



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
Master of Education Special Education
(AUTISM SPECTRUM DISORDER)
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)

PIN:

Permanent Address

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/B.Com or any Equivalent Degree)							
RCI recognized Diploma level Courses							
B.Ed Spl.Edn (ASD)/B.Ed/PGPDSE (till academic session 2014-15							

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 Master of Education 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



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Indian

Gender:

M

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Category:

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