



NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES

(Department of Empowerment of Persons with Disabilities

Ministry of Social Justice and Empowerment, Govt of India)

ECR, Muttukadu, Kovalam Post, Chennai 603 112, Tamil Nadu

Fax: 044-27472389 Tel: 044-27472104, 27472113, 27472046

Website: www.niepmd.tn.nic.in E-mail: niepmd@gmail.com

Form No. _____

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

₹ 300/- (₹00/- for SC / ST/PH) by way of demand draft in
favour of Director NIEPMD. .

Affix Passport
size Photograph
of the Candidate

Academic Session 2017-18

APPLICATION FOR ADMISSION TO D.Ed Special Education in - ASD/DB/CP/MD (Please tick)

1. Name of the applicant : _____
2. Name of the Parent / Guardian : _____
a) Father Name _____ b) Mother 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	Year of Passing	Total Marks	Marks Obtained	%age obtained	Subjects
1.	SSC/Xth Std.						
2.	HSC/XII Std.						
3.	Graduation						
4.	Any other						

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

District State 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.

Acknowledgement

Form No. _____

National Institute for Empowerment of Persons with Multiple Disabilities, (DEPwD, MSJ&IE, Govt of India)
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Website: www.niepmd.tn.nic.in E-mail: niepmd@gmail.com

Received Application from _____ S/o/D/oW/o _____ for admission
to (Name of the Course): _____ for the academic session 2016-17.

Date : _____

Receiver's Signature

Last date for sale & submission of filled-in application is 15.07.2017