

National Institute for Empowerment of Persons with Multiple Disabilities (Divyangjan)

(Dept. of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment, Govt. of India)

East Coast Road, Muttukadu, Kovalam Post, Muttukadu, Chennai - 603 112

E-Mail : niepmd@gov.in Website: www.niepmd.tn.nic.in.

TeleMANAS Helpline No: 1-800-891-4416 / 14416



Admission Notification 2024-25

Free Coaching Scheme for Students with Disabilities

Duration : 6 - 9 months
Educational qualification : SSC / HSC / Any Degree
Coaching is open for : Persons with

- ✓ Blindness and low vision
- ✓ Deaf and hard of hearing
- ✓ Locomotor disability
- ✓ Intellectual Disabilities (ID)
- ✓ Autism Spectrum Disorder (ASD)
- ✓ Mental Illness (MI)
- ✓ Specific Learning Disability (SLD) & Multiple Disabilities (MD)

Documents to be enclosed along with the application form:

- SSC / HSC / Degree Certificate
- UDID Card / Disability Certificate
- Aadhaar Card
- Community Certificate
- Income Certificate
- Nativity Certificate
- Passport size Photos (2)

Coaching offered for : Banking / Insurance / PSU / CLATSSC / RRB / UPSC / SPSCs

Contact, Coaching centre for assistance..

Department of Adult Independent Living (DAIL)

National Institute for Empowerment of Persons with Multiple Disabilities (Divyangjan)

(Dept. of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice & Empowerment, Govt. of India)

ECR, Muttukadu, Kovalam Post, Muttukadu, Chennai - 603 112

Room No: 15, Ground Floor

Contact: 044-27472113, Extn. No: 320 & 368

81248 62799, 93614 62840, 93829 34157

Email: niepmd.dail@gmail.com

**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



Department Of Adult Independent Living



Application No. -----

Application Proforma

Free Job Coaching Scheme for PwMDs (ID/ASD/SLD/MI&MD)

Name :
Name of the Father :
Name of the Mother :
Date of Birth :
Age :
Sex :
Nationality :
Religion :
Community :
Annual Income :
Aadhaar card No :
UDID / Disability Card Number :
Type of Disability :
Associated Condition if any :
Percentage of Disability :
NIEPMD Reg. No. :

Educational Qualification :

Educational Qualifications	Subject/ Specialization	Name of the Board/ University	Month, Year of Passing	Percentage of Marks
10 th				
+2				
Degree				
Others				

Technical Qualification :

Vocational Training if any specify :

Employment experience if any specify :

Address for communication :

Permanent Address :

Mobile/WhatsApp Number :

E-Mail Id :

Requirement Specification

Coaching requested for :

SSC/RRB/UPSC/SPSCs/Banking/Insurance/PSU/CLAT

Duration: 6 Months

Timings: 10.00 AM - 3.30 PM

➤ Monday to Friday (Excluding Central / State Govt. Holidays)

Documents to be submitted:

1. Passport size Photo - 2 no's
2. Copy of UDID card / Disability Certificate
3. Copy of Aadhar Card
4. Copy of Community Certificate
5. Copy of Educational Certificate
6. Copy of Income Certificate
7. Nativity Certificate
8. Copy of Bank Passbook Details (First Page)

*Note:

- Students are advised to make their own transportation arrangements
- Incomplete / under documented / Applications without requisite documents would be summarily rejected

Declaration by the Parents

I/we hereby solemnly and sincerely affirm that the statement made and information furnished in the application form and also in all the enclosures there to, are true and correct. I/we have neither withheld any information nor furnished fraudulent information. Should it however be found that any information furnished therein is fraudulent, incorrect or untrue in material particulars at any time during the pursuit of the course, I/we realize that the selection or admission to the course is liable to be cancelled and we are liable for legal prosecution.

Further, I/we also agree to forego the opportunity/ seat and prescribed privileges of the scheme thereof NIEPMD unconditionally and I/we will not move any court of law in this connection.

Date :

Place :

Parent signature

Candidate signature

Rehabilitation Officer

Program Coordinator

Lecturer - AIL