



NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (Divyangjan),

(Dept. of Empowerment of Persons with Disabilities (Divyangjan), MSJ & E, Govt. of India)

ECR, Muttukadu, Kovalam Post, Chennai - 603 112, Tamil Nadu

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Website: www.niepmd.tn.nic.in E-mail: niepmd@gmail.com

APPLICATION FORMAT						Recent Passport size Photograph (5 cm X 4.5 cm) to be affixed & attested
Application for the post of: _____						
1. Advt No:		Advt. No. 03/2021				
2. Name in Full :(Capital Letters) (as in Matric/Degree Certificate)						
3. Date of Birth: (enclose copy of matric certificate)		Day Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
4. Citizenship Status:		Citizen of India : By Birth/By Domicile (Pls tick) <input type="checkbox"/>				
5. Member of Scheduled Caste (SC) / Tribe (ST) / Other Backward Class (OBC) / EWS/Person with Disability (PwD) etc.,		Write SC or ST or OBC or EWS (<i>Attach certificate</i>) <input type="checkbox"/> Indicate if Ex-Serviceman (ES) or Person with Disability (PWD) <input type="checkbox"/>				
6. RCI/MCI No. & Date						
7. Address for Communication (with contact Mobile Number & email id):						
8. Permanent residential Address (with contact Mobile Number & email id):						
9. Name of Father / Husband:						
10. Details of Education starting from Matric (SSLC/X Std.,) onwards :- (to give details Only on passed courses & where Degree/Certificates etc., are already awarded/issued:						
Academic Qualification	Discipline	University /Inst/Board	Year & Month of Entry	Year & Month of Passed	Full Time/Part Time/Correspondence	Marks /Class / Division.
11. Experience in chronological order upto the present post						
Organisation/ Department/ Office	Designation/ Post held (also state whether on Regular Basis or on Deputation or on Contract Basis 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 date of incr shall also be mentioned	Nature of Work presently dealing with (attach proof/ experience certificate – see note below	
		(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 should 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. 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 Demand Draft (Rs. 500) attached : No. _____ dt. _____ for Rs.500/-
Issued by Bank & branch :

(Drawn in favour of 'The Director, NIEPMD' payable at CHENNAI)

14. (a) Details of Present Employment with complete :

**(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 Srl.10 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 : **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

18.

Endorsement of the Present Employer

(* please refer to the Important Note at Srl.10 above & the detailed advertisement for the post applied for)

The application and the details & records of Shri/Smt/Ms./Dr. _____
(serving in this office in Regular capacity in the scale of pay Rs. _____ GP
Rs. _____/- in PB (Name and Designation of applicant), applied for the post of
_____ at NIEPMD are verified and found correct. As it is found that the applicant
Shri/Smt/Ms./Dr. _____ fulfils 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 ACRs,(APARs) etc., is forwarded herewith duly recommended to :-

**The Director,
National Institute for Empowerment of Persons with Multiple Disabilities (Divyangjan),
(Dept. of Empowerment of Persons with Disabilities (Divyangjan), MSJ & E, GOI)
ECR, Muttukadu, Kovalam Post, Chennai - 603 112, Tamil Nadu**

Station :

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

Dated : _____

Enclosures: _____ Number of Sheets & DD for Rs. _____/- (if applicable)
