



# National Institute for Empowerment of Persons with Multiple Disabilities (Divyangjan)

DEPwD(Divyangjan), Ministry of Social Justice & Empowerment, Govt, of India

ECR, Muttukadu, Kovalm, Chennai 603112

Department of Adult Independent Living(DAIL)



## Admission Notification (2019-20)

### Vocational Courses Offered

#### A. Skill Development Programme –under SIPDA Scheme

- ❖ Domestic Data Entry Operator (PWD/SSC/Q2212)
- ❖ Sewing Machine Operator (PWD/AMH/Q0301)
- ❖ Room Attender(PWD/THC/Q0202)
- ❖ Packer(PWD/AMH/Q1407)

Duration : 6 Months

Eligibility : Valid Disability Certificate, Undergone Pre-Vocational and Transition Skill Training

Age : Above 15Years

Allowance : Post Placement Support and Assistive device



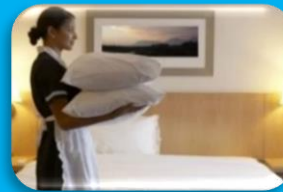
#### B. Skills Development Programme - NIEPMD

- ❖ Nursery & Gardening
- ❖ Sublimation Printing
- ❖ Solar Panel Installation
- ❖ Poultry Rearing & Management

Duration : 6 Months

Eligibility : Valid Disability Certificate, Undergone Pre-Vocational and Transition Skill Training

Age : Above 18Years



#### C. Activity of Daily Living Skills for Individual with High Support Needs

- ❖ Assisted / Supportive Economic Empowerment Programme
- ❖ Follow-up services

Eligibility : Valid Disability Certificate

Age : Above 18Years

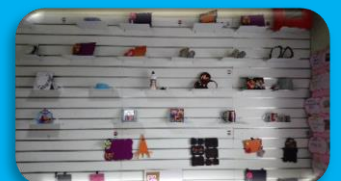


#### D. Individualized Vocational Educational Programme (IVEP)& Individual Family Service Programme (IFSP)

- ❖ Vocational Assessment, Guidance & Counselling
- ❖ Referral for Vocational & Employment
- ❖ Follow-up services as 1:1

Eligibility: Valid Disability Certificate

Age : Above 18Years



#### Offered for Persons with: -

- Multiple Disabilities including Deafblind
- Autism Spectrum Disorder
- Intellectual Disabilities
- Low Vision
- Cerebral Palsy
- Hard of Hearing & Deafness
- Specific Learning Disabilities

#### Other Benefits

- \* MSME Registration
- \* Job Placement
- \* Linkages for Marketing
- \* NHFDC Loan Facility
- \* LLC Registration
- \* Self Entrepreneur



#### Application form Available @

Department of Adult Independent Living

Room No. 15(Service & Programme Block) Ground Floor, NIEPMD

Mobile: 9786978145, 9444812938

Email: niepmd.dail@gmail.com



Note: A,B & C Curriculum; which includes 3 hours of Skilling in Core Curriculum / 1 ½ hours in Additional curriculum and 1 ½ in Co –Scholastic, Recreational Activities.



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

(Department of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment, Govt. of India)

East Coast Road, Muttukadu, Kovalam post, Chennai – 603112

Phone: 044-27472046, 27472113. www.niepmid.tn.nic.in, E-mail: niepmid.dail@gmail.com

**Department of Adult Independent Living**

Application No:

**Application for the Academic Year 2019-20**

Courses under SIPDA Scheme ( ) Non SIPDA ( )

Name of the Vocational Education \_\_\_\_\_

Name of the Candidate :

Father Name :

Mother Name :

Date of Birth : Age:

Gender : Male ( ) Female ( )

Community : SC ( ) ST ( ) OBC ( ) GEN ( )

Religion :

Nationality :

Family Annual Income :

Address for Correspondence :

|                  |                    |
|------------------|--------------------|
| Present Address: | Permanent Address: |
|                  |                    |
|                  |                    |
|                  |                    |
| Pin Code:        | Pin Code:          |
| Phone No:        | Phone No:          |

| Language Known | Speak | Read | Write |
|----------------|-------|------|-------|
|                |       |      |       |
|                |       |      |       |
|                |       |      |       |

Educational Qualification:

Previous Vocational Training Experience: Yes ( ) / No ( )

If yes, Details of the Vocational Training & Duration:

Nature of Disability :

Percentage on National Disability ID card :

National Disability ID card No :

UDID Registration No :

Voter ID card No :

AADHAR card No :

Bank Details: only for SIPDA Courses

Account Holder Name :

Account Number :

Bank Name :

Branch Name :

IFSC Code No :

## DECLARATION

I hereby declare that the information given above is true and correct to the best of my Knowledge and belief. I further declare that I shall abide by the rules and regulations of the institute.

**Candidate Signature**

**Place:**

**Date:**

**Parents Signature**

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Enclosure Xerox copies:

- |                                              |   |        |
|----------------------------------------------|---|--------|
| 1. Passport size photo                       | - | 2 No's |
| 2. Nature of Disability ID card              | - | 1 No's |
| 3. UDID Card / Registered form               | - | 1 No's |
| 4. Voter ID card No                          | - | 1 No's |
| 5. AADHAR card No                            | - | 1 No's |
| 6. Community certificate                     | - | 1 No's |
| 7. Family Annual Income Certificate          | - | 1 No's |
| 8. Previous Vocational Training Certificates | - | 1 No's |
| 9. Bank pass book (Only for SIPDA)           | - | 1 No's |

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## Office Use

Name of the Application Receiver:

Application Received Date :

Signature of Application Receiver :