



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

*(Department of Empowerment of Persons with Disabilities
Ministry of Social Justice and Empowerment, Govt. of India)*
ECR, Muttukadu, Kovalam Post, Chennai-603112, Tamil Nadu
Fax: 044-27472389 Tel: 044-27472104, 27472113, 27472046
Website: www.niepmd.tn.nic.in E-mail: niepmd@gmail.com

Form No.

The filled in application form should be submitted on or before due date. The downloaded application form duly filled in should be forwarded to the Director, NIEPMD(D) with the application fee of Rs.100/- for General/OBC category and Rs.75/- for SC/ST/EWS. PwD candidates are exempted from application fee. Payment can be made through NEFT only. Net banking details as follows:
Name: NIEPMD INTERNAL ACCURAL Indian Bank, Kovalam Branch, A/C: 6332687300 IFSC: IDIB000K122

Affix self attested
recent photograph

Academic Session 2024-25

Application for Admission to Certificate Course in Care Giving-RCI.

- Name of the applicant: _____
- Name of the Parent /Guardian: _____
a. Father's Name _____ b. Mother's Name _____
- Date of Birth (DD/MM/YY): _____ Age in years & months: _____
- Gender: Male/ Female/Others _____ Marital Status: _____
- Nationality: _____ Domicile: _____
- 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 _____
- Whether Parents/Siblings of PwD, If yes Nature of Disability of the Child: _____
- Annual Family Income (from all sources): _____
- Address for Communication :

	Correspondence	Permanent
State		
Pincode		
Tel. No.		
Email ID		

11. Details of examinations passed:

S. No.	Name of the exam passed	Name of the Board/University	Subjects	Year of Passing	Obtained Marks	Total Marks	% obtained
1.	VIII Std.						
2.	SSC/X th Std.						
3.	HSC/XII Std.						
4.	Graduation						
5.	Any other						

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

District State National International

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, marksheets, Disability Certificate, Sports Certificate etc, should be closed with the application form.

The last date to receive filled in application–Depends on release of date by RCI

Acknowledgement

FormNo. _____

National Institute for Empowerment of Persons with Multiple Disabilities,
(DEPwD, MSJ & E, Govt of India)
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Tamil Nadu Fax: 044-27472389 Tel: 044-27472104, 27472113, 27472046
Website: www.niepmd.tn.nic.in E-mail: niepmd@gmail.com

Received Application from _____ S/o/D/oW/o _____ for
admission to (Name of the Course): _____ for the academic session 2024-25.

Date: _____

Receiver's Signature