



**NATIONAL INSTITUTE FOR EMPOWERMENT OF
PERSONS WITH MULTIPLE DISABILITIES**

Department of Disability Affairs

(Ministry of Social Justice & Empowerment, Govt. of India)

East Coast Road, Muttukadu, Chennai - 603 112, Tamilnadu.

REGISTRATION FORMAT

Name of the program :Date :

Coordinator :

Note - Last date for submission of application is 15 days before the Schedule (STTP/CRE)

- 1 a) Name in block letters :
b) Age c) Sex
2. Father Name :
3. Postal address for correspondence :
4. Phone & Fax No's :
E-mail Address :
5. Present employment :
Post held :
Salary drawn :
6. Name of the Organization :
7. Address of the Organization :
Phone & Fax No's :
E-mail Address :
8. Details of Previous training Programmes attended :
9. Academic / Professional qualification :
10. Registration fee:..... DD No:..... Date:..... Bank..... Branch.....
11. RCI registration No :

Date: _____ Certificate Signature of the applicant

This is to certify that Dr/Mr/Ms.....
is working as in and is
being sponsored for the short term training programme on
to be held at NIEPMD from..... to

Place :

Date : _____ Signature of Head of the Institution with seal

Please Note that:-

1. All the programmes designed for 5 days are CRE Programme in which only the RCI Registered Professionals are eligible to take part.
2. Your participation in STTP / CRE is subject to confirmation from the Coordinator
3. Xerox copies of the registration form can be used for more participants.

Fee Details :

1. Rs. 750/- for 5 days Programme
2. Rs. 450/- for 3 days Programme
3. Rs. 300/- for 2 days programme
4. Rs. 150- for 1 day programme