



**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, TamilNadu
Fax: 044-27472389 Tel: 044-27472104, 27472113, 27472046
Website: www.niepmid.tn.nic.in E-mail: niepmid@gmail.com**

FormNo.

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 with the application fee of Rs.100/- for general category and Rs.75/- for SC/ST/EWS. PwD candidates are exempted from application fee. Payment can be made by way of demand draft in favour of Director, NIEPMD or NEFT The Director NIEPMD, Indian Bank, Kovalam Branch, IFSC: IDIB000K122A/C: 6332687300

Affix self attested
recent photograph

Academic Session 2023-24

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:

	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	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, mark sheets, Disability Certificate, Sports Certificate etc should be enclosed with the application form.

The last date to receive filled in application – 17 July 2023.

Acknowledgement

Form No. _____

National Institute for Empowerment of Persons with Multiple Disabilities,
(DEPwD, MSJ&E, Govt of India)
ECR, Muttukadu, KovalamPost, Chennai 603 112,
Tamil Nadu Fax: 044-27472389 Tel: 044-27472104, 27472113, 27472046
Website: www.niepmd.tn.nic.in E-mail: niepmd@gmail.com

Received Application from _____ S/o/D/oW/o _____ for
admission to (Name of the Course): _____ for the academic session 2023-24.

Date: _____

Receiver's Signature



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

(Department of Empowerment of Persons with Disabilities

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recent photograph

Academic Session 2023-24

Application for Admission to Certificate Course in Care Giving –Primary / Advanced

1. Name of the course selected _____
2. Name of the applicant: _____
3. Name of the Parent / Guardian: _____
a. Father's Name _____ b) Mother's Name _____
4. Date of Birth(DD/MM/YY): _____ Age in years & months: _____
5. Gender : Male / Female/Others _____ Marital Status: _____
6. Nationality: _____ Domicile: _____
7. Whether belongs to North East States, If yes, mention the State: _____
8. Category : Tick inappropriate place SC ST OBC PwD Gen

If PwD, mention nature of disability and percentage _____

9. Whether Parents/Siblings of PwD, If yes Nature of Disability of the Child: _____
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