

एन.आई.ई.पी.आई.डी./अका./एएनएक्स/ 2 :ए

आवेदन पत्र सं. _____

आवेदन पत्र एवं विवरणिका
माता-पिता की देखभाल के लिए सर्टिफिकेट कोर्स (सीसीसीजी)

शैक्षिक वर्ष -2024-25



राष्ट्रीय बौद्धिक दिव्यांगजन सशक्तिकरण संस्थान
(दिव्यांगजन सशक्तिकरण विभाग,
सामाजिक न्याय और अधिकारिता मंत्रालय, भारत सरकार)
मनोविकास नगर, सिकन्दराबाद, तेलंगाना - 500 009
(आई.एस.ओ. 9001: 2015 संस्थान)



दूरभाष: 040.27751741-45

फैक्स: 040-27750198

ई-मेल: nimhacademics@gmail.com

वेबसाइट : www.niepid.nic.in

एन.आई.ई.पी.आई.डी. सिकन्दराबाद में भरे हुए आवेदन पत्र प्राप्त करने की अंतिम तिथि

28.09.2024

प्रवेश काउंसलिंग 01.10.2024

07.10.2024 से कक्षाएं शुरू

Form No.....

PROSPECTUS

Certificate Course in Care Giving for Parents (CCCGP)

(Two Academic Year Certificate Course Affiliated to RCI, New Delhi)

ACADEMIC YEAR 2024-25



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

(Department of Empowerment of Persons with Disabilities (Divyangjan)
(Ministry of Social Justice & Empowerment, Government of India)
Manovikasnagar, Secunderabad – 500 009
(An ISO 9001:2015 certified Institute)



nimhacademics@gmail.com
Website: niepid.nic.in

Tel.No. 040-27751741-745
Fax No. 040-27750198

LAST DATE FOR RECEIPT OF COMPLETED APPLICATION FORM AT NIEPID,
SECUNDERABAD IS **28-09-2024**.
Admission Counselling on **01.10.2024**
Classes Commence from **07.10.2024**

NATIONAL INSTITUTE FOR THE EMPOWERMENT OF PERSONS WITH INTELLECTUAL DISABILITIES (DIVYANGJAN), SECUNDERABAD

1.0 INTRODUCTION:

The National Institute for the Empowerment of Persons with Intellectual Disabilities (Divyangjan), Secunderabad formerly known as National Institute for the Mentally Handicapped is a registered society, established in the year 1984 as an autonomous body under the Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice and Empowerment, Government of India. The institute is an apex body having tripartite functions of training, research and services in the field of Intellectual Disabilities in the country, NIEPID has regional centres at New Delhi/Noida, Navi Mumbai and Kolkata.

The Objectives are:

- Human resource development
- Research and development
- Development models of care and rehabilitation
- Consultancy services to voluntary organizations
- Documentation and dissemination
- Extension and Outreach programmes

For 40 years, the Institute has been making significant advances in building capacities to empower persons with Intellectual Disabilities. Based on the latest developments and recent trends in the field, the Institute strives to organize new programmes and make innovations through research and development, National and International collaborations entered into by the Institute in its various activities reflect the global characteristics of the organization. The activities of NIEPID are planned in accordance with the mandates of United National Policy promulgated for the Persons with Disabilities (UNCRPD), the Legislative Acts and the National Policy promulgated for the persons with Disabilities, NIEPID strives to be an Institute of excellence focusing on high standards in every aspect of its functioning to bring equality and dignity in the lives of persons with Intellectual Disabilities which is endorsed by ISO 9001-2015 certification..

1.1 AIM

The Certificate Course in Care Giving for Parents (CCCGP) aims to equip parent's of persons with Autism, Cerebral Palsy, Intellectual Disabilities and Multiple Disabilities with the knowledge, skills, and understanding necessary to provide high-quality, person-centered support.

1.2 GENERAL OBJECTIVES OF THE COURSE:

The programme seeks to empower caregiver parent's on the followings:

1. Understanding of the unique challenges, needs and strengths of individuals with these specific disabilities.
2. Provide evidence-based strategies and best practices for supporting individuals in their daily lives, promoting independence, and fostering social, emotional and cognitive development.
3. Train them in effective communication techniques, including alternative and augmentative communication methods, to facilitate meaningful interactions with individuals who may have communication difficulties.
4. Equip them with the skills to create and maintain safe, supportive, and inclusive environments that promote the well-being and participation of individuals with disabilities.
5. Foster a deep sense of empathy, respect and advocacy, enabling them to champion the rights and dignity of the individuals they support.

6. Facilitate collaboration and partnership between caregiver parent's, family members, health care professionals, and other stakeholders to ensure a comprehensive and coordinated approach to care and support.

1.3 SCOPE OF THE PROGRAMME:

To empower and recognize the caregiving parents to fulfill their roles as trained caregiver with confidence, competence and compassion which will improve the quality of life of individuals with Autism, Cerebral Palsy, Intellectual Disabilities and Multiple Disabilities.

2.0 ELIGIBILITY FOR ADMISSION

Parents of persons with Autism, Cerebral Palsy, Intellectual Disabilities and Multiple Disabilities who have passed 10th Standard.

3.0 SELECTION:

In order of merit based on score obtained in 10th Standard.

4.0 JOINING AND SUBMISSION OF CERTIFICATES:

Selected candidates should join the course by the stipulated date. At the time of joining the course, the selected candidates will have to produce. (a) Undertaking to the effect that the admitted candidates will not discontinue the course and (b) Medical certificate of fitness.

5.0 NUMBER OF SEATS:

As per RCI approval 30 seats only.

6.0 DURATION: 6 Months courses

7.0 MEDIUM OF INSTRUCTION:

The medium of instruction will be Hindi, English and Regional Languages.

8.0 ATTENDANCE:

Minimum 75% attendance in theory and practical is required per RCI NBER guidelines. Working days are Monday to Friday. 10% attendance may be considered for illness with a proper medical certificate. All practical work and assignments must be completed and certified by faculty before examination. The competent authority will make the final decision on exam eligibility.

Students must make up attendance shortages before final exams; the institute won't arrange extra classes. Applications from students with insufficient attendance won't receive hall tickets for exams.

The institute may cancel admission for habitual absenteeism, poor attendance, lack of academic progress, or disinterest in the course. Examination procedures will follow Rehabilitation Council of India guidelines. Those who are having 75% attendance is only eligible for scholarships.

9.0 AWARD OF CERTIFICATE:

Based on the performance during the course and on the annual examination, the successful candidates will be awarded Certificate Course in Care Giving for Parents (CCCGP) Minimum marks of passing examinations will be 40% in each theory paper (internal and external separately) and practical paper will be 50% (internal and external separately). Candidates scoring 75% and above will be awarded the Certificate Course in Care Giving for Parents (CCCGP)

10.0: FEES: The Parents of Children with Disabilities are provided free education: No fee will be collected. A Caution deposit of Rs.1500/- will be collected during the admission and will be refunded on successful completion of the course.

11. SUBMISSION OF APPLICATION BY SPEED POST OR BY HAND TO:

**Incharge, Academics
National Institute for the Empowerment of Persons with
Intellectual Disabilities (Divyangjan),
Manovikasnagar,
Secunderabad – 500 009.**

- ◆ Original certificates deposited will not be released during the course and students are advised to keep sufficient number of photo copies before submission of original certificates to office at the time of admission. All students should submit the Transfer certificate at the time of admission.

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Email: nimhacademics@gmail.com
Website: niepid.nic.in

Form No.
Tel.No. 040-27751741-745
Fax No. 040-27750198



राष्ट्रीय बौद्धिक दिव्यांगजन सशक्तिकरण संस्थान
National Institute for the Empowerment of Persons
with Intellectual Disabilities (Divyangjan)
दिव्यांगजन सशक्तिकरण विभाग, सामाजिक न्याय और अधिकारिता मंत्रालय, भारत सरकार
Department of Empowerment of Persons with Disabilities (Divyangjan)
Ministry of Social Justice & Empowerment, Govt. of India
मनोविकास नगर, सिकंदराबाद/Manovikas Nagar, Secunderabad – 500 009



APPLICATION FOR CERTIFICATE COURSE - 2024-25

APPLICATION FORM FOR ADMISSION TO

CERTIFICATE COURSE IN CARE GIVING FOR PARENTS (CCCGP)

Photograph of the
Application

35 X 45 mm

1	Student's Name			
2	Father's Name			
3	Mother's Name			
4	Date of Birth	(DD /MM /YYYY)		
5	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgen <input type="checkbox"/>		
6	Nationality			
7	Aadhar Number			
8	Category	Gen <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/>		
9	PwD	Yes <input type="checkbox"/> NO <input type="checkbox"/>		
10	Are you Parent/Sibling of PwD			
11	If yes, mention UDID number or UDID enrolment number			
12	Do you belong to EWS Category	Yes <input type="checkbox"/> NO <input type="checkbox"/>		
13	Permanent address		Correspondence address	
	Address			
	Village/City			
	District			
	State			
	Pin Code			
14	Mobile No.		Email ID:	

Contd...2

15. Educational Qualification:

Name of the Examination Passed	Board University	Year of passing	Total Marks	Marks Obtained	% obtained	Subject(S)
10 th						
Any other						

16. Enclosures:

- 1) 10th Pass certificates
- 2) Aadhar Card,
- 3) Caste Certificate, if belongs to SC/ST/OBC and EWS,
- 4) Disability Certificate/UDID card belongs to above 40% Disability category.
- 5) Transfer Certificate

DECLARATION

I hereby declare that all the information and documents furnished by me is true and correct to the best of my knowledge and belief. In the event of any information being found incorrect or misleading, my candidature shall be liable for cancellation for admission by NBER, RCI or concerned training institute at any stage.

(Name and Signature of the Applicant)

Note: Self attested copy of caste, educational qualification and UDID (PwD) certificate (if applicable), any other relevant documents to be enclosed along with the application form.

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National Institute for the Empowerment of Persons
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दिव्यांगजन सशक्तिकरण विभाग, सामाजिक न्याय और अधिकारिता मंत्रालय, भारत सरकार
Department of Empowerment of Persons with Disabilities (Divyangjan)
Ministry of Social Justice & Empowerment, Govt. of India
मनोविकास नगर, सिकंदराबाद/Manovikas Nagar, Secunderabad – 500 009



ACKNOWLEDGEMENT SLIP

Form no-----

Course:

Received Application from----- S/o, D/o, W/o-----
-----for Admission to -----
----- for the academic session 2024-26.

Date:

Place:

Name and signature of the
Incharge, Academics

: nimhacademics@gmail.com
Website: niepid.nic.in

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राष्ट्रीय बौद्धिक दिव्यांगजन सशक्तिकरण संस्थान
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Department of Empowerment of Persons with Disabilities (Divyangjan)
Ministry of Social Justice & Empowerment, Govt. of India
मनोविकास नगर, सिकंदराबाद/Manovikas Nagar, Secunderabad – 500 009



HEALTH STATUS DECLARATION

I hereby declare that I am / am not suffering with infectious diseases / chronic health problems / psychiatric problems / having pregnancy. In the event of my above health problems I am enclosing Medical Certificate issued authorized Medical Practitioner for my above health problems. I agree with the decision of NIEPID authorities that my admission is liable to cancelled if I am unable to complete the course requirement as prescribed norms of attendance or completion of assignments.

Date:

SIGNATURE OF APPLICANT

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

UNDERTAKING BY THE CANDIDATE / STUDENT

1. I, _____

S/o. D/o. Mr/Mrs/Ms _____

have carefully read and fully understood the law prohibiting ragging and the directions
of the Supreme Court and Central / State Government in this regard.

2. I hereby undertake that:

- I will not indulge in any behavior or act that may come under the definition of ragging.
- I will not participate in or bet or propagate ragging in any form,
- I will not hurt anyone physically or psychologically or cause any other harm.

3. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the
provisions of the regulations mentioned above and / or as per the law in force.

4. I hereby affirm that I have not been expelled or debarred from admission by any
Institution earlier.

Signed this _____ day of _____ month of _____ year

SIGNATURE OF THE CANDIDATE

Date:

Name:

Address:

UNDERTAKING BY THE CANDIDATE / STUDENT

1. I, _____ S/o, D/o, _____

Have carefully read and fully understood the following:

2. I hereby undertake that:

- I do not have any objection to be placed in various institutes in the field of disability
rehabilitation in India, as part of the course curriculum.

Signed this _____ day of _____ month of _____ year

Date:

Name:

Address:

SIGNATURE OF THE CANDIDATE

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

UNDERTAKING BY PARENT / GUARDIAN

1. I, _____ S/oM/o. G/o.

have carefully understood the law prohibiting ragging and the directions of the Supreme Court and the Central / State Government in this regard on curbing the Menace of Ragging in Educational Institutions 2011.

2. I assure you that my son/ daughter/ ward will not indulge in any act of ragging.
3. I hereby agree that if he / she is found guilty of any aspect of ragging, he / she may be Punished as per the provisions of the regulations mentioned above and / or as per the law in force.

Signed this _____ day of _____ month of _____ year

SIGNATURE OF THE PARENT

Date:
Name:

Address:

UNDERTAKING BY PARENT / GUARDIAN

1. I, _____ F/o, M/o, G/o _____ have carefully read and fully understood the following:

2. I hereby assure that:

- I do not have any objection that my son / daughter to be placed in various Institutes in the field of disability rehabilitation in India, as part of the course curriculum.
- I do not have any objection that my son/daughter will also placed in community work settings in the field of disability rehabilitation anywhere in India during the period of the course.

Signed this _____ day of _____ month of _____ year

SIGNATURE OF THE PARENT

Date:
Name:

Address: