

## 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. Tele – Fax: +91-44-27472389, Telephone: 27472104, 27472113.

Toll Free No: 18004250345 Website: www.niepmd.nic.in E-mail: niepmd@gov.in **Application form** Recent Passport size Photograph (5 cm X 4.5 cm) to **Post Applied For:** be affixed &attested 1. Advertisement No/Date: 2. Name in Applicant: (in full Block Letters): YYYY D D MM3. Date of Birth: (enclose Copy of Certificate) Citizen of India By Birth By Domicile 4. Citizenship Status: (Please Tick) 5. Aadhaar No: 6. RCI/MCI Registration No: (Applicable in case of Faculty &Technical Positions) 7. Name of Father/Spouse: 8. Nationality: Indian Foreign 9. Gender: Male Female others OBC General Ex-Service man 10. Category: Attach certificate) Category 11. Are you Persons with Disability: Yes No OH 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 (Detainone page):	ls			
	ference of three persons with whom you have ction during your work or study period)				
S.No	Names, Designation and Address with Phone No & Mail ID				
1					
2					
3.					
18. 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			

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