



**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, 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)**

**Academic Session 2019-20**

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

Affix self attested  
recent photograph

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.

**Application for Admission to Certificate Course in CG- Primary, Advanced.**

- Name of the applicant : \_\_\_\_\_
- Name of the Parent / Guardian : \_\_\_\_\_  
a) Father Name \_\_\_\_\_ b) Mother 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		

- Details of examinations passed :

S. No.	Name of the exam passed	Name of the Board/University	Year of Passing	Total Marks	Marks Obtained	%age obtained	Subjects
1.	VIII Std.						
2.	SSC/Xth Std.						
3.	HSC/XII Std.						
4.	Graduation						
5.	Any other						

- 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.*

**Acknowledgement**

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

**National Institute for Empowerment of Persons with Multiple Disabilities, (DEPwD, MSJ&E, Govt of India)**  
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Received Application from \_\_\_\_\_ S/o/D/oW/o \_\_\_\_\_ for admission  
to (Name of the Course): \_\_\_\_\_ for the academic session 2019-20.

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

Receiver's Signature

Last date for sale & submission of filled-in application is batch I 31.07.2019 & batch II 29.11.2019