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.

Tele - Fax: +91-44-27472389, Telephone: 27472104, 27472113. Toll Free No: 18004250345

Website: www.niepmd.tn.nic.in E-mail: niepmd@gmail.com

Application form for Group –A Teaching Post (Contractual Post) (Advt No. 02/2017: Application Format for Post Srl.1 & 2 ONLY)

Post Applied For:	Recent Passport size Photograph
1. Advertisement No:	(5 cm X 4.5 cm) to be affixed &self attested
2. Application Fee Details: (NEFT/RTGS reference no. & date. Copy of the receipt to be enclosed). Amount: 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 : 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 NRI Foreign	
10.Gender: Male Female others	
11. Category: SC ST OBC General Ex-Serviceman (Attach certificate)	
12. Are you Persons with Disability: Yes No OH VI HI Others (If yes, mention the category of Disability with relevant Certificate) OH VI HI Others	S

13. Address for Communication:	 	 			 				
House No & Street Name									
Village/City:									
District:									
Post Office:									
State:									
Pin-code:									
Phone No(Landline) :									
Mobile No:									
Email Id:									

14.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 of Pass	Full Time/ PartTime/ distance mode	% of Marks/ Division / Class

15. Additional Qualification / Certificate Courses if any (Training, Apprentice programsattended, refresher courses completed etc.)

Course	Duration	Certifying / Organization	Whether Govt authorized/ recognized	Class/Mark/details /division

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

Name of Organization/	Designation/ Post held	State 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 (date/ month/ Year	To (date / month/ Year)	Nature of Work presently dealing with(attach proof/experience certificate	Total period of Exp in year & months

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 beliefand I fully understan applicationis incorrect / false				•	•
appointment is liableto be cand	elled / terminated				
Place :					
Date:		Si	gnature of	the Applican	t
DD MM YY'	γ Υ				

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-603112. (Tamilnadu), on or before 16th February 2017.

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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.

Application form for Group –B Teaching Post (Contractual Posts) (Advt No. 02/2017: Application Format for Post Srl. 3 A&B)

Post Applied For:		
1. Advertisement No:		Recent Passport size Photograph (5 cm X 4.5 cm) to be affixed
Application Fee Details: Amount: (DD/Cheque/NEFT)		&attested
3. Name in Applicant: (in full Block Letters):		
4. Date of Birth: (encloseCopy of Certificate) D D	MM YYYY	
Citizenship Status :Citizen of India By Birth (Please Tick)	h 📗 By Domicile 📗	
6. Aadhaar No:		
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: SC ST (Attach certificate)	OBC General Ex-Serv	rice man
12. Are you Persons with Disability: (If yes, mention the category of Disability with relevant Cortificate)	No	
Disability with relevant Certificate)	OH VL HI Others	

13. Address for Communication:	 	_,	 	 			 		
House No & Street Name									
Village/City:									
District:									
Post Office:									
State:									
Pin-code:						_			
Phone No(Landline) :									
Mobile No:									
Email Id:									

14.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

15. 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

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

Name of Organization/	Designation/ Post held	State 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 (date/ month/ Year	To (date / month/ Year)	Nature of Work presently dealing with(attach proof/experience certificate	Total period of Exp in year & months

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.Referenceof 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 and beliefand I fully understand that if it is found at applicationis incorrect / false or if I do not sati appointment is liableto be cancelled / terminated.	,
Place :	
Date: D D M M Y Y Y Y	Signature of the Applicant