



11. Experience in chronological order upto the present post

Organisation/ Department/ Office	Designation/ Post held (also state whether on Regular Basis or on Deputation etc.,)	From	To	Scale of Pay, Pay in the Pay band with Grade Pay / pre revised pay BP, DP, etc., drawn as on date (p.m) (also mention whether it is a regular scale of pay or Fixed Pay etc.,) If Regular Pay scale the date of previous and next increment with rate of incr shall also be mentioned	Nature of Work presently dealing with (attach proof / experience certificate) <b>see note below</b>
		(If on contract basis mention the term of contract)			

**IMPORTANT NOTE :-**

1. If space is insufficient, shall enclose in separate sheet in the above format.
2. The applicants claiming experience should submit the latest Experience-cum- Service Certificate issued by the present employer (with date of issue of the certificate after publication of this advertisement), clearly stating the name of the post presently held in regular capacity, date of initial appointment and to the present post, scale of pay with grade pay, nature of duties presently dealing with and also enclose a separate NO OBJECTION CERTIFICATE clearly certifying that “the applicant is in possession of EQ, DQ, prescribed experience and presently holding the post etc., and is fully eligible for the post applied for” and “No Vigilance/Inquiry/Disciplinary case is either pending nor contemplated against the applicant” on the date of submission/forwarding of application.
3. If the Experience-cum- Service Certificate and the certificate from the present employer, as asked above are not found enclosed, the application will be rejected.

12. Additional Qualification / Certificate Courses if any (Training, Apprentice programs attended, refresher courses completed etc.,)

Course	Duration	Certificate/ Organisation	Whether Govt authorized/recognized	Class/Mark/ details

13. Details of Online Payment(To be enclosed) : Yes/ No

14. (a) Details of Present Employment :

**(Mention Details as whether on Regular or on Deputation or on Contract basis etc.,)**

(b) Nature of present work & responsibility held :

(\* please refer to the Important Note at Sl.No.11 above)

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

15. Explain how you are suitable for the post

Applied for and why do you like to join NIEPMD(D):

**Attach a one page write up**

16. 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)

(a)

(b)

(c)

17. Any other relevant information the applicant want to mention, if any (attach additional sheets if necessary)

**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

**Endorsement of the Present Employer**

(\* please refer to the Important Note at Sl.No.11 above & the detailed advertisement for the post  
applied for)

The application and the details & records of Shri/Smt/Ms./Dr. \_\_\_\_\_  
(Name and Designation of applicant), is servng in this office in Regular / On Contract Basis in the  
scale of pay Rs. \_\_\_\_\_ /- in Pay Band.....(Level- \_\_\_\_\_ of 7<sup>th</sup> CPC) applied for the post of  
\_\_\_\_\_ at NIEPMD(D), Chennai are verified and found correct. As it is certified that the  
applicant Shri/Smt/Ms./Dr. \_\_\_\_\_ fulfills the eligibility criteria and is eligible for the post  
applied for and that no vigilance/Inquiry case is either pending or contemplated against the applicant  
and no major/minor penalty has been imposed on him/her during the entire service, the application  
with records and attested copies of APARs., is forwarded herewith duly recommended to :-

The Director,  
National Institute for Empowerment of Persons with Multiple Disabilities  
(NIEPMD)(D), Ministry of Social Justice & Empowerment, Govt. of India,  
East Coast Road (ECR), Muttukadu, Kovalam Post, Chennai - 603 112 (TN).

Station :

Dated : \_\_\_\_\_

Signature of the Head of the Organization / Authorized signatory with office Seal

Enclosures: \_\_\_\_\_ Number of Sheets & Application Fee for Rs. \_\_\_\_\_ /- (if applicable)

Sd/-

Head of Institution/ DIRECTOR