



**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

Application No.

(For office use only)

**Application Form for Empanelment of Guest
Faculty-Non-Teaching posts**



1. POSITION APPLIED FOR : _____

2. D.D.No.& Date Amount

Name of the bank

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 :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Y	E	A	R

6. Nationality:

Sex:

<input type="checkbox"/>	<input type="checkbox"/>
M	F

STATE to which the candidate belongs:

7. Religion :

8. Category:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SC	ST	OBC	Gen

9. Are you a PWD ?

(Yes/No)

If yes, attach relevant certificate.

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 ?

Date:

Signature of the Applicant

Place: