



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

~Accredited by NAAC~ ~ISO9001:2015~

Dept. of Empowerment of Persons with Disabilities (Divyangjan),  
Ministry of Social Justice & Empowerment, Govt. Of India  
East Coast Road, Muttukadu, Kovalam Post, Chennai - 603 112.  
Email: niepmd.dail@gmail.com, Website: www.niepmd.tn.nic.in



**Kiran Mental Health Rehabilitation Helpline : 1800-599-0019**

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**

Name of the Skill Training :  
Name of the Candidate :  
Father Name :  
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 :	

Language Known	Speak	Read	Write

Educational Qualification:

Technical Qualification:

Previous Vocational Training Experience: Yes ( ) No ( )

If yes, Details of the Vocational Training &Duration:

Previous Working Experience: Yes ( ) No ( )

If yes, Details of the Working Experience:

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 NIEPMD : Yes ( ) No ( )

NIEPMD Registration No. :

Specify Assistive Aids required if any:

***Beneficiary Account Details:***

Account Holder Name :  
Account Number :  
Bank Name :  
Branch Name :  
IFSC Code :

***DECLARATION***

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

Place:

Date:

Parent Signature

Candidate Signature

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**Documents Required:**

**(i) Compulsory:**

1. Passport Size Photograph - 2 Nos
2. Copy of Disability ID Card
3. Copy of AADHAR Card
4. Copy of Beneficiary Bank Pass Book

**(ii) Optional:**

5. Copy of UDID Card
6. Copy of Community Certificate
7. Copy of Income Certificate
8. Copy of Educational Certificates
9. Copy of Technical Course Certificates
10. Copy of Previous Vocational/ Skill Training Certificates
11. Copy of Experience Certificates

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***Office Use***

Name of the Application Receiver :

Signature of Application Receiver with Date :

Remarks :