NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (Divyangjan)

(DepartmentofEmpowermentofPersonswithDisabilities
Ministry of Social Justice and Empowerment, Govt of India)
ECR, Muttukadu, Kovalam Post, Chennai 603 112, TamilNadu
Fax: 044-27472389 Tel: 044-27472104, 27472113,27472046
Website: www.niepmd.tn.nic.in E-mail:niepmd@gmail.com

FormNo.

The filled in application form should be submitted on or before due date. The downloaded application form duly filled in should be forwarded to the Director, NIEPMD with the application fee ofRs.100/- for general category and Rs.75/-for SC/ST/EWS. PwD candidates are exempted from application fee.Payment can be made by way of demand draft in favour of Director, NIEPMD or NEFT The Director NIEPMD, Indian Bank, Kovalam Branch, IFSC: IDIB000K122A/C: 6332687300

Affix self attested
recent photograph

Academic Session 2023-24

Application for Admission to Certificate Course in Care Giving - RCI.

1. Name of the applicant:_____

2. Name of the Parent / Guardian:_____
    a. Father's Name_____ b. Mother's Name_____

3. Date of Birth(DD/MM/YY):_____ Age in years &months:_____

4. Gender : Male / Female/Others_____ Marital Status:_____

5. Nationality:_____ Domicile:_____

6. Whether belongs to North East States, If yes, mentioned State:_____

7. Category : Tick in appropriate place   SC ☐   ST ☐   OBC ☐   PwD ☐   Gen ☐

If PwD, mention nature of disability and percentage_____

8. Whether Parents/Siblings of PwD, If yes Nature of Disability of the Child:_____

9. Annual Family Income (from all sources):_____

10. Address for:

	Correspondence	Permanent
State		
Pin code		
Tel. No.		
Email ID		

11. Details of examinations passed:

S. No.	Name of the exam passed	Name of the Board/University	Subjects	Year of Passing	Obtained Marks	Total Marks	% obtained
1.	VIII Std.						
2.	SSC/Xth Std.						
3.	HSC/XII Std.						
4.	Graduation						
5.	Any other						

12. Whether Sports Person, If yes tick in the appropriate place

District ☐   State ☐   National ☐   International ☐

Declaration:

   I hereby declare that all the statements made by me in this application, to the best of my/our knowledge, are true, complete and correct. If found incorrect or false my candidature / admission may be treated as cancelled at any stage.

   Applicant's Signature:_____ Parent/Guardian's Signature:_____

Note : Self attested copies of caste, domicile, Income certificates, mark sheets, Disability Certificate, Sports Certificate etc should be enclosed with the application form.

The last date to receive filled in application - 31st August, 2023.

Acknowledgement

Form No._____

National Institute for Empowerment of Persons with Multiple Disabilities,
(DEPwD, MSJ&E, Govt of India)
ECR, Muttukadu, KovalamPost,Chennai 603 112,
Tamil Nadu Fax: 044-27472389 Tel: 044-27472104, 27472113, 27472046
Website: www.niepmd.tn.nic.inE-mail: niepmd@gmail.com

Received Application from_____S/o/D/oW/o_____for

admission to (Name of the Course):_____for the academic session 2023-24.

Date:_____   Receiver's Signature

NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (Divyangjan)

(DepartmentofEmpowermentofPersonswithDisabilities
Ministry of Social Justice and Empowerment, Govt of India)
ECR, Muttukadu, Kovalam Post, Chennai 603 112, TamilNadu
Fax: 044-27472389 Tel: 044-27472104, 27472113,27472046
Website: www.niepmd.tn.nic.inE-mail:niepmd@gmail.com

FormNo.

> The filled in application form should be submitted on or before due date. The downloaded application form duly filled in should be forwarded to the Director, NIEPMD with the application fee ofRs.100 for general category and Rs.75/-for SC/ST/EWS. PwD candidates are exempted from application fee.Payment can be made by way of demand draft in favour of Director, NIEPMD or NEFT The Director NIEPMD, Indian Bank, Kovalam Branch, IFSC: IDIB000K122 A/C: 6332687300

Affix self attested recent photograph

Academic Session 2023-24

Application for Admission to Certificate Course in Care Giving –Primary / Advanced

1. Name of the course selected _____
2. Name of the applicant:_____
3. Name of the Parent / Guardian:_____
   a. Father's Name_____ b) Mother's Name_____
4. Date of Birth(DD/MM/YY):_____Age in years &months:_____
5. Gender : Male / Female/Others_____ Marital Status: _____
6. Nationality:_____Domicile:_____
7. Whether belongs to North East States, If yes, mention the State:_____
8. Category : Tick inappropriate place   SC ☐   ST ☐   OBC ☐   PwD ☐   Gen ☐

If PwD, mention nature of disability and percentage_____

9. Whether Parents/Siblings of PwD,If yes Nature of Disability of the Child:_____
10. Annual Family Income (from all sources):_____
11. Address for:

	Correspondence	**Permanent**
State		
Pin code		
Tel. No.		
Email ID		

12. Details of examinations passed:

S. No.	Name of the exam passed	Name of the Board/University	Subjects	Year of Passing	Obtained Marks	Total Marks	% obtained
1.	VIII Std.						
2.	SSC/Xth Std.						
3.	HSC/XII Std.						
4.	Graduation						
5.	Any other						

13. Whether Sports Person, If yes tick in the appropriate place

District ☐   State ☐   National ☐   International ☐

Declaration:

I hereby declare that all the statements made by me in this application, to the best of my/our knowledge, are true, complete and correct. If found incorrect or false my candidature / admission may be treated as cancelled at any stage.

Applicant's Signature:_____ Parent/Guardian's Signature:_____

Note : Self attested copies of caste, domicile, Income certificates, mark sheets, Disability Certificate, Sports Certificate etc should be enclosed with the application form.

The last date to receive filled in application - 31st August, 2023.

_____

Acknowledgement

Form No._____

National Institute for Empowerment of Persons with Multiple Disabilities,
(DEPwD, MSJ&E, Govt of India)
ECR, Muttukadu, KovalamPost,Chennai 603 112,
Tamil Nadu Fax: 044-27472389 Tel: 044-27472104, 27472113, 27472046
Website: www.niepmd.tn.nic.inE-mail: niepmd@gmail.com

Received Application from_____S/o/D/oW/o_____for

admission to (Name of the Course):_____for the academic session 2023-24.

Date:_____   Receiver's Signature