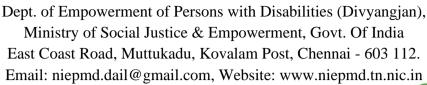
NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (DIVYANGJAN)

~Accredited by NAAC~ ~ISO9001:2015~





Kiran Mental Health Rehabilitation Helpline: 1800-599-0019

^{mrit} Mahotsav

Name of the Skill Training

Name of the Candidate

Father Name

Application No:

DEPARTMENT OF ADULT INDEPENDENT LIVING

Application for the Academic Year 2021-22 Skill Training Programme Organized by Department of Adult Independent Living (DAIL) - NIEPMD under SIPDA Scheme

:

| Father Qualification | : | |
|--------------------------------|----------|------------------------------|
| Father Occupation | : | |
| Mother Name | : | |
| Mother Qualification | : | |
| Mother Occupation | : | |
| Details of the Siblings if any | : | |
| Husband Name | : | |
| Date of Birth (DD/MM/YYYY) | : | Age: |
| Gender | : Male (|) Female () Transgender () |
| Community | : SC (|) ST() OBC/MBC() GEN() |
| Postal Address with Pin Code | : | |
| Present Address: | | Permanent Address: |
| | | |
| District: | | District : |
| State: | | State: |
| Mobile/ WhatsApp Number: | | |
| E-Mail ID : | | |
| | | Do at 1 of 2 |

| Educational Qualification: | |
|-----------------------------------|--------------------------|
| Technical Qualification: | |
| Previous Vocational Training E | perience: Yes () No () |
| If yes, Details of the Vocational | Гraining &Duration: |
| | |
| | |
| | |
| | |
| Previous Working Experience: | Yes () No () |
| If yes, Details of the Working E | |
| | 1 |
| | |
| | |
| | |
| Living in Area | : Rural () Urban () |
| Nationality | : |
| Religion | : |
| Annual Income | : |
| Valid Disability Card Number | : |
| Type of Disability | : |
| Percentage of Disability | : |
| UDID Registration No | : |
| AADHAR card No | : |
| Are you registered with NIEPM | O : Yes () No () |
| NIEPMD Registration No. | : |
| Specify Assistive Aids required | f any: |
| | |

Speak

Read

Write

Language Known

| Beneficiary Account Details: | |
|---|---|
| Account Holder Name : | |
| Account Number : | |
| Bank Name : | |
| Branch Name : | |
| IFSC Code : | |
| D | ECLARATION |
| | given above are true and correct to the best of my at; I shall abide the rules and regulations of the |
| Place: Date: | |
| Parent Signature | Candidate Signature |
| Documents Required: | |
| (i) Compulsory: Passport Size Photograph - 2 Nos Copy of Disability ID Card Copy of AADHAR Card Copy of Beneficiary Bank Pass Book (ii) Optional: Copy of UDID Card Copy of Community Certificate Copy of Income Certificate Copy of Educational Certificates Copy of Technical Course Certificates Copy of Previous Vocational/ Skill Transition Copy of Experience Certificates | |
| | Office Use |
| Name of the Application Receiver | : |
| Signature of Application Receiver with Date | : |
| Remarks | : |