



Indian Sign Language Research and Training Center (ISLRTC)
Department of Empowerment of Persons with Disabilities (Divyangjan)
Ministry of Social Justice & Empowerment, Govt. of India
A-91, 1st Floor, Nagpal Business Tower, Okhla Phase-II, New Delhi-110020
Telephone: 26387558/59, Email- islrtcnewdelhi@gmail.com

Data 21-02-2020

Notice

This is to notify all ISL Teachers/ Instructors that ISLRTC is in the Process of compiling an ISL Teachers Directory of Professionally qualified ISL Teachers. This Directory will provide a ready reference to School/Special Education/ etc, who want to employ professionally qualified ISL Teachers/Instructor. It will also provide placement and job opportunity to ISL Teachers and Instructor. Professional ISL Teachers, who would want to be Include in the ISL Teachers Directory may intimate or register by filling up enclosed application cum consent form. The duly field form is to the sent by email isltdirectoryislrtc@gmail.com or by post to **Mr. Rakesh Kumar Gangwal, Assistant Professor, AP Room, Indian Sign Language Research and Training Centre, 1st Floor, Nagpal Business Tower, A-91, Okhla Phase-II New Delhi-110020** latest by March 20, 2020.

Rakesh Kumar Gangwal
Assistant Professor

Place:-New Delhi.

* Only those candidate is the following Qualification are eligible to Apply (BAASLS/DTISL/C-level and B-level (ISL)).

Application cum Consent Form for ISL Teacher'S Directory

Name (in Block letter) :

Name of Parents/ Guardian :

Age :

Date of birth (dd-mm-yy) :

Gender : Male/Female

Relationship with Guardian :

Marital status :

Languages known : (1) Indian Sign Language (2)..... (3).....

CRR Number (if have) :

Address for communication (With pin code) :

Permanent Address (With pin code) : Same

Phone / Mobile :

Email :

Paste your port size
photo In Sign Name
Position

(If Possible)

Educational Qualifications:

Qualification	Name of the School/ College/Institution	Name of the University / Board	Enrolment no. /Roll no.	Year of Passing	Total % marks
SSLC / 10 th					
12 th /Equivalent					
Sign Language Qualification					
Graduation in					
Post graduation in					
Technical /Professional Qualification.....					
Any other degree (mention in detailed).....					

Work experience:

S. No.	Period		Organisation	Designation	Job responsibilities
	From	To			
1.					
2					
3.					
4.					
5.					

Consent: I agree and allow ISLRTC to add my information to ISL Teacher’s Directory and publicise it.

DECLARATION

I am hereby declared that the above mentioned details are true and correct to the best of my knowledge.

Name & Signature with date

* Educational Qualification will be accept only recognized Course by Governing body of Govt.

* ISLRTC reserves the Right to add information to ISL Teacher’s Directory.

* No correspondence in this regard will be accepted.

OFFICE USE

Certified Verified : YES / NO

Qualification Adequate : YES / NO

Reason for Rejection :

Date:

Signature of verification officer