



**NATIONAL INSTITUTE FOR THE EMPOWERMENT OF PERSONS
WITH INTELLECTUAL DISABILITIES (DIVYANGJAN)**

(Government of India, Ministry of Social Justice & Empowerment)
Manovikas Nagar, Secunderabad – 500 009
(An ISO 9001: 2008 Certified Institute)



Dr. Reeta Peshawaria Oration Award for 2018

Application Form

Instructions:

1. Applicants must submit filled in application at office of the DIRECTOR, NIEPID, MANOVIKASNAGAR, SECUNDERABAD – 500 009 or by email: rehabpsydept@gmail.com on or before 31.05.2018.
2. Incomplete application will not be considered for selection of the Award.
3. All documents must be duly self attested before submitting along with the application.
4. Attach an attested latest passport size photograph with the application.
5. Contact details must be furnished as prescribed in this application.
6. Selected applicant will be informed by 30th August 2018 through email, telephone or fax.
7. Award Selection Committee reserves the right to select the candidate for Dr. Reeta Peshawaria Oration Award.

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Website:www.niepid.nic.in
Email:nimh.director@gmail.com

Tel.No.27751741-45
Fax No.040-27750198



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Application form for Dr. Reeta Peshawaria Oration Award for 2018

Name:

Age : Gender:

Designation:

Years of Experience:

Address and contact details (Tel, Email, Fax):

1) Academic Qualifications:

Sr. N.	Title of course and Name of affiliated University / Board from Undergraduate & above	Year / Duration	Percentage /Grade/	Subjects / Specialization	Distinction or Rank if any
1.					
2.					
3.					
4.					
5.					

2) Professional experience in Disability Rehabilitation / Developmental Disabilities:

Sr. N.	Designation / Post with name of organization with complete address	Contact details of Head of organization	Year / Duration of experience	Target Achieved
1.				
2.				
3.				
4.				
5.				

3) Research / Publication / Assignment Details:

Sr. N.	Title & objectives of research / publications / assignments	Authors / Investigators	Year of publication / duration of research work	Result and findings	Future implications
1.					
2.					
3.					
4.					
5.					

4) Significant Achievements and contribution to the field of Intellectual and Developmental Disabilities:

(attach additional sheet if necessary)

5) Professional References:

Sr. N.	Contact Details: Name, Designation, Address, and Fax Official Tel, Email	Duration (specify dates) & Nature of Prof. Association	Title of Project / Publication / Assignment	Received any Awards / Facilitated by (Prof Assoc)
1.				
2.				

6) Write about intent of Research in the area of Developmental Disabilities:

a. Purpose of application for the award (150 words):

b. Implication of the award for future work in Indian Context:

c. Details of awards / scholarships received:

7. Any other relevant information you wish to add:

Date:

Signature:
Name (in block letters)

Undertaking:

I Dr/Shri/Smt/Ms. _____ hereby
declare that the information furnished in this application are true to the best of my
knowledge and belief.

Date:

Signature:
Name (in block letters):