

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



(Department of Empowerment of Persons with Disabilities(Divyangjan), MSJ&LE, Govt of India)

ECR, Muttukadu, Kovalam Post, Chennai 603 112, Tamil Nadu

ACCREDITED BY NAAC & ISO 9001 :2015

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Application No \_\_\_\_\_

Academic Session .....

(Please tick the appropriate box to indicate the programme and discipline applied for)

**B.Ed. Special Education (ASD  / Db  / MD**

**M.Ed. Special Education (ASD  / MD**

AFFIX RECENT  
PASSPORT SIZE  
PHOTOGRAPH

1. Name of the applicant : \_\_\_\_\_  
(In block letters as in 10<sup>th</sup> Mark Sheet)
2. Name of the Parent / Guardian : \_\_\_\_\_  
a) Father's Name \_\_\_\_\_ b) Mother's Name \_\_\_\_\_
3. Date of Birth (dd/mm/yy) & Age (as in 10<sup>th</sup> marksheet) \_\_\_\_\_
4. Gender : Male / Female / Others \_\_\_\_\_ Marital Status : \_\_\_\_\_
5. Nationality : \_\_\_\_\_ Domicile : \_\_\_\_\_ Mother Tongue \_\_\_\_\_
6. Whether belongs to North East States, If yes mentioned State : \_\_\_\_\_
7. Category : Tick in appropriate place : SC  ST  OBC  PwD  EWS  GEN   
If PwD, mention nature of disability and percentage \_\_\_\_\_
8. Whether Parents / Siblings of PwD, If yes nature of disability of the child : \_\_\_\_\_
9. Annual Family Income (from all sources) : \_\_\_\_\_
10. Aadhar No: \_\_\_\_\_
11. Address for :

	Correspondence	Permanent
State		
Pin code		
Tel. No.		
Email ID		

12. Details of Examinations Passed :

S. No	Name of the Exam passed	Name of the Board	Month & Year of Passing	Total Marks	Marks Obtained	% obtained		Certificate number
1.	SSLC/X							
2.	HSC/XII							
S. No	Name of the Exam passed	Name of the University	Month & Year of Passing	Total Marks	Marks Obtained	Part III Main subjects	% obtained	Certificate number
3.	UG							
4.	PG							
5.	Any other							

13. Whether participated in Extracurricular /Co- Curricular activities:

If yes, give details: \_\_\_\_\_

14. Hostel accommodation required : Yes/No

**Declaration:**

I hereby declare that all the statements given by me in this application are true and correct to the best of my knowledge. If found incorrect or false my candidature / admission may be treated as cancelled at any stage.

Applicant's Signature: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_