



**National Institute for Empowerment of Persons
with Multiple Disabilities (Divyangjan)**
(Accredited by NAAC) (ISO 9001 : 2015)
(DEPwD, MSJ&E, Govt. of India)
East Coast Road, Muttukadu, Kovalam (Post),
Chennai, Tamil Nadu - 603 112

Recent Passport size
Photograph

(5 cm X 4.5 cm) to be
affixed&

Self-attested

APPLICATION FORMAT FOR CONTRACTUAL POSITION AT CRC

Application for the position of : _____ (On contractual basis)
(Fill this column without fail)

| | |
|--|--|
| 1. NIEPMD Advt No | Advt. No. |
| 2. MCI / RCI Registration No. (wherever applicable) | |
| 3. Name in Full (Capital Letters) (as in Matric/Degree Certificate) | |
| 4. Date of Birth and Age (enclose copy of matric certificate) | <div> <div>Date</div> <div>Month</div> <div>Year</div> <div>Age</div> </div> <div> <div><input type="text"/></div><div><input type="text"/></div> <div><input type="text"/></div><div><input type="text"/></div> <div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div> <div><input type="text"/></div> </div> |
| 5. Citizenship Status | Citizen of India By Birth. <input type="checkbox"/> By Domicile <input type="checkbox"/> |
| 6. Member of Scheduled Caste (SC) / Tribe (ST) / Other Backward Class (OBC) / Person with Disability (PwD) etc., | Write SC or ST or OBC (Attach certificate) or Person with Disability (PWD) <div><input type="text"/></div> <div><input type="text"/></div> |
| 7. Address for Communication (with Phone/mobile number & Email ID) (Please give full postal address) | |
| 8. Permanent residential Address | |
| 9. Name of Father / Husband /Mother | |

10. Details of Education starting from matric (SSLC/X Std.,) onwards :-

11. (to give details **ONLY** ON PASSED COURSES & WHERE DEGREE/CERTIFICATEs etc., ARE ALREADY AWARDED/ISSUED).

| Academic / Professional Qualification | Subject with specialisation | University /Inst/Board | Year & Month of Entry | Year & Month Passed | Marks Obtained / Total Marks | /Class / Division . |
|---|--------------------------------|---------------------------|-----------------------------|---------------------------|------------------------------------|---------------------------|
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12. Additional Qualification / Certificate Courses if any (Training, Apprentice programs attended, refresher courses completed etc.,)

| Course | Duration | Certifying Organisation | Whether Govt. authorized/recognized | Class/Mark/details |
|--------|----------|----------------------------|--|--------------------|
| | | | | |
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13. Experience in chronological order upto the present post:

| Organization/ Department/ Office/Institution/ University/College etc. | Designation/ Post held | From | To | Consolidated pay/Pay in the Pay band with Grade Pay drawn as on date (P.M) | Nature of work presently dealing with/dealt with (attach proof: experience certificates, copies of appointment and relieving) (experience without testimonials will not be considered) |
|---|---------------------------|--|----|--|--|
| | | (If on contract basis mention the term of contract) | | | |
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13. (a) Details of Present Employment :

(b) Nature of present work & responsibility held :

(c) Time required to join if offered the post :

14. References (Names, Designation and Address with email ID & contact details of three Referees / references (with whom you have interaction during your work or study period) (03 references)

(a)

(b)

(c)

DECLARATION OF THE APPLICANT

I hereby declare that the information given above is correct to the best of my knowledge and belief and I fully understand that if it is found at a later date that any information given in the application is incorrect / false or if I do not satisfy the eligibility criteria, my candidature / appointment is liable to be cancelled / terminated.

Place:

Date:

Signature of the Applicant With full name in Block letters

Correspondence address of the candidate:

(to include contact /mobile number, E - mail ID also)