



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



Employment Notice No.02/2021

Application No.

(For office use only)

**Application Form for Group 'B' & C posts to be filled on regular basis at NIEPID HQ/CRC Davangere.**

**AFFIX  
PHOTOGRAPH  
HERE**

1. POST APPLIED FOR : \_\_\_\_\_

2.D.D.No.& Date  Amount

Name of the bank

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

Full Name in block letters

Name of the father/husband

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: \_\_\_\_\_ Gender:  MF

State to which the candidate belongs:

7. Religion :

8. Category:

SC	ST	OBC	Gen
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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:

Phone:

E-mail:

E-mail:

11. Educational Qualifications (from 10<sup>th</sup> 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 :**

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

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

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

**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, taluka and District or 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 ?**

**Date:**

**Signature of the Applicant**

**Place:**