Application Form

NCPEDP JAVED ABIDI FELLOWSHIP ON DISABILITY 2.0

Last date to submit form: **March 23, 2026**

For any queries/ to fill application in any other format other than google form write to: ncpedp.fellowship@gmail.com

General instructions for filling application form

1. Please go through the website to understand the programme, criteria of applicants, the kind of work done by previous fellows, the efforts made for transformation, their experiences and programme structure of the new cohort, before applying for the programme.
2. Kindly fill the form carefully only after reading the guide to fill the form.
3. This sample copy of application is only for your reference to prepare yourselves with information and data in advance of filling the application. We will not accept any other forms other than those filled on google forms.
4. The applicant must restrict themselves to word limit in the form wherever specified.
5. The form must be filled in English / Hindi language only.
6. Do not use abbreviations or short forms.
7. Verify all the information before submitting the form.

Personal Information

1. Name of the Applicant	
2. Email Id	
3. Contact Number (Preferably WhatsApp)	
4. Alternate Contact Number	
5. State of Permanent Residence (Select One)	● Andhra Pradesh ● Arunachal Pradesh ● Assam ● Bihar ● Chhattisgarh

	• Goa • Gujarat • Haryana • Himachal Pradesh • Jharkhand • Karnataka • Kerala • Madhya Pradesh • Maharashtra • Manipur • Meghalaya • Mizoram • Nagaland • Odisha • Punjab • Rajasthan • Sikkim • Tamil Nadu • Telangana • Tripura • Uttar Pradesh • Uttarakhand • West Bengal • Andaman and Nicobar • Chandigarh • Dadra and Nagar Haveli/ Daman and Diu • Delhi • Jammu and Kashmir • Ladakh • Lakshadweep • Puducherry
6. District of Permanent Residence	
7. Complete Permanent Address	
8. Type of Disability (Select One)	• Locomotor Disability • Visual Impairment • Hearing Impairment

	• Blood Disorder • Neurological Disability • Mental Disability • Intellectual Disability • Acid Attack Victim • Multiple Disabilities • Dwarfism
9. Specify the Disability (Provide the technical term for your disability)	
10. Will you need any other kind of assistance during fellowship? such as accessible documents or information in audio/video formats, caregiver / interpreter / assistive technology or aids? (please write in brief)	
11. Do you have access to smartphones or laptops	• Yes • No
12. Date of Birth (DD/MM/YYYY)	
13. Marital Status	• Married • Unmarried
14. Gender	• Male • Female • LGBTIQA+ • Do not intend to reveal

Educational and Professional Information

15. Highest Educational Qualification	• Matriculate • Intermediate • Diploma • Graduation • Post Graduation • Post Graduate Diploma • Other (please specify)
16. Details of the Highest Educational Qualification i.e highlight name of the School and Subject or name of University and Subject followed by year of completion.	• Name of School / College: • Name of Board / University: • Subject: • Year of Completion:
17. Status of Employment (in last one year)	• Full Time Employment • Part time Employment • Unemployed • Student
18. Please provide details of the same	1) Name of the Organization: Designation: Duration: Roles and Responsibilities: Achievements:

Fellowship Related Questions

19. State where the applicant intends to intervene (Select One)	• Assam • Chhattisgarh • Haryana • Jharkhand • Madhya Pradesh • Meghalaya • Punjab • Rajasthan

	● Uttar Pradesh ● Chandigarh ● Delhi ● Other ---With Option to Enter State's Name
20. Have you been part of self-advocacy / community specific advocacy or has there been any experience in life which motivates you to do immersive work in disability through this fellowship?	● Yes ● No
21. If Yes, Briefly Describe in not more than 150 words an experience that makes you apply for the fellowship	
22. Do you have prior experience of Research / Reporting and Documentation (Select one option)	● Yes ● No
24. If yes, provide brief of the kind of work done before	
23. Please choose a thematic area of intervention you	● Accessibility of public spaces ● Disaster and Climate Change

intend to work upon if selected for fellowship (select one from suggestions below or state it later in the application form)	● Education ● Livelihood ● Gender and Disability ● Health ● Awareness and Sensitization
24. In case your thematic area and / or specific area of intervention is not covered in the last two questions then mention the same as	● Theme – ● Specific area of Intervention -
25. Provide references of any two professional working in your location who knows about you or your work and can help in your background check	● Name ● Designation ● Organization ● Email ● Contact Number

Declaration:

26. I hereby declare that the information given by me in the Application is true, complete and correct to the best of my knowledge and belief and that nothing has been concealed or distorted	● **Yes** ● **No**