



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

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DEPARTMENT OF SPECIAL EDUCATION

Appl. Form No. _____

Academic Session 2024-25

✓ **Please tick the course which you would like to select**

B.Ed Special Education (MD)

M.Ed Special Education (MD)

Self-attested
photograph of
applicant

* Subject to TNTEU & RCI approval

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

- Name of the applicant: _____
- Name of the Parent/Guardian: a) Parents Name -Father: _____ Mother: _____
b) Guardian's Name (Home & Local) _____
- Date of Birth (dd/mm/yy): _____ Age in years & months: _____
- Gender: Male / Female / TG _____ Marital Status: _____
- Nationality: _____ Domicile: _____ Mother Tongue: _____
- Whether belongs to North East States, If yes mention the State: _____
- Category: Tick in appropriate place SC ST OBC PwD Gen
If PwD, mention Nature of Disability and Percentage _____
- Aadhaar No:** _____
- Whether Parent / Sibling/Ward of PwD, If yes Nature of Disability: _____
- Annual Family Income (from all sources): _____
- Full Address for:

	Correspondence	Permanent
State		
Pin code		
Tel. No.		
Email ID		

11. 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.	UG							
4.	PG							
5.	Any other							

12. Whether Sports Person/ Cultural, If yes tick in the appropriate place

District State National International

13. NEFT Banking Details as follow:

Name NIEPMD Internal Accural

Banking: Indian Bank

Branch: Kovalam

Account No:6332687300

IFSC No:IDIB000K122

NEFT No.....Date.....for

Rs.....

(Enclose the copy of online transaction)

Declaration:

I hereby declare that all the statements made by me/us 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 of self/family member, Sports Certificate, etc. should be enclosed with th**

❖ **e application form.**
