National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD) (Dept. of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment, Govt. of India) East Coast Road, Muttukadu, Kovalam, P.O, Chennai- 603 112, Tamil Nadu

Examination conducted on the behalf of National Board of Examinations in Rehabilitation (An Adjunct Body of Rehabilitation Council of India, Govt. of India)

APPLICATION FOR EVALUATOR-20

1. Full l	Name	:				• • • • • •	• • • • • •				•••		
2. Date	of Birtl	h	:	D	D	M	M	Y	Y	Y	Y	Age:	
3. Addr	ess for	commu	nication	:									
Hou	se/Door	No.	:			Stre	eet:						
Villa	ige / To	wn / Se	ctor:	• • • • • • •	• • • • • • •		D	istrict:		•••••		• • • • • • • • • • • • • • • • • • • •	
State	2	:	•••••	••••				P	IN C	Code:			
Cont	tact Nur	nbers	: LL M				I	Email I	D: .		• • • • • • • • • • • • • • • • • • • •	••••••	
4. Lang	guages k	Known:	(please	tick in	the res	pecti	ve lar	iguage	col	umn)			
English	Hindi	Malayala	m Tamil	Oriya	Beng	ali P	unjabi	Guajara	ti	Marathi	Kannada	Telugu	Assamese
5. Qual	ification	n	:			l					1		
	RO	CI Qual	ification	l					С	ther Qu	ıalificati	on	
Name	of the C	Course	Year	of pass	sing		Na	ame of	the	Course	Yea	r of pas	sing
6. CRR	No.:												
7. Deta	ils of cu	ırrent er	nploym	ent:									
Designa	ation:					• • • • •							
Name o	of the In	stitute.											
Addres	s of Inst	titute: .				••••		•••					
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×	Teaching	Experience:
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S.	Name of the Institute	RCI	Course	Name of Paper Handled	Total Experience		
No		Qualification*		_	Y	M	
				T . 1 F			
Total Experience							
	*Please mention the RCI	Qualification whe	n you were work	ing in that institute			

9. Experience as Evaluator:

S.No	Name of the Institute	Date and Year of Examination	State Board / National Board/NIEPMD-NBER

DECLARATION

I hereby declare to	hat the	information	furnished	above i	s true	to the	best	of my	knowledge	and
belief										

Date:	Place:	Signature