



**NATIONALINSTITUTEFOREMPOWERMENTOFPERSONS WITH  
MULTIPLE DISABILITIES (Divyangjan)**

*(DepartmentofEmpowermentofPersonswithDisabilitiesMinistryofSocialJusticeandEmpowerment, GovtofIndia)*

**ECR, Muttukadu, Kovalam Post, Chennai 603112, 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)**

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(D) with the application fee of Rs.100/- for General/OBC category and Rs.75/-for SC/ST/EWS. PwD candidates are exempted from application fee. Payment can be made through NEFT only. Net banking details as follows:  
Name: NIEPMD INTERNAL ACCURAL  
Indian Bank, Kovalam Branch, A/C: 6332687300 IFSC: IDIB000K122

**Form No.**

Affix self attested recent photograph

**Academic Session 2024-25**

**Application for Admission to Certificate Course in Care Giving-RCI.**

- Name of the applicant: \_\_\_\_\_
- Name of the Parent /Guardian: \_\_\_\_\_  
a. Father's Name \_\_\_\_\_ b. Mother's 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 Communication :

	Correspondence	Permanent
State		
Pincode		
Tel.No.		
Email ID		

11. Details of examinations passed:

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

12. 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, marksheets, Disability Certificate, Sports Certificate etc, should be closed with the application form.*

The last date to receive filled in application–Depends on release of date by RCI

Acknowledgement

FormNo. \_\_\_\_\_

National Institute for Empowerment of Persons with Multiple Disabilities,  
(DEPwD, MSJ & E, Govt of India)  
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Website: [www.niepmd.tn.nic.in](http://www.niepmd.tn.nic.in) E-mail: [niepmd@gmail.com](mailto:niepmd@gmail.com)

Received Application from \_\_\_\_\_ S/o/D/oW/o \_\_\_\_\_ for  
admission to (Name of the Course): \_\_\_\_\_ for the academic session 2024-25.