NATIONAL INSTITUTE FOR THE EMPOWERMENT OF PERSONS WITH INTELLECTUAL DISABILITIES (DIVYANGJAN)
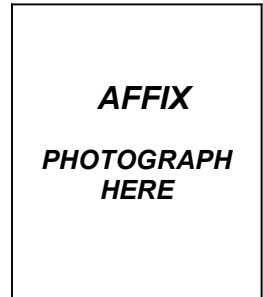**((Formerly known as National Institute for the Mentally Handicapped)**
(Department of Empowerment of Persons with Disabilities (Divyangjan))
Ministry of Social Justice & Empowerment, Govt. of India
MANOVIKAS NAGAR, SECUNDERABAD – 500 009
An ISO 9001:2015 Institution

ISO 9001 Registered

Application No.
(*For office use only*)

Application Form for Empanelment of Guest Faculty-<u>Non-Teaching posts</u>

1. POSITION APPLIED FOR :_____

2. D.D.No.& Date [   ] **Amount** [   ]

Name of the bank [   ]

AFFIX

PHOTOGRAPH HERE

3. Name of the Applicant (*In full block letters*) **:**

Name [   ]

Surname [   ]

4. RCI/MCI Regn. No. :
(Applicable in case of faculty & technical positions)

5. Date of Birth : [ ][ ] [ ][ ]   [ ][ ][ ][ ]
D D   M M   Y E A   R

6. Nationality: **Sex:** [M | F]

STATE to which the candidate belongs:

7. Religion :

8. Category: [SC | ST | OBC | Gen]

9. Are you a PWD ?   (Yes/No)

If yes, attach relevant certificate.

10. Address for Communication :

Present Postal Address (in block letters)   **Permanent Address**

PIN: PIN:

Phone: **Fax:**   **Phone:**   **Fax:**

E-mail: **E-mail:**

11. Educational Qualifications (from 10th or equivalent and onwards) :

Exam Passed	Name of the School/ College/ University	Division	Percent-age of Marks	Year of Passing	Subjects Taken

12. Technical Qualifications :

Exam Passed	Name of the School/ College/ University	Division	Percent- age of Marks	Year of Passing	Subjects Taken

13. Details of Experiences (Attach a separate sheet if required) :

Details of Post held	Salary Drawn (Pay Band + G.P to be mentioned in case of Govt.Organization)	Name of the Organization	Duration with dates	Nature of duties

14. **Particulars of places (with periods of residences), where you have resided for more than one year at a time during the preceding five years. In case of stay abroad, particulars of all places where you have resided for more than one year after attaining the age of 21 years would be given:**

From	To	Residential address in full (i.e., Village, District and H.No./lane/ street/road and town)	Name of the district Head Quarters of the place mentioned in the preceding column.

15. Do you have any relatives in NIEPID (NIMH)?

Date: **Signature of the Applicant**

Place: