

**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****Fax: 044-27472389 Tel: 044-27472104, 27472113, 27472046****Website: www.niepmd.tn.nic.in E-mail: niepmdadmission2021@gmail.com****DEPARTMENT OF SPECIAL EDUCATION**

Appl. Form No. _____

Academic Session 2021-22✓ **Please tick selected course** **B.Ed Special Education (ASD/ Db/ MD)** **M.Ed Special Education (ASD/MD)**Self attested
photograph of
applicant**APPLICATION FOR ADMISSION TO (Name of the Course):** _____

- Name of the applicant : _____
- Name of the Parent / Guardian : a) Guardian Name : _____
b) Father Name _____ c) Mother Name: _____
- 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 mentioned State : _____
- Category : Tick in appropriate place SC ST OBC PwD Gen
If PwD, mention Nature of Disability and Percentage _____
Community Certificate Number: _____ **Aadhaar No:** _____
- Whether Parent / Sibling/Ward of PwD, If yes Nature of Disability: _____
- 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	Year of Passing	Total Marks	Marks Obtained	% obtained	Subjects	Certificate Number
1.	SSLC/Xth						X	
2.	HSC/XII						X	
3.	Graduation							
4	PG							
5.	Any other							

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

District State National International

13. DD / NEFT. No.....Date.....for Rs.....

(Enclose the copy of online transaction)**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.

Acknowledgement

Form No. _____

National Institute for Empowerment of Persons with Multiple Disabilities, (DEPwD, MSJ&IE, Govt of India)
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Website: www.niepmd.tn.nic.in E-mail: niepmdhrd@gmail.com, niepmdspedn@gmail.com

Received Application from _____ S/o/D/oW/o _____ for admission to
(Name of the Course): _____ for the academic session 2021-22.

Date : _____

Receiver's Signature