



**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.tn.nic.in

E-mail: niepmd@gmail.com

Application form

Post Applied For:

--

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

1. Advertisement No/Date:

--	--	--	--	--	--	--	--	--	--	--	--	--
2. Name in Applicant:
(in full Block Letters):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
3. Date of Birth:
(enclose Copy of Certificate)

--	--	--	--	--	--	--	--	--	--

D D M M Y Y Y Y
4. Citizenship Status :
(Please Tick) Citizen of India By Birth By Domicile
5. Aadhaar No:

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

--	--	--	--	--	--
7. Name of Father/Spouse:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
8. Nationality: Indian Foreign NRI
9. Gender: Male Female others
10. Category : SC ST OBC General Ex-Service man
(Attach certificate)
11. Are you Persons with Disability: Yes No OH VI HI others
(If yes, mention the category of Disability with relevant Certificate) Category

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

17. Reference of three persons with whom you have interaction 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 :
D D M M Y Y Y Y

Signature of the Applicant