



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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E-mail: niepmd@gmail.com

**Application form for Group –A Teaching/Non-Teaching Post
(Advt No.07/2016: Application Format for Post Srl.1 & 2 ONLY)**

Post Applied For:

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

1. Advertisement No:

2. Application Fee Details :
(NEFT/RTGS reference no.
& date. Copy of the receipt to be enclosed).

Amount:

3. Name in Applicant:
(in full Block Letters):

4. Date of Birth:

(enclose Copy of Certificate)

D D M M Y Y Y Y

5. Citizenship Status :
(Please Tick)

Citizen of India By Birth By Domicile

6. Aadhaar No:

7. RCI/MCI Registration No:

(Applicable in case of Faculty
& Technical Positions)

8. Name of Father/Spouse:

9. Nationality:

Indian NRI Foreign

10. Gender:

Male Female others

11. Category :

(Attach certificate)

SC ST OBC General Ex-Serviceman

12. Are you Persons with Disability:

(If yes, mention the category of
Disability with relevant Certificate)

Yes No OH VI HI Others

OH VI HI Others

17. Innovative, Developmental works undertaken & significant achievements:
(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	

18. Why you think you are suitable for the post you have applied for (Details within one page) :

19. 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.		

20. 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 :
D D M M Y Y Y Y

Signature of the Applicant

Note: Application form duly complete in all respect enclosing photograph, self-attested testimonials; copy of proof of remittance of requisite fee, etc., must reach **"The "DIRECTOR, 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. (Tamilnadu), on or before 16th February 2017.**