

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

(Dept. of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment, Govt. of India)
East Coast Road, Muttukadu, Kovalam, P.O, Chennai- 603 112, Tamil Nadu



Examination conducted on the behalf of National Board of Examinations in Rehabilitation (An Adjunct Body of Rehabilitation Council of India, Govt. of India)

APPLICATION FOR CLO

1. Full Name	:											••
2. Father's Name	:											
3. Date of Birth	:	D	D	M	M	Y	Y	Y	Y	3a. <i>A</i>	Age :	
4. Address for commu	unication											
House/Door No.	: Street:											
Village / Town:						Distr	ict: .					
State	:											
Contact Numbers	:				I	Email	ID:				• • • • • •	
5. Language Known	: Hindi /	Englis	sh /								• • • • •	
6. Qualification	:											
RCI Qua	RCI Qualification Other Qualification											
Name of the Course Year of pass			Name of the Course Year of pas			pass						
				1								
				_								
7. Details of current e	mployme	ent:		_								
Designation:												••••
Name of the Institute												
District				State.								
Contact Numbers	:					Emai	l ID	:				

8.	Working	Experience
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S.No	Name of the Institute	Designation	From	То	Total Experience		
3.110	Name of the institute	Designation	PTOIII	10	Year(s)	Month(s)	

8a. Hov	w many years	work Experience l	nave you; totally	(till 31.12.2017).	
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9. Working Experience as CLO

S.No	Name of the Institute	Date and Year of Examination	State Board / National Board/NIEPMD-NBER

10. Have you reported any malpractice in the examination?	Yes / No
If yes, details:	
11. Would you like to go to nearby State as CLO? Yes / No	
If yes, which state / states would you prefer?	
If No; give reason	

DECLARATION

I hereby declare that the information furnished above is true to the best of my knowledge and belief.

Date:	Place:	Signature
Date.	Tacc.	Signature