

Application No. _____



NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES

(Ministry of Social Justice & Empowerment, Govt. of India)
East Coast Road, Muttukadu, Kovalam (Post), Chennai - 603 112. Tamil Nadu

APPLICATION FORM FOR ADMISSION TO DIPLOMA IN SPECIAL EDUCATION

(Deafblind / Cerebral Palsy / Autism Spectrum disorder)

ACADEMIC YEAR 2010-11

The filled in application form should be submitted on or before **25-06-2010**

The last date for sale of application form is **25-06-2010**

Affix Passport size Photograph of the Candidate

1. Name of the Candidate (In full block letters as given in High School Certificate) :

Surname

First Name

2. Father Name (In full block letters as given in SSC Certificate) :

3. Date of Birth

D D

M M

Y E A R

Age (in complete Years as on 31st Dec. 2009)

4. a. Permanent address

(Please do not write your name or father name)

b. Address for Correspondence

PIN :

Phone :

E-mail :

Fax :

PIN :

Phone :

E-mail :

Fax :

5. Nationality : Gender : Category :

SC	ST	OBC	GEN
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Caste :

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6. Are you a physically challenged person Yes/No.

If yes nature of disability

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 % of disability

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7. "STATE" to which the candidate belongs :

8. Details of Qualifications :

Exam Passed	Name of the School / College	University / Board	Year of Passing	Aggregate % of Marks	Subject Taken	Medium of Instruction
X / SSLC Equivalent						
ISC / Sr. Sec/ Intermediate 10+2 Equivalent						
Higher Qualification						
a)						
b)						

9. Experience in the field of Rehabilitation (to be supported by attested copies of certificates failing which no weightage for experience will be given)

Sl. No.	Name and address of the Employer	Nature of Employment	From To (Indicate the dates)
1.			
2.			

10. Please furnish details of experience in Disabilities.

11. Whether the candidate is a parent / sibling of a child with disability : Yes / No
(Please furnish copy of certificate)

12. Languages Known	Speak	Read	Write
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1.

2.

3.

4.

13. Please state in Ten sentences "Why do you want to Join this Course"
(In your own Handwriting)

14. Co-Curricular Activities

15. Please tick the documents attached with the application :

Attested Copy : -

- a. Statement of marks, Intermediate / Higher Secondary, (10+2) or other equivalent qualifying exam.
- b. Date of birth (10th Certificate)
- c. Conduct certificate
- d. Community Certificate
- e. Certificate of Higher Qualification.
- f. Experience in the field of Disability
- g. Disability certificate (if applicable)
- h. Certificate by a Government Medical Officer / Authority competent to issue certificate of disability designed by the State / Central Government certifying that the candidate is a sibling / parent of child having Disability.

DECLARATION

I hereby 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. I am aware that my admission will be cancelled, in case the details furnished by me proved to be wrong.

Place :

Date :

Signature of the Applicant