



NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES

(Dept. of Empowerment of Persons with Disabilities, MSJ&E, Govt. of India)
(Recipient of National Award for Best Accessible Website for Persons with Disabilities 2011 & Outstanding Work in Creation of Barrier Free Environment for persons with Disabilities 2012)

East Coast Road, Muttukadu, Kovalam (Post), Chennai - 603 112. Tamil Nadu

APPLICATION FORM FOR ADMISSION TO Bachelor in Audiology and Speech Language Pathology (BASLP)

ACADEMIC YEAR _____

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 application fee of ₹ 500/- (₹ 350/- for SC / ST) by way of demand draft in favour of Director NIEPMD. No application fee for PwD.

Affix Passport size Photograph of the Candidate

1. Name of the Candidate (In full block letters as given in High School Certificate) :

2. Father Name (In full block letters as given in SSC Certificate) :

3. Date of Birth

D D

M M

Y E A R

Age (in complete Years as on 30th June, 2017)

4. a. Permanent address

(Please do not write your name or father name)

b. Address for Correspondence

PIN :

PIN :

Phone :

Fax :

Phone :

Fax :

E-mail :

E-mail :

5. Nationality : _____ Gender : _____ Category :

SC	ST	OBC	GEN
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Caste :

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6. Are you a person with Disability _____ Yes/No.
If yes nature of disability

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 % of disability

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7. Details of Qualifications :

Exam Passed	Name of the School / College	Board / University	Year of Passing	Aggregate % of Marks	Subject Taken	Medium of Instruction
X / SSLC Equivalent						
HSC / Sr.Sec/ Intermediate 10+2 Equivalent						
Graduation						
Higher Qualification a) b)						

8. Experience in the field of Rehabilitation (to be supported by attested copies of certificates failing which no weightage for experience will be given)

Sl. No.	Name and address of the Employer	Nature of Employment	From _____ To _____ (Indicate the dates)
1.			
2.			

9. Please furnish details of experience in the field of Disabilities

10. Whether the candidate is a parent / sibling of a child with disability : Yes / No
(Please furnish copy of certificate)

11. Languages Known	Speak	Read	Write
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1.

2.

3.

4.

12. Write in ten sentences "Why do you want to Join this Course"
(In your own Handwriting)

13. Co-Curricular Activities

14. Please tick the documents attached with the application :

(Kindly attach the attested copies only)

- a. Statement of marks (SSC, HSC), Graduation Certificate, Professional Certificate
- b. Date of birth (10th Certificate)
- c. Conduct certificate
- d. Community Certificate
- e. Certificate of Higher Qualification.
- f. Experience in the field of Disability
- g. Disability certificate (if applicable)
- h. Proof Establishing Relationship (Sibling / Parent) of Child with disability (Certificate from Tahsildar / VAO / Ration Card Copy & Disability Identity Card of the child)

DECLARATION

I hereby declare that the information given above is true and correct to the best of my knowledge and belief. I further declare that I shall abide by the rules and regulations of the Institute. I am aware that my admission will be cancelled, in case the details furnished by me proved to be wrong.

Place :

Date :

Signature of the Applicant