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**NATIONAL INSTITUTE FOR THE EMPOWERMENT OF PERSONS WITH
INTELLECTUAL DISABILITIES**



(Government of India, Ministry of Social Justice & Empowerment)

Manovikas Nagar, Secunderabad – 500 009

(An ISO 9001: 2015 Certified Institute)

Application form for Dr. Reeta Peshawaria Oration Award
for 2019

Name:

DOB and Age :

Designation :

Gender:

Years of Experience :

Address :

Email:

Mobile/Land line No:

Fax No.

1) Academic Qualifications:

Sr.N	Title of course and Name of affiliated University / Board from Undergraduate & Above	Year / Duration	Percentage / Grade /	Subjects / Specialization	Distinction or Rank if any
1.					

2.					
3.					
4.					
5.					

2) Professional experience in Disability Rehabilitation / Developmental Disabilities:

Sr.N.	Designation / Post with name of organization with complete address	Contact details of Head of organization	Year / Duration of experience	Target Achieved
1.				
2.				
3.				
4.				
5.				

3) Research / Publication / Assignment Details:

Sr.N.	Title & objectives of research / publications / assignments	Authors / Investigators	Year of publication / duration of research work	Result and findings	Future implications
1.					
2.					
3.					
4.					
5.					

4) Significant Achievements and Contribution to the field of Intellectual and Developmental Disabilities:

(Attach additional sheet if necessary)

5) Professional References:

Sr.N.	Contact Details: Name, Official Designation, Address, Tel, Email and Fax	Duration (Specify dates) & Nature of Prof. Association	Title of Project / Publication / Assignment	Received any Awards / Felicitated by (Prof Assoc)
1.				
2.				

6) Write about intent of Research in the area of Developmental Disabilities:

a. Purpose of application for the award (150 words):

b. Implication of the award for future work in Indian Context:

c. Details of awards / scholarships received:

7) Any other relevant information you wish to add:

Date:

Signature:

Name (in block letters):

Undertaking:

I Dr/ Shri/ Smt/ Ms-----

hereby declare that the information furnished in this application are true to the best of my knowledge & belief.

Date:

Signature:

Name (in block letters):