

NATIONAL INSTITUTE FOR THE MENTALLY HANDICAPPED
(Department of Disability Affairs,
Ministry of Social Justice & Empowerment, Govt. of India)
MANOVIKAS NAGAR, SECUNDERABAD – 500 009
An ISO 9001:2008 Institution



Application No.

(For office use only)

**Application Form for Empanelment of guest faculty-
under Skill Training Programme**

1. POSITION APPLIED FOR : **VOCATIONAL INSTRUCTOR**

2. D.D.No.& Date Amount

Name of the bank

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

Name

Surname

**AFFIX
PHOTOGRAPH
HERE**

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

STATE to which the candidate belongs:

7. Religion :

8. Category:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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, thana 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 NIMH ?

Date:

Signature of the Applicant

Place: