



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

*(Department of Empowerment of Persons with Disabilities*

*Ministry of Social Justice and Empowerment, Govt of India )*

**ECR, Muttukadu, Kovalam Post, Chennai 603 112, TamilNadu**

**Fax: 044-27472389 Tel: 044-27472104, 27472113, 27472046**

**Website: [www.niepmid.tn.nic.in](http://www.niepmid.tn.nic.in) E-mail: [niepmid@gmail.com](mailto:niepmid@gmail.com)**

**Form No.**

The filled in application form should be submitted on or before due date. The downloaded application form duly filled in should be forwarded to the Director, NIEPMD with the application fee of Rs.100/- for general category and Rs.75/- for SC/ST/EWS. PwD candidates are exempted from application fee. Payment can be made by way of demand draft in favour of Director, NIEPMD or NEFT The Director NIEPMD , Indian Bank, Kovalam Branch, IFSC: IDIB000K12 A/C: 6332687300

Affix self attested  
recent photograph

**Academic Session 2022-23**

**Application for Admission to Certificate Course in Care Giving - RCI.**

- Name of the applicant: \_\_\_\_\_
- Name of the Parent / Guardian: \_\_\_\_\_  
a. Father's Name \_\_\_\_\_ b. Mother's Name \_\_\_\_\_
- Date of Birth(DD/MM/YY): \_\_\_\_\_ Age in years & months: \_\_\_\_\_
- Gender : Male / Female / Others \_\_\_\_\_ Marital Status: \_\_\_\_\_
- Nationality: \_\_\_\_\_ Domicile: \_\_\_\_\_
- Whether belongs to North East States, If yes, mentioned State: \_\_\_\_\_
- Category : Tick in appropriate place SC  ST  OBC  PwD  Gen   
If PwD, mention nature of disability and percentage \_\_\_\_\_
- Whether Parents / Siblings of PwD, If yes Nature of Disability of the Child: \_\_\_\_\_
- Annual Family Income (from all sources): \_\_\_\_\_
- 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 | Subjects | Year of Passing | Obtained Marks | Total Marks | % obtained |
|--------|-------------------------|--------------------------------|----------|-----------------|----------------|-------------|------------|
| 1.     | VIII Std.               |                                |          |                 |                |             |            |
| 2.     | SSC/Xth Std.            |                                |          |                 |                |             |            |
| 3.     | HSC/XII Std.            |                                |          |                 |                |             |            |
| 4.     | Graduation              |                                |          |                 |                |             |            |
| 5.     | 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.*

The last date to receive filed in application - 31<sup>st</sup> July, 2022.

Acknowledgement

Form No. \_\_\_\_\_

National Institute for Empowerment of Persons with Multiple Disabilities,  
(DEPwD, MSJ&E, 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](http://www.niepmd.tn.nic.in) E-mail: [niepmd@gmail.com](mailto:niepmd@gmail.com)

Received Application from \_\_\_\_\_ S/o/D/oW/o \_\_\_\_\_ for  
admission to (Name of the Course): \_\_\_\_\_ for the academic session 2022-23.

Date: \_\_\_\_\_

Receiver's Signature



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Affix self attested  
recent photograph

**Academic Session 2022-23**

**Application for Admission to Certificate Course in Care Giving - Primary/ Advanced.**

- Name of the course selected \_\_\_\_\_
- Name of the applicant: \_\_\_\_\_
- Name of the Parent / Guardian: \_\_\_\_\_  
a. Father's Name \_\_\_\_\_ b) Mother's Name \_\_\_\_\_
- Date of Birth(DD/MM/YY): \_\_\_\_\_ Age in years & months: \_\_\_\_\_
- Gender : Male / Female/Others \_\_\_\_\_ Marital Status: \_\_\_\_\_
- Nationality: \_\_\_\_\_ Domicile: \_\_\_\_\_
- Whether belongs to North East States, If yes, mention the State: \_\_\_\_\_
- Category : Tick in appropriate place SC  ST  OBC  PwD  Gen   
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