(for office use only)

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





Outstanding Work in Creation of Barrier Free Environment for Persons with Disabilities 2012)

-Accredited by NAAC-

-ISO9001:2015-

East Coast Road, Muttukadu, Kovalam (Post), Chennai – 603 112, Tamil Nadu

Application Form for Admission to

M. Phil., Clinical Psychology (ACADEMIC YEAR 2024 - 25)

Recognized by: Rehabilitation Council of India **Affiliated to:** TN Dr. M.G.R. Medical University

The filled application form should be submitted by post on or before 30th July 2024

The downloaded application form duly filled in should be sent to, The Director, NIEPMD, East Coast Road, Muttukadu, Kovalam (Post), Chennai – 603 112, Tamil Nadu with application fee of Rs.2000/- for General/OBC and Rs.1000/-for SC/ST/EWS through the **NEFT Transaction only**

Name	NIEPMD INTERNAL ACCURAL				
Bank	Indian Bank		Branch	Kovalam	
Account Number	6332687300		IFSC	IDIB000K122	
•	No application f	ee for F	PWDs		

Affix recent passportsize photo of the candidate

NEFT	Transaction UTR No.	Date Amount							
1.	1. Name of the Candidate (In full block letters as given in High School Certificate):								
2.	Mother's Name:	Father's Name:							
3.	Date of Birth: D D M M Y	E A R							
	Age (in complete years on 31 st July 2024):								
4.	Gender (please tick): Transgender Female Ma	le							

5. a. Permanent address: (Please do not write your name or father's name here)			b. Address for correspondence (Please do not write your name or father's name here)					
Pin code:			Pin code:					
Applicant's Mobil	e Number:			lline No. (Resi) vith STD Code)):			
E-mail Address:								
Mobile Number	(Mother):			(Father):				
6. Nationality:		Category (Ple	ease Tick):	ST SC	OBC	EWS	General	
			Caste:					
	erson with disability: /pe of disability	: Yes / No		% of (disability [
8. Details of O	ualifications (attach	copy of the certific	cates):					
Exam Passed	Name of the School/College	University / Board	Year of Passing	Aggregate % of Marks	Subje Take		Medium of Instruction	
X / SSLC / Equivalent								
HSC / Sr.Sec / Intermediate / +2 / Equivalent								

Under- Graduation						
Post- Graduation / Integrated Program						
Higher Qualifications (if any)						
Note: It is man verification whe	datory for the candi n demanded.	idates to produce	all the above	e-mentioned (original certifica	tes for

9. Work experience in the field of Rehabilitation (if any):

S. No.	Name and Address of the Employer	Nature of the Employment	From To (indicate the dates)
1.			
2.			

10. Co-scholastic Achievements:

DECLARATION 1

I hereby declare that I have done my **Under-Graduation and Post-Graduation in Psychology** and **both are in regular mode** only. I understand and agree that my admission will be disqualified / cancelled at any stage, if the above mentioned information provided by me is not true.

Signature of the Applicant

i.	SSLC/10 th Mark Sheet	ı
ii.	Statement of Marks of Intermediate/Higher Secondary, (+2) or other equivalent qualifying exam	
iii.	Statement of Marks of Under-Graduation	- I
iv.	Degree Certificate of Under-Graduation	
V.	Statement of Marks of Post-Graduation	
vi.	Provisional / Degree Certificate of Post-Graduation	
vii.	Higher Qualifications (if any)	
viii.	Transfer Certificate (TC)	
ix.	Migration Certificate	
х.	Community Certificate (for SC/ST/OBC categories) Note: Candidates applying under OBC category should attach the community certificate issued by the District Administration in the Central Government format only (as per the specimen enclosed in the prospectus). Non-submission of certificate in the prescribed format will be considered under General Category.	
xi.	EWS Certificate (only for those who are applying in EWS category) Note: Candidates applying under EWS category should attach the EWS certificate issued by the District Administration in the Central Government format only (as per the specimen enclosed in the prospectus). Non-submission of certificate in the prescribed format will be considered under General Category.	
xii.	Experience in the field of Disability (if any)	
xiii.	Disability Certificate (if applicable)	

apply for the eligibility certificate:

https://cms2.tnmgrmuexam.ac.in/#/EligibilityCertificateOnlineApplication

DECLARATION 2

I hereby declare that all 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 provisional admission will be cancelled, in case of the details furnished by me proved to be wrong.

Signature	OT	tne	Appi	iicant
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Place: Date:

^{*} Includes the candidates with the educational back ground from the State Board of Tamil Nadu.

Instructions to the Candidates

- 1. The date and venue for the written examination will be announced later. Please follow the NIEPMD(D) website regularly for the updates.
- 2. The entrance examination will be conducted at Chennai city only.
- 3. The filled application form should reach NIEPMD(D) by post only, on or before 30th July 2024. Delay of application due to any reasons after the due date will not be accepted. Application sent through email will not be considered.
- 4. The candidature of the candidates for admissions is provisional and is subject to candidate fulfilling the conditions as specified in the eligibility criteria of Tamil Nadu Dr. M.G.R. Medical University, Chennai. If any discrepancy is found, the candidature of the candidate is liable to be cancelled at any stage of their admission procedure or even after the final admission.
- 5. Any changes with regard to the norms, examination and other dates will be notified in the website only. No personal communication will be sent.
- 6. Apart from the rules and regulations of the Rehabilitation Council of India and the Tamil Nadu Dr. M.G.R. Medical University, the norms pertinent to the Institute will be at the discretion of the Director, NIEPMD(D).

(Please do not attach this page while submission of your application)