



**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](http://www.niepmd.tn.nic.in)

E-mail: [niepmd@gmail.com](mailto:niepmd@gmail.com)

**Application form for Group –A Teaching Post (Contractual Post)  
(Advt No. 02/2017: Application Format for Post Sri.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:

Amount:

(NEFT/RTGS reference no.  
& date. Copy of the receipt to be enclosed).

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





17. Innovative, Developmental works undertaken & significant achievements:  
(Enclose supporting documents)

<b>S.No</b>	<b>Particulars</b>	<b>Number</b>
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)

<b>S.No</b>	<b>Names, Designation and Address</b>	<b>Phone No &amp; Mail ID</b>
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-603112. (Tamilnadu), on or before 16<sup>th</sup> February 2017.**



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**Application form for Group –B Teaching Post (Contractual Posts)**

**(Advt No. 02/2017: Application Format for Post Srl. 3 A&B)**

**Post Applied For:**

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size Photograph  
(5 cm X 4.5 cm) to  
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2. Application Fee Details: Amount:  
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3. Name in Applicant:  
(in full Block Letters):

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

  
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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  Foreign  NRI

10. Gender: Male  Female  others

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

12. Are you Persons with Disability:  Yes  No

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

OH  VL  HI  Others







8. Innovative, Developmental works undertaken & significant achievements:

(If applicable) (Enclose supporting documents)

<b>S.No</b>	<b>Particulars</b>	<b>Number</b>
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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

**Signature of the Applicant**