



NCPEDP-Javed Abidi Fellowship on Disability

(Supported by Azim Premji Foundation)

Application Form

All the five sections and questions in this form are compulsory. The duly filled application form along with the required attachments should be emailed to ncpedp.fellowship@gmail.com before the deadline on 11th August, 2021 and with the subject line - Fellowship Application_Full Name of Applicant.

Please attach the following with the email:

1. Disability Certificate if applicable;
2. A copy of your government approved photo ID.

Instructions:

1. Please put a star (*) against the option you wish to select within a multiple-choice question.

Section I: Personal Profile

Full Name:						
Age:						
Gender:	Male	Female	Non-binary	Transgender	Intersex	Other
Are you a person with a disability?	Yes			No		
If yes, please mention your disability:						

Permanent Address:						
Corresponding Address:						
Email Address:						
Contact number (preferably WhatsApp)						

NATIONAL CENTRE FOR PROMOTION OF EMPLOYMENT FOR DISABLED PEOPLE

E - 150, East of Kailash, NewDelhi-110065

Tel.: 91-11-26221276 / 26221277; Fax: 91-11-26221275

Email: ncpedp.fellowship@gmail.com

number):

Section II: Educational and Professional Experience

1. Education Qualification: Please fill the details below.

	State	Name of Board/ University/ Institute	From	To	Full/ part time	Qualification
Matriculation						
Senior Secondary						
Graduation						
Masters						
Any Other (PG diploma, vocational/ technical)						

2. Professional Experience. If applicable, please give details of your occupation(s) starting with the most recent. Include any unpaid work/volunteer work that is relevant to the fellowship.

Fresher

Yes

No

Incase your response to the above is No, please mention your employment details below:

Employer details (Start with the most recent)				Position held
Name	Address	From	To	including brief description of your duties, Responsibility, Achievement (if any)

3. Language skills, including Sign Language - Please include your language skills (including sign language) below. For each language selected, please indicate your Proficiency in Reading, Speaking and Writing:

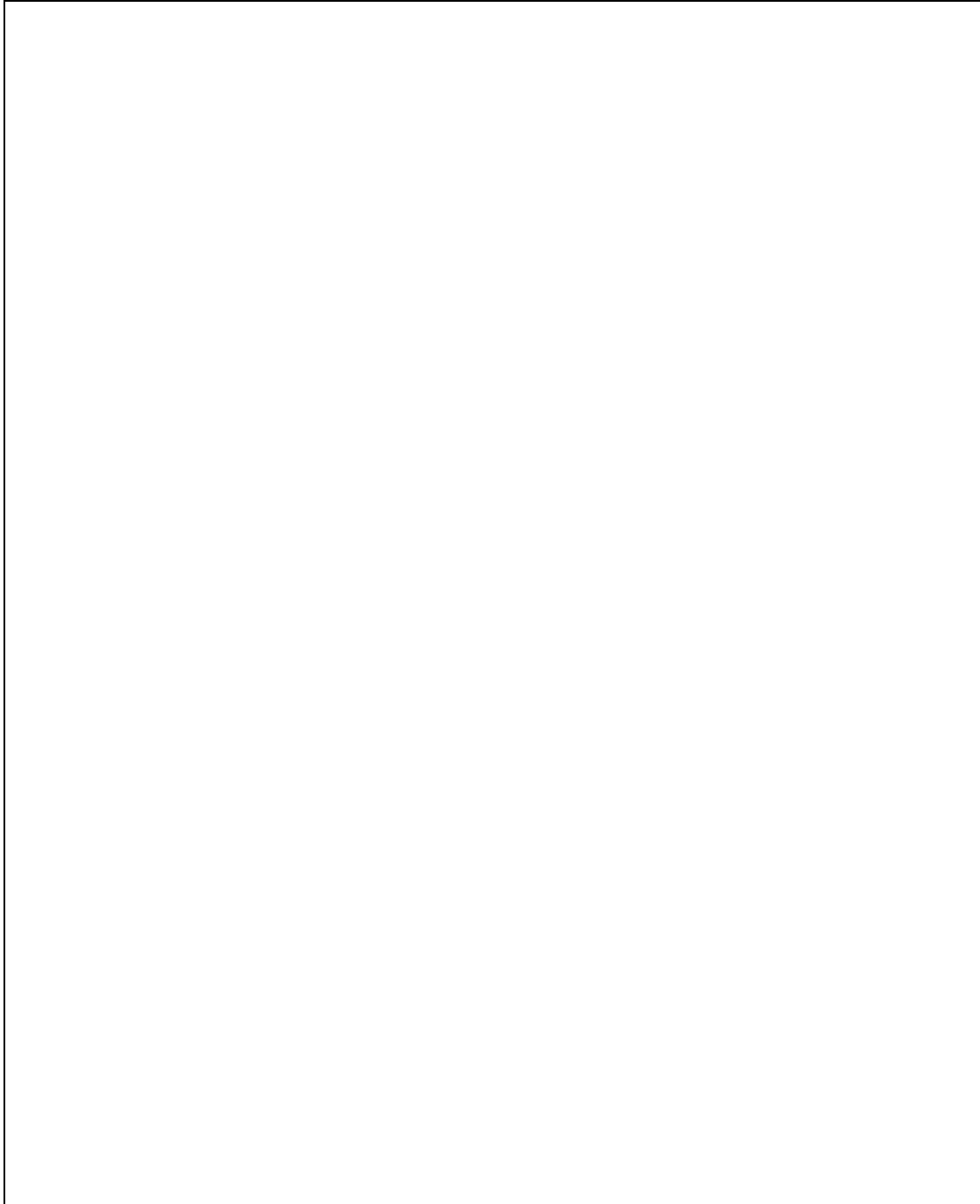
- 1=Low (Limited)
- 2=Medium (Working Knowledge)
- 3=High (Proficient)

S. No.	Language	Reading	Writing	Speaking

4. Computer literacy -Please indicate your computer knowledge stating all the software programmes you are familiar with.

5. If available, please share links to your writing references - articles, blogs, academic writings etc. Or, attach such collated samples in a zip/rar file with other attachments on the email.

6. Is there anything else you would like to add to your application (Extra-curricular activities, awards and recognitions, etc.) Please mention below in not more than 250 words.



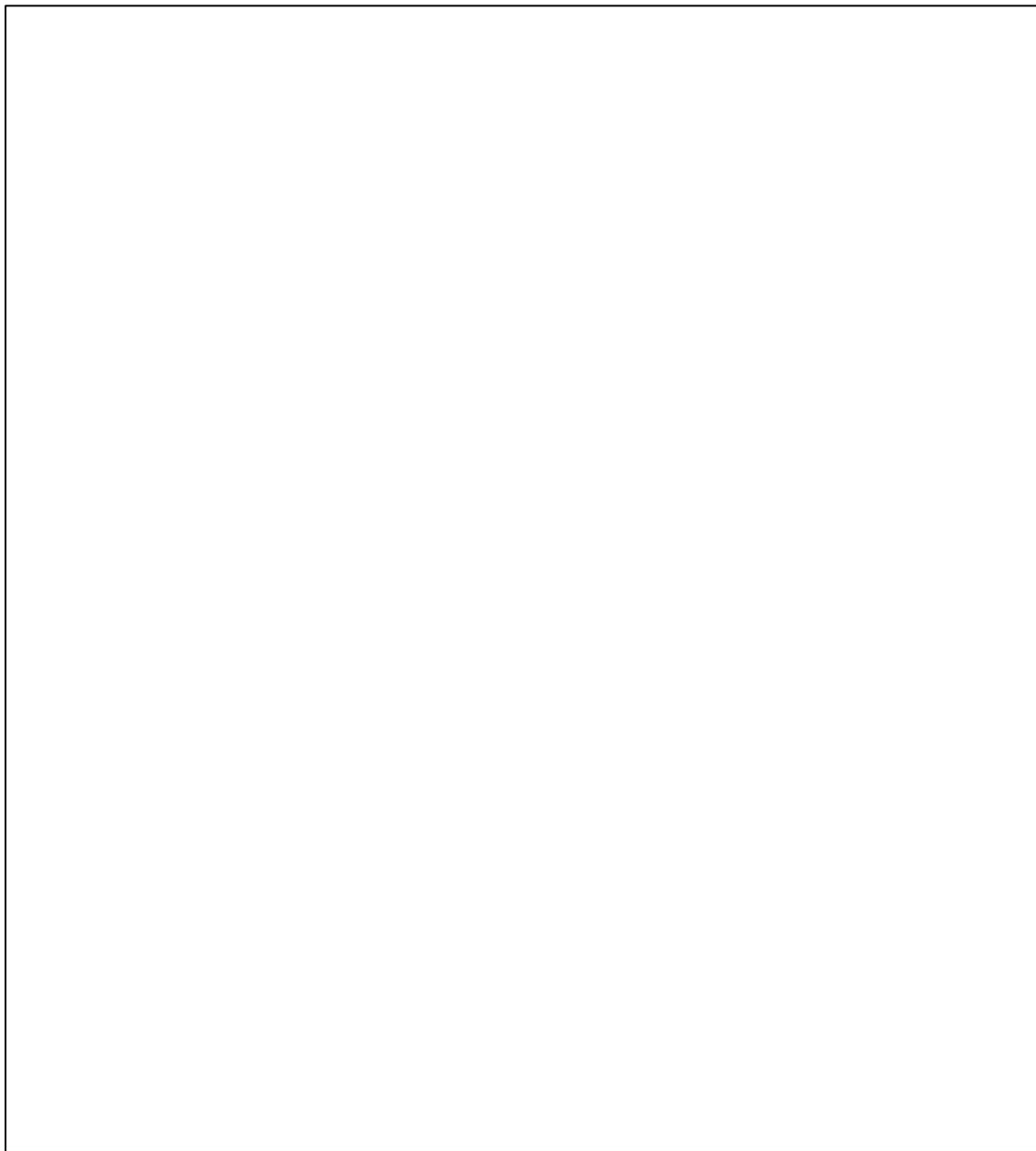
Section III: Motivation Statement & Theme of Work

1. Please select one theme/issue related to disability that you would like to work on during the fellowship. Also, in not more than 500 words, please state your reason for choosing the selected issue/theme and how you suppose this fellowship would help



you with social problem-solving.

2. Please state briefly your motivation for joining the fellowship in not more than 500



words.

Section IV: References

1. Referees: Please provide names, addresses and telephone numbers of two referees, at least one should be a professional/academic referee. Referees will not be contacted without your prior permission.

Sr.no.	Name	Organization, Designation	Email Id	Telephone	Personal/ professional/ academic referee

Section V: Additional Information

1. The fellowship programme will require some amount of travel. Please mention whether you are comfortable with travelling.

Comfortable	
Not comfortable	
Comments (if any):	

(-Considering the current pandemic, there will be no travel. Fellows will be required to work remotely.)

2. Do you need any reasonable accommodation to support your participation in the selection process? If yes, please mention this information below.

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3. How did you hear/ learn about this fellowship: Website/Social media/ Friend, Family or relative/ Any other? (Please mention below)

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Declaration: I hereby confirm that all the information stated above is true to my knowledge and any discrepancy from the above will be accepted to the extent of termination of continuation in the fellowship and I will be solely responsible for the same.

I Accept	I Deny
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Name:

Location:

Date:

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