Tel.No.27751741-745 Fax No.040-27750198

			Fax No.040-27750198
nqa. ISO 9001 Registered	ONAL INSTITUTE FOR THE EMI WITH INTELLECTUAL DISABIL ((Formerly known as Nation Mentally Handic tment of Empowerment of Person Ministry of Social Justice & Empo MANOVIKAS NAGAR, SECUN An ISO 9001:2015	ITIES (DIVYANGJAN) nal Institute for the apped) s with Disabilities (Divy werment, Govt. of India DERABAD – 500 009	angjan)) a No .
A		0	(For office use only)
	rm for Empanelment of	Guest	
Faculty- <u>Non-Te</u>	eaching posts		
			AFFIX
1. POSITION APP	LIED FOR :		
2.D.D.No.& Date	Amount		PHOTOGRAPH HERE
Name of the ba	nk		
3. Name of the A	pplicant (In full block letters):	
Newse	[
Name			
Surnama			
Surname			
4. RCI/MCI Regn. (Applicable in case of	No. : faculty & technical positions)		
5. Date of Birth :		Y E A R	
6. Nationality:		Sex: M	F
STATE to which t	he candidate belongs:		

- 7. Religion :
- 8. Category:

SC ST	OBC Ge	n
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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: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	То	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: