



NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES

(Department of Empowerment of Persons with Disabilities, (Divyangjan) Ministry of Social Justice and Empowerment, Govt of India)

Form No. _____

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

Fax: 044-27472389 Tel: 044-27472104, 27472113, 27472046 Toll Free No:18004250345

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

Academic Session 2016-18

Self attested
photograph of
applicant

APPLICATION FOR ADMISSION TO (Name of the Course): _____

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 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, MSJE, 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

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

Date : _____

Receiver's Signature