

# National Institute for the Empowerment of Personswith Intellectual Disabilities (Divyangjan)

## Application form for Admission to B.ED Special Education (ID) Session 2025-26

**Please read the following instructions carefully before filling out and submitting your application:**

### Application Timeline and Exam Schedule

Sl.No	Schedule	Date
1	Starting of Sale of Application	15.05.2025
2	Last date for submission of Application	25.06.2025
3	Last date for submission of Application (with fine)	30.06.2025
4	Date of Entrance Examination	27.07.2025 (Tentative)

### Certificates to Attach (Attested Copies Required)

Please ensure you attach the following documents along with your application:

- A degree certificate or any other equivalent qualification prescribed as eligible, along with the marks/grade statement of the examination (self attested copy).
- Conduct certificate from the Head of the Institution last attended (self attested copy).
- SSC or Matriculation certificate as proof of date of birth (self attested copy).
- For SC/ST candidates, a Social Status Certificate issued by the competent authority must be submitted. OBC candidates must submit an OBC Non-Creamy Layer Certificate in the format prescribed by the Government of India.
- If the candidate is a person with disability, a certificate from the government-prescribed certifying authority must be provided.
- An **ICR sheet** must be included with your application (mandatory)
- A Demand Draft (non-refundable) drawn on any Nationalized Bank in favor of **Director, NIEPID** payable at Secunderabad/Hyderabad should be submitted. The original DD must be submitted along with the application

### Application Fee Details for B.Ed. Special Education (ID)

Category	Application Fee	Late Fee (All Categories)
General / OBC	Rs.1500/-	Rs.200/-
SC / ST / PwD	Rs.1100/-	Rs.200/-

### Submission Instructions

**Note:** the completed application form (from page 02 to the last page), along with all required documents and the Demand Draft (DD), to the following address. For application-related and other issues, kindly email [nimhacademics@gmail.com](mailto:nimhacademics@gmail.com) or contact (040-27751741-745 Ext: 246)

### SUBMISSION OF APPLICATION TO:

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

Application No.(office Use only) \_\_\_\_\_



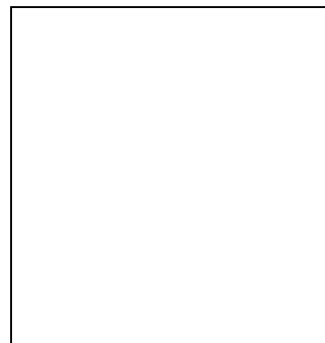
राष्ट्रीय बौद्धिक दिव्यांगजन सशक्तिकरण संस्थान  
National Institute for the Empowerment of Persons  
with Intellectual Disabilities (Divyangjan)

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, सिंक दराबाद/Manovikas Nagar, Secunderabad – 500 009



**Application form for Admission to B.ED Special Education (ID)  
Session (2025-26)**

<b>DD No</b>	
<b>DD Date</b>	
<b>Amount in Rs.</b>	
<b>Drawn On</b>	



**PERSONAL INFORMATION**

Name of the Candidate (As per SSC Certificate)	
First Name	
Surname	
Father's Name (As per SSC Certificate)	
Mother's Name (As per SSC Certificate)	
Age	
Date of Birth (DD/MM/YYYY)	
Present Postal Address (IN BLOCK LETTERS)	
Email ID	
Mobile No.	
PIN Code	
Permanent Address (IN BLOCK LETTERS)	
Email ID	
Mobile No.	

PIN Code	
Blood Group	
Gender	
Nationality	
Religion	
Caste (GEN/OBC/SC/ST/EWS)	
Sub Caste	
Disability (if any)	
State to which the Candidate Belongs	
Annual Income of Self/Parents/Guardian	

#### **Academic Details – 10th / SSC Equivalent**

Name of the School	
Year of Passing	
Subjects	
Percentage	
Medium of Marks	

#### **Academic Details – HSC / Sr. Sec. / Intermediate / 10+2 Equivalent**

Name of the College/University	
Year of Passing	
Subjects	
Percentage	
Medium of Marks	

#### **Academic Details – Qualification Degree**

Name of the College/University	
Year of Passing	
Subjects	
Percentage	
Medium of Marks	

#### **Other Information**

Languages Known: \_\_\_\_\_

Co-curricular Activities:

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Have you worked with persons with mental retardation/intellectual disability?

If Yes, please provide details:

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Why do you want to join the B.Ed. Special Education (ID) course? (Write this in your own handwriting)

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**Any history of major health problems with ongoing treatment:**

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### **Documents Attached (Please tick)**

Statement of marks of B.Sc./BA/B.Com or equivalent	Tick
Self Attested copy of SSC (Proof of DOB)	
Self Attested copy of Intermediate	
Self Attested copy of conduct certificate	
Proof of SC/ST/OBC status	
Certificate of Disability	

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of the Candidate:** \_\_\_\_\_

### **DECLARATION BY THE CANDIDATE**

I hereby declare that all the information furnished in the application form is true to the best of my knowledge and belief. I have read the prospectus and satisfied myself that I fulfill all the eligibility requirements prescribed. In the event of being found ineligible even at a later date, I understand that I will be denied the opportunity to appear in the Entrance Exam. If admitted, I promise to abide by the rules, discipline, and norms of the Institute \_\_\_\_\_ and \_\_\_\_\_ University.

**Date:**

**Signature of the Candidate**

### **DECLARATION BY PARENT/GUARDIAN**

I have fully read the information furnished by my son/daughter/ward \_\_\_\_\_ and affirm that it is true. I fully understand and endorse that if the information is proved to be fraudulent, he/she will be liable to any action as deemed fit \_\_\_\_\_ by \_\_\_\_\_ the NIEPID \_\_\_\_\_ / \_\_\_\_\_ University.

**Date:**

**Signature of Father/Guardian**

**CATEGORY CERTIFICATE**

**(i) SC/ST Candidates**

This is to certify that Mr./Ms./Mrs. \_\_\_\_\_ son/daughter/wife of Shri \_\_\_\_\_ of Village \_\_\_\_\_ Town \_\_\_\_\_ District. \_\_\_\_\_ State/U.T. \_\_\_\_\_ belongs to \_\_\_\_\_ Caste which is recognized as Scheduled Caste/Scheduled Tribe under the Constitution (Scheduled Caste Part C States) Order 1951 read with the SC/ST list (Modification Order, 1956) Mr./Ms./Mrs \_\_\_\_\_ and his/her family reside in Village/Town \_\_\_\_\_ District \_\_\_\_\_ State U.T. \_\_\_\_\_.

**Signature of Tehsildar/Commissioner/District Magistrate)**

Place : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Seal/Stamp

**CATEGORY CERTIFICATE**

**(ii) OBC candidates (only non-creamy layer)**

This is to certify that Mr./Ms./Mrs. \_\_\_\_\_ son/daughter/wife of Shri \_\_\_\_\_ of Village \_\_\_\_\_ Town \_\_\_\_\_ District \_\_\_\_\_ State/U.T. \_\_\_\_\_ belongs to \_\_\_\_\_ Caste who are eligible for availing the benefits as per central list of 5 to 13 Cs/OBC as per Resolution No.12011/68/93-DCC(C) of Ministry of Social Justice & Empowerment as modified from (Scheduled Caste Part C States) Order 1951 read with the SC/ST list (Modification Order, 1956) Mr./Ms./Mrs. \_\_\_\_\_ and his/her family reside in Village/Town \_\_\_\_\_ District \_\_\_\_\_ State U.T. \_\_\_\_\_.

**Signature of Tehsildar/Commissioner/District Magistrate)**

Place : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Seal/Stamp

## **DECLARATION**

(For SC/ST/OBC/PH students)

I Mr/Ms. \_\_\_\_\_

S/o, D/o. Shri \_\_\_\_\_ Aged \_\_\_\_\_ years

R/o \_\_\_\_\_ do hereby undertake that I am not drawing any scholarship (SC/ST/OBC/PH) from any Government authority for my studies for the year 2024-2026. The annual income of my family is Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) per Annum as per the certificate of Mandal Revenue Officer / Tahsildar / Local authority Attached.

**Signature of the Parent**

**Signature of the candidate**

**Date:**

**Place:**

**Witness: 1)**

**2)**

## UNDERTAKING BY PARENT / GUARDIAN

1. I, \_\_\_\_\_  
F/o. / M/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.

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**

**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

**Signature of Father/Guardian**

**Date:**

**Name:**

**Address:**

## 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**

**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 be 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**

Date:

**Signature**

Name:

Address:



## SPECIAL EDUCATION / ASLP COURSES : 2025-2026



### Instructions to fill the ICR Summary Sheet

- a. Do not staple, wrinkle, scribble, wet or fold this form.  
**b. Use only black ball point pen to fill the form.**  
 c. Leave one box blank between surname and name.  
 d. Write relevant codes in the boxes as applicable.  
 e. Do not make any stray marks on this ICR form.  
 f. Please make sure that the letters/codes written should not touch the edges of the boxes.

Registration No.  
(For office use only)

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1. Name of the candidate [write in CAPITAL letters without touching edges of the boxes]

[illegible]

2. *Father's/Mother's Name [write in CAPITAL letters without touching edges of the boxes]*

[illegible]

- ### 3. Date of Birth

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4. Fee paid Rs.

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**Darken the appropriate circles below fully with BLACK ball point pen •**

5. Category: ☐ SC ☐ ST ☐ BC-A ☐ BC-B ☐ BC-C ☐ BC-D ☐ BC-E ☐ EWS ☐ Others

6. Residential Status:    ☐ Telangana                      ☐ Andhra Pradesh                      ☐ Others (Other than A.P.)

7. Sex: ☐ Male ☐ Female ☐ Transgender

8. Name of the qualifying examination:

(B.A., B.Sc. B.Com., P.G. Others etc)

\_\_\_\_\_

9. Course name and code in which the candidate wants to write entrance test:

## Course

Code No.  
(to be filled by office)

\_\_\_\_\_

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- 10. Address for communication:**

( Write in **CAPITAL LETTERS** with Black ball point pen only )

Name :						
Address:						
PIN						
Mobile/Phone No.:						

Do not attest  
the photograph



**11. Affix your recent  
Passport size Photograph  
(Do not Pin/Staple the  
Photograph)**

- 12. Signature of the candidate  
(within the box given above)**