



ADMISSION FORM FOR CBID COURSE FOR THE ACADEMIC SESSION April 2025

Pt. Deendayal Upadhyaya National Institute for Persons with Physical Disabilities (D)

Department of Empowerment of Persons with Disabilities, MSJ&E,

4, Vishnu Digamber Marg, New Delhi - 110002

Tel No: 011-23233782, E-mail: diriph@nic.in, website: <https://pdunippd.nic.in>

Admission No.:

**Photograph of the
applicant
35X45 mm**

Admission to (name of the course):

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"/> Transgender <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	If yes, mention UDID number or UDID enrolment number		
11	Do you belongs to EWS Category	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12	Permanent Address	Correspondence Address	
	Address		
	Village /City		
	District		
	State		
	Pin Code		
13	Mobile No.	Email Id	
14	Whether employed or unemployed Please Tick	Yes <input type="checkbox"/>	No <input type="checkbox"/>

15. Education Qualification:

Name of the Examination passed	Board/ University	Year of Passing	Total Marks	Marks obtained	% obtained	Subject(s)
10 th						
12 th						
Graduation						
Any other						

Certificate copies of academic qualification as mentioned in the above column to be attached along with this form

DECLARATION

I hereby declare that I have read and understood the eligibility conditions for admission to CBID Training Programme. I fulfil the minimum eligibility criteria and have provided relevant information and documents in this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable for cancellation by the RCI or concerned Training Institute at any time.

Date:

Place:

(Name and Signature of the Applicant)

Note:

- 2 sets of Xerox copies (duly certified) of the marks sheets & certificates of the qualifying and other examination.
- Caste Certificate (SC/ST/OBC/PwD/EWS), if applicable.

For Office Use only

Received by

By Post

By Hand

Date of receipt of the Form

Eligible/Not Eligible for admission

Reason for Rejection

Date:

(Name & Signature of admission in-charge with
seal of Training Institute)



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Acknowledgement Slip

Received application from s/o / d/o/..... for course
for Academic session April 2025.

Please tick the photocopy submitted Documents

- Application fee transaction receipt ☐
- X Mark sheet & Certificate ☐
- Any other qualification certificate ☐
- 02 Passport size photo ☐
- Disability Certificate & UDID Certificate, if applicable ☐
- Caste Certificate (if applicable) ☐
- Domicile Certificate ☐
- EWS Certificate (current year), if applicable ☐
- Aadhar Card ☐
- Proof (Kutumb Register) of Siblings/Caregiver/Parents in case of Preference in admission to the first blood relation of parents & siblings of PwDs ☐
- Any other relevant documents ☐

Name:

Place:

Name & Signature of
Course coordinator/HOD