



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

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

**Application form**

**Post Applied For:**

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

1. Advertisement No/Date: 

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

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3. Date of Birth:  
(enclose Copy of Certificate)      D D      M M      Y Y Y Y  

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

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

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7. Name of Father/Spouse: 

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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