. I also understand that my candidature to the post applied for and if got selected for the said post is liable to be cancelled, if any of the above information is found to be false or incorrect.

Signature of the candidate

Date: _____

Place: _____