

National Institute for Empowerment of Persons with Multiple Disabilities (Dept. of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice & Empowerment, Govt. of India) East Coast Road, Muttukadu, Kovalam (Post), Chennai-603 112.

 $\label{eq:Tele-Fax} \textbf{Tele-Fax}: \textbf{+91-44-27472389}, \textbf{Telephone}: \textbf{27472104}, \textbf{27472113}.$

Toll Free No: 18004250345

Website: www.niepmd.tn.n	ic.in E-mail: niepmd@gmail.com			
	Application form Recent Passport size Photograph			
Post Applied For:	(5 cm X 4.5 cm) to be affixed &attested			
1. Advertisement No/Date:				
Name in Applicant: (in full Block Letters):				
3. Date of Birth: (encloseCopy of Certificate)				
4. Citizenship Status : (Please Tick)	Citizen of India By Birth By Domicile			
5. Aadhaar No:				
6. RCI/MCI Registration No: (Applicable in case of Faculty &Technical Positions)				
7. Name of Father/Spouse:				
8. Nationality:	Indian Foreign NRI			
9. Gender:	Male Female others			
10. Category : (Attach certificate)	SC ST OBC General Ex-Service man			
Category 11. Are you Persons with Disability: Yes No OH VI HI others (If yes, mention the category of Disability with relevant Certificate)				

12. Address for Communication: House No & Street Name	
Village/City:	
District:	
Post Office:	
State:	
Pin-code:	
Phone No(Land Line):	
Mobile No:	
Email ld:	

13.Details of Education starting from Matric (SSLC/X Std.,) onwards :- (to give details only onpassed courses &where Degree/Certificates etc., are already awarded/issued):

Academic Qualification	Discipline	University /Inst/Board	Year & Month of Entry	Year & Month Passed	Full Time/Part Time/Correspondence	% of Marks

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

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

15. Experience in chronological order upto the present post: (Attach a separate sheet if required)

Name of Organization/	Designation/ Post held	whether on Regular Basis or on Deputation or on Contract Basis etc.,)	Salary drawn (Pay band + G.P to be mentioned in case of Govt. organization)	From	То	Nature of Work presently dealing with(attach proof/experience certificate	Total period of Exp in Years & Months

	/hy you think you are suitable for the post you have applied for (Detain one page):	ls
	ferenceof three persons with whom you have interaction g your work or study period)	
S.No	Names, Designation and Address with Phone No & Mail ID	
1		
2		
3.		
	ny other relevant information the applicant want to mention, if any (a s if necessary): DECLARATION OF THE APPLICANT	ttach additional
inforn	I hereby declare that the information given above is correct to ledge and beliefand I fully understand that if it is found at a lat nation given in the applicationis incorrect / false or if I do not sat a, my candidature / appointment is liableto be cancelled / terminated	er date that any isfy the eligibility
Place	:	

Signature of the Applicant

Date :