



National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD)

(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.

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Website: www.niepmd.tn.nic.in

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Application form for Group –B & C Teaching/Non-Teaching Post
(Advt No.07/2016: Application Format for Post Srl.3, 4, 5 & 6 ONLY)

Post Applied For:

1. Advertisement No:

2. Application Fee Details: Amount:

3. Name in Applicant:
(in full Block Letters):
D D M M Y Y E E A A R R

4. Date of Birth:
(enclose Copy of Certificate)

5. Citizenship Status :Citizen of India By Birth By Domicile
(Please Tick)

6. Aadhaar No:

7. RCI/MCI Registration No:
(Applicable in case of Faculty & Technical Positions)

8. Name of Father/Spouse:

9. Nationality: Indian Foreign NRI

10. Gender: Male Female others

11. Category:
(Attach certificate) SC ST OBC General Ex-Service man

12. Are you Persons with Disability: Yes No
(If yes, mention the category of Disability with relevant Certificate)
 OH VL HI Others

Recent Passport size Photograph (5 cm X 4.5 cm) to be affixed & attested

8. Innovative, Developmental works undertaken & significant achievements:

(If applicable) (Enclose supporting documents)

S.No	Particulars	Number
1	Patent	
2	Publication of Books	
3	Publication of articles in Indian Journals	
4	Publication of articles in International Journals	
5	Projects	
6	Paper Presentations in Seminar/Conference/Workshop	
7	Membership of Professional Bodies/Universities	

19. Why you think you are suitable for the post you have applied for (Details within one page – attach separately):

20. Reference of three persons with whom you have interaction during your work or study period)

S.No	Names, Designation and Address	Phone No & Mail ID
1		
2		
3.		

21. 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 :

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Date :

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D D M M Y Y Y Y

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Signature of the Applicant