



Application No.::.....

**National Institute for Empowerment of Persons with Multiple Disabilities
(NIEPMD)**

Department of Empowerment of Persons with Disabilities (Divyangjan)
Ministry of Social Justice & Empowerment, Govt of India
ECR, Muttukadu, Kovalam Post, Chennai
Ph: 044-27472113, 27472046, Toll free no: 18004250345
Email: niepmd@gmail.com, Website: niepmd.tn.nic.in

**Application Form for Admission into
B.Ed Special Education
(Deafblind)
SESSION 2016-2018**

Affix recent
Passport size
photograph of
candidate duly
signed by him/ her
across it

The filled in application form should be submitted on or before _____.
The last date for sale of application form is _____.
Application should be filled by candidate own hand writing.

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

First Name

Surname

2. a. Father's Name (In full block letters as given in High School Certificate):

b. Mother's Name

3. Date of Birth
D D M M Y E A R

Age (in complete Years as on 10th June. 2016)

4. Complete Postal Address (in block letters)

Permanent Address

PIN:

PIN:

Phone/ Mobile::

Phone/ Mobile:

E-mail:

E-mail:

5. Nationality:

Indian

Gender:

M

F

Category:

SCST

PwD

OBC

BC

Gen

Foreign

Caste:

6. "STATE" to which the candidate belongs:

7. Annual income of self/parent/guardian:

8. Details of qualification:

Exam passed	Name of the School/ College	Year of Passing	University Board	Class Division	Subject Taken	Aggregate % of Marks	Medium of instruction
X/SSC Equivalent							
ISC/Sr. Sec/Intermediate 10+2 Equivalent							
Graduation, (BA/BSc BE/B.Tech with specialization in science and Mathematics)							
Post Graduation in Economic, commerce, home science, political science, sociology, psychology, philosophy, logic and Indian culture							
RCI recognized Diploma level Courses							

09. Languages Known

Speak

Read

Write

- 1.
- 2.
- 3.

10. Do You Need Hostel Accommodation: Yes / No

11. The following documents have been attached with the application (Please tick mark)

- a) Attested copy of Proof of date of birth (10th Certificate)
- b) Attested copy of certificate and mark sheets of HSC, Intermediate and Graduation (10+2+3).
- c) Attested copy of Certificate & Mark sheet of RCI recognized Diploma level examination or Degree level examination
- d) Proof for SC/ST/OBC/SEBC/PwD Certificate.
- e) Attach self addressed envelope with postal stamp of Rs. 40/-
- f) In-Service candidates will attach attested copies of (i) Appointment Letter, (ii) No-objection Certificate

ENDORSEMENT BY FORWARDING AUTHORITY

(In case of In-Service candidates only)

Certified that Mr./ Mrs./ Ms. _____ is working in our organization as _____ from _____ to _____.

The application for admission to the training programme leading to B.Ed Special Education (Autism Spectrum Disorder) is forwarded.

Place:

Date:

**Signature of the Forwarding Authority
with Stamp of the Institution**

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 are proved to be wrong.

Date:

Place:

Signature of the Applicant

Application No.:.....



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