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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)

Nomination form for Dr. Reeta Peshawaria Oration Award
for 2019

Name :
DOB : **Gender:**
Designation :
Years of Experience :
Address :

Email:

Mobile/Land line No:

Fax No.

I the undersigned nominate Dr. /Shri / Smt. / Ms. _____
_____ for **Dr. Reeta Peshawaria Oration Award for
2019**. The prescribed application form duly filled in by the applicant for the same is
enclosed herewith for consideration for **Dr. Reeta Peshawaria Oration Award-2019**.

Date:

Signature:

Name (in block letters):