

(<mark>மாற்றுத்திறனாளிகள மேம்பாட்டுத்துறை,</mark> சமூக நீதி மற்றும் அதி<mark>காரம் வழங்கல் அமைச்சகம், இந்திய அரசு)</mark>

राष्ट्रीय बहुदिव्यागता जन संशक्तिकरण संस्थान

(विकलागजन संशक्तिकरण विभाग (दिव्यागजन), सामाजिक न्याय और अधिकारिता मत्रालय, भारत सरकार)

National Institute for Empowerment of Persons with Multiple Disabilities (Divyangjan)

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

ADMISSION NOTIFICATION 2024-25

Approved by Rehabilitation Council of India

Diploma in Indian Sign Language Interpretation (D.I.S.L.I)

| SL No | Course | Duration | Eligibility | Total seats | Medium of instruction |
|----------|--|----------|--|-------------|--|
| 01 | Diploma in Indian Sign Language Interpretation (D.I.S.L.I) | 02 Year | Senior secondary (10+2) or equivalent with minimum 50% mark. | 20 | Indian Sign Language(ISL) Tamil, English, Hindi |

Course Application available in NIEPMD WEBSITE, https://niepmd.tn.nic.in/Application Fee:-Rs.200/for General & OBC. Rs. 100/- for SC, ST, EWS.PWD candidates having UDID card are exempted from application fee. Last Date of Application: 19th August 2024.

- Hostel Facility available: Hostel charges@18,000/-per year
- Students will get Rs.2000/- Stipend per month (75% Biometric Attendence)
- No Institutional fees for PwDs, Parents of PwDs. 75% waived off for Siblings of PwDs(Divyangjan).
- The reservation and relaxation for SC/ST/OBC/EWS/PwD and other categories shall be as per the norms of the Government of India.

Documents to be submitted along with application:

 10th Marksheet, 12th Marksheet, Aadhaar Card, Community certificate, Transfer Certificate and Recent Passport size photo.

Google form link: https://docs.google.com/forms/d/e/1FAIpQLScQTS40n9TS00m3Mm7900BS95W
https://docs.google.com/forms/d/e/1FAIpQLScQTS40n9TS00m3Mm7900BS95W
https://docs.google.com/forms/d/e/1FAIpQLScQTS40n9TS00m3Mm7900BS95W
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<a href="https://docs.google.com/forms/uppens/maip.goog

For Admission Please Contact

DEPARTMENT OF SPECIAL EDUCATION

Room No. 32, First floor

Contact Number: 9677310770/9840328203/9941426712

(only 9:00 am to 5:30 pm)

Email: niepmdspledu.disli@gmail.com



NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES

(NIEPMD) (Divyangjan)

~Accredited by NAAC~ ~ISO9001:2015~

(Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment, 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 E-mail: niepmdspledn@gmail.com DEPARTMENT OF SPECIAL EDUCATION

Appl. Form No (office use).

Application form for Direct Admission to Diploma in Indian Sing Language Interpretation

Academic Session 2024-25

APPLICATION FOR ADMISSION TO (Name of the Course): DISLI

Self-attested photograph of applicant

| 1. | Name of the | Applicant: | | | | | | |
|----------|---|---|----------------|--|--|--|--|--|
| 2. | Name of the | Mother | | | | | | |
| | b) Guardian' | 's Name | | | | | | |
| 3. | Date of Birth | s & months: | | | | | | |
| 4. | Gender: Male / Female / TGMarital Status: | | | | | | | |
| 5. | Nationality:_ | Domicile: | Mother Tongue: | | | | | |
| 6. | Whether belo | ongs to North East States, if yes mention the | he State: | | | | | |
| 7. | Category: Tick in appropriate place SC ST OBC PWD EWS GEN | | | | | | | |
| | If PwD, mention Nature of Disability and Percentage | | | | | | | |
| 8. | 8. Whether Parent / Sibling/Ward of PwD, If yes Nature of Disability: | | | | | | | |
| | If yes, Mention UDID number or UDID enrolment Number: | | | | | | | |
| 9. | Do you belong to EWS Category: Yes No | | | | | | | |
| 10. | Aadhaar No: | | | | | | | |
| 11. | Annual Fami | ily Income (from all sources): | | | | | | |
| 12. | Address for: | | | | | | | |
| | | Correspondence | Permanent | | | | | |
| Ooor No | o/ Street | | | | | | | |
| Village |) | | | | | | | |
| District | t | | | | | | | |
| tate | | | | | | | | |
| in cod | e | | | | | | | |
| Tel. No | | | | | | | | |
| Email II | D | | | | | | | |

13. Details of Examinations passed:

| S. No. | Name of the exam passed | Name of the Board/University | Year of Passing | Total Marks | Marks Obtained | % obtained | Subjects | Certificate Number |
|------------|-------------------------------|---|--------------------|----------------|-------------------|---------------|-----------|-----------------------|
| 1. | SSLC/X | | | | | | X | |
| 2. | HSC/XII | | | | | | X | |
| 3. | Graduation | | | | | | | |
| 4. | PG | | | | | | | |
| 5. | Any other | | | | | | | |
| | 14. Whether | r Sports Person/ Cult | ural, If ye | s tick in t | he appropriat | e place | | |
| | District | | State | e | Nation | al | Internat | ional |
| | NEFT Paym | Code : IDIB000 | | | <i>Da</i> | ıte | | for |
| | Rs | | (1 | Enclose th | ne copy of on | line transac | tion) | |
| ΡV | | ation Fee: - Rs ates having UDI | | | mpted from | | | |
| the mis | best of my | lare that all the info knowledge and be candidature be sh | elief. In t | he event | of any info | rmation be | ing found | incorrect or |
| Ap | plicant's Sig | gnature: | |] | Parent/Guaro | dian's Sign | ature: | |
| | | | | | | | | |

* Note: Self attested copies of caste, educational qualification and UDID (PwD) certificate (if Applicable), mark sheets, Disability Certificate of self/family member, any other relavant documents to be enclosed along with the application form.

Enclosures: -

- 1. SSLC Mark sheet
- 2. HSC Mark sheet
- 3. Transfer Certificate
- 4. UDID (PwD Certificate)
- 5. Of Self/ family member
- 6. Community Certificate