

## NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (Divyangjan) [NIEPMD]

[Dept. of Empowerment of Persons with Disabilities (Divyangjan) MSJ & E, GOI] ECR, Muttukadu, Kovalam Post, Chennai 603 112, Tamil Nadu Fax: 044-27472389 Tel: 044-27472104, 27472113&27472046

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## Employment Notice No.04 (R) CRC-K/2023

<b>Application</b>	format fo	or the	post of	Assistant	Professor	Clinical	Psychology.

Affix Photo

1. Name of Applicant: (in full Block Letters):  D D M M Y E A R Age  2. Date of Birth: (Enclose Copy of Certificate)
<ol> <li>Citizenship Status: Citizen of India By Birth By Domicile (Please Tick)</li> <li>Aadhaar No: Status: Citizen of India By Birth By Domicile Citizen of India By Birth By Domicile By Birth By Birth By Domicile By Birth By Birt</li></ol>
(Applicable in case of Faculty &Technical Positions)
6. Name of Father/Spouse:
7. Nationality:
8. Gender: Male Female others
9. Category: SC ST OBC General Ex- Service man (Attach certificate)
10. Are you Persons with Disability: Yes No OH VI HI others (If yes, mention the category of Disability with relevantCertificate)
11. Address for Communication: House No & Street Name Village/City: District:
Post Office:
State:
Pin-code:
Phone No (Land Line):

Mobile No:											
Email Id:											
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12. Details of Education starting from Matric (SSLC/X Std.,) onwards: - (to give details only on

passed courses &where Degree/Certificates etc., are already awarded/issued):

Academic Qualificatio n	Disciplin e	University /Inst/Boar d	Year & Mont h of Entry	Year & Mont h Passe d	Full Time/Part Time/Corresponden ce	% of Mark s

13. Additional Qualification / Certificate Courses if any (Training, Apprentice programs attended,

refresher courses completed etc.)

Course	Duration	Certificate/ Organization	Whether Govt authorized/recognized	Class/Mark/details

14. Experience in chronological order up to the present post:-(Attach a separate sheet if

required)

Name of Organization/	Designation/ Post held	whether on Regular Basis or on Deputation or on Contract Basis etc.,)	Salary drawn (Pay band + G.P to be mentioned in case of Govt. organization)	From	То	Nature of Work presently dealing with(attach proof/experience certificate	Total period of Exp in Years & Months

15. Why you think you are suitable for the post you have applied for (Details within one page)-attach separately):

16.Reference of three persons with whom you have interaction during your work or study period)

S.No	Names, Designation and Address	Phone No & Mail ID
1		
2		
3.		

18. Any other relevant information the applicant want to mention, if any (attach additional sheets if necessary):

## **DECLARATION OF THE APPLICANT**

I hereby declare that the information given above is correct to the best of my knowledge and belief and I fully understand that if it is found at a later date that any information given in the application is incorrect / false or if I do not satisfy the eligibility criteria, my candidature / appointment is liable to be cancelled / terminated.

Place :		
	D D M M V F A R	Signature of the Applicant