

Application
No. **B.P.O.**



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

(Dept. of Empowerment of Persons with Disabilities(Divyangjan), MSJ&E, Govt. of India) (Recipient of National Award for Best Accessible Website for Persons with Disabilities 2011 & Outstanding Work in Creation of Barrier Free Environment for persons with Disabilities 2012)

“Accredited by NAAC” & “ ISO 9001-2015 Certified”

East Coast Road, Muttukadu, Kovalam (Post), Chennai - 603 112. Tamil Nadu

Phone: 044 –27472104, 27472113, 27472423, 27472046, Toll Free No: 18004250345

www.niepmd.tn.nic.in E-mail: niepmd@gmail.com, niepmdhrd@gmail.com

APPLICATION FORM FOR ADMISSION TO

**4 ½ YEARS BACHELOR IN PROSTHETICS & ORTHOTICS (B.P.O.)
PROGRAMME (LATERAL ENTRY)**

RECOGNISED by REHABILITATION COUNCIL OF INDIA, NEW DELHI

AFFILIATED to THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY, TAMIL NADU

ACADEMIC YEAR-2021-2022

The filled in application form should be submitted on or before
due date 27.09.2021

Download application form & duly filled in and send to - The
Director, NIEPMD, ECR, Muttukadu, Kovalam Post, Chennai-
603112 with **application fee** of:

Rs. 1000/- & Rs. 500/- for ST Candidate by way of NEFT/Demand
Draft in favor of DIRECTOR, NIEPMD payable at Chennai.

Affix Passport
Size Photograph

1. Name of the Candidate (In full BLOCK LETTERS as given in High School Certificate):

2. Father's Name (In full BLOCK LETTERS as given in High School Certificate):

3. Date of Birth:

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DD/MM/YEAR

4. a. Permanent Address:
(Please do not write your name or father name)

b. Address for Correspondence:

PIN :

PIN :

Phone (Office) : Fax:

Phone(Office) : Fax :

Phone(Home):

Phone(Home):

Mobile No.:

Mobile No.:

Alternate Mobile No.:

Alternate Mobile No.

E-mail :

E-mail :

5. Nationality:

6. Gender:

7. Category:

SC	ST	GEN	EWS
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8. CASTE:

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9. Are you a person with Disability: YES*/NO

If YES nature of disability
*please attach proof

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% of disability

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10.Details of Qualifications: (Add Row if required)

Exam Passed	Name of the School / College	Board / University	Year of Passing	Aggregate % of Marks	Subject Taken	Medium of Instruction
10 th / SSLC Equivalent						
D.P.O. 1 ST YEAR						
D.P.O. 2 ND YEAR						

11.Please tick the documents attached with the application Form:

(Kindly attach the Self- attested copies only)

- a. Statement of Marks 10th&D.P.O. (1st& 2nd Year)
- b. Date of Birth (10thCertificate)
- c. Migration Certificate
- d. Transfer Certificate/ College Leaving Certificate
- e. CommunityCertificate (ST & EWS) as per Central Govt. Notification/Format
- f. Disability certificate (ifapplicable)
- g. Conduct Certificate
- h. Medical Fitness Certificate (Not less than a month)
- i. Family Income Certificate from Designated Authority (As per Central Govt. Norms)

12. Application Fee Payment details:

DD /UTR Number	Name of Bank/ Branch	Date	Amount Paid(Rs.)

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. I am aware that my admission will be cancelled, in case the details furnished by me proved to be wrong.

Place:

Date:

Signature of theCandidate

HOW TO APPLY:

1. The candidates will have to take a print-out of the application form available on the website(www.niepmd.tn.nic.in), fill it up as per instructions and send by in person OR by registered speed post along with a valid Demand Draft/ Online payment proof to “ **THE DIRECTOR, NIEPMD, ECR, MUTTUKADU, KOVALM POST, CHENNAI-603112, TAMIL NADU**”
2. **APPLICATION FEE PAYMENT OPTION:**
 - a). **NEFT** Payment (State bank/ Nationalized Bank Collect): Bank details:
Account Name: NIEPMD INTERNAL ACCURAL
Account no.: 6332687300; IFSC Code: IDIB000K122
Name of Bank: INDIAN BANK Name of Branch: KOVALAM
 - b). **DD** Payment: Through **Demand Draft** infavor of “**DIRECTOR, NIEPMD**” Payable at “**CHENNAI**”

GENERAL INSTRUCTIONS:

1. Self-attested copies of the all the relevant certificates should be enclosed if not, the application will be rejected
2. Without relevant certificate reservations will not be considered
3. Candidate once joined the course, Fee refund shall be as per UGC norms.
4. Incomplete Application Form will not be considered.
5. Application form without payment of the fees will not be considered
6. Late submission of application will not be considered
7. For any postal delay NIEPMD, Chennai will not be responsible
8. The Course fee will be accepted by DD/ RTGS/NEFT online transfer only. Please see the course fee structure details.

SELECTION PROCESS: -

Selection will be on merit basis the Weightage of the marks obtained in D.P.O. 1st& 2nd Year will be taken into consideration. In case of tally of marks obtained in D.P.O. the age factor will be considered as subsequent criteria.

COURSE FEE DETAILS

Sl. No.	Heads	Fee(Rs.)	
		3 rd Year	4 th Year
1	Tuition Fee (Annual)	19,500.00	19,500.00
2	Laboratory Fee(Annual)	12,000.00	12,000.00
3	Sports/Cultural Activity Fee(Annual)	500.00	500.00
4	Library Fee(Annual)	500.00	500.00
5	Caution Money(One Time- Refundable)	11,000.00	NIL
6	Identity Card, Calendar, Medical Check-up & College Development Council Fee	500.00	500.00
7	University Registration Fee	As per University Norms	
8	University Examination Fee	As per University Norms	
	TOTAL	Rs. 44,000.00	Rs. 33,000.00

IMPORTANT LANDMARK DATES:

SL.NO.	EVENTS	DATE
1	Admission Notification for B.P.O. Programme- Newspaper and Website Uploading	8/09/2021
2	Uploading Prospectus and Application Form in the Website	08/09/2021
3	Last date of OFFLINE submission of filled in Application Form	27/09/2021
6	Announcement of Result	29/09/2021
7	Admission	30/09/2021

