



NIEPMD/DAIL/2017-18/ 856

04/05/2018

NOTIFICATION FOR THE ACADEMIC YEAR 2018-19

Sub: DAIL-Admission for Vocational Education & Training course 2018-19 -Reg.,

You are aware that NIEPMD was established for the Empowerment of Person with Multiple Disabilities, where in the Department of Adult Independent Living (DAIL) is interested with the noble responsibility of creating models a Vocational Education & Skill Training & Economic Empowerment, To Ensure Better Quality Of Life for Persons with Multiple Disabilities.

Dually the academic year 2018-19, DAIL is the organizing following Vocational Education Courses.

Si.No	Course Name	Course Code	Duration
1.	Domestic data Entry Operator *	DEO	4+2 Months
2.	Sewing Machine Operator *	SMO	3+2 Months
3.	Photo copy (Xerox)	PSL	6 Months
	Spiral Binding		
	Pad File making		
	Lamination		
4.	Sublimation Printing	SPB	6 Months
	Photo Printing		
	Billing		
5.	Helper in Growing Vegetable	GVG	6 Months
	Gardening Helper		

* Under SIPDA scheme.

Adult with Multiple disability and their family members are requested to fill in the applications form.

For further details contact the Registration Team members, Room No: 15.

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NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (Divyangjan)



(Department of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment, Govt. of India)

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Department of Adult Independent Living

Application No:

Application for the Academic Year 2018-19

Courses under SIPDA Scheme () Non SIPDA Courses ()

Name of the Vocational Education _____

Name of the Candidate :

Father Name :

Mother Name :

Date of Birth : Age:

Gender : Male () Female ()

Community : SC () ST () OBC () GEN ()

Religion :

Nationality :

Family Annual Income :

Address for Correspondence:

Present Address:	Permanent Address:
Pin Code:	Pin Code:
Phone No:	Phone No:

Language Known	Speak	Read	Write

Educational Qualification:

Previous Vocational Training Experience: Yes () / No ()

If yes, Details of the Vocational Training & Duration:

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Nature of Disability :

Percentage on National Disability ID card :

National Disability ID card No :

UDID Registration No :

Voter ID card No :

AADHAR card No :

Bank Details: only for SIPDA Courses

Account holder Name :
Account Number :
Bank Name :
Branch Name :
IFSC Code No :

DECLARATION

I here by 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.

Candidate Signature

Place:

Date:

Parents Signature

Enclosure Xerox copies:

- | | | |
|--|---|--------|
| 1. Passport size photo | - | 2 No's |
| 2. Nature of Disability ID card | - | 1 No's |
| 3. UDID Card / Registered form | - | 1 No's |
| 4. Voter ID card No | - | 1 No's |
| 5. AADHAR card No | - | 1 No's |
| 6. Community certificate | - | 1 No's |
| 7. Family Annual Income Certificate | - | 1 No's |
| 8. Previous Vocational Training Certificates | - | 1 No's |
| 9. Bank pass book (Only for SIPDA) | - | 1 No's |

Office Use

Name of the Application Receiver :

Application Received Date :

Signature of Application Receiver :