

Website:www.niepid.nic.in

Tel.No.27751741-45

Email:nimh.director@gmail.com

Fax.No.040-27750198



**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 2022

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:

letters):

Name (in block

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):