District

## NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE **DISABILITIES**

(NIEPMD) (Divyangjan)

~Accredited by NAAC~ ~ISO9001:2015~

(Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment, Govt. of India)

ECR, Muttukadu, Kovalam Post, Chennai 603 112, Tamil Nadu

Fax: 044-27472389 Tel: 044-27472104, 27472113, 27472046 Website: www.niepmd.tn.nic.in E-mail: niepmdadmisssion2021@gmail.com

DEPARTMENT OF SPECIAL EDUCATION

	Appl.Form No								No	
						2024-25				
	•	Please t	ick the cou	urse which	ı you wo	uld like to s	select			
		Self-attested photograph of applicant								
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	APPLICATION FOR ADMISSION TO (Name of the Course):  1. Name of the applicant:									
	2. Name	e of the Pare	nt/Guardia	n: a) Paren	nts Name	-Father:		Mother:		
	b) G	uardian's Na	me (Home	& Local)	_					
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State

National

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13. NEFT Banking Details as follow: Name NIEPMD Internal Accural Banking: Indian Bank Branch: Kovalam Account No:6332687300	
IFSC No:IDIB000K122	Dut.
Rs	for
(Enclose the copy of online transact	
	<u>Declaration:</u> made by me/us in this application, to the best of my/our t. If found incorrect or false, my candidature / admission may
Applicant's Signature:	Parent/Guardian's Signature:
Note: Self attested copies of caste, domicile, Inc member, Sports Certificate, etc. should be enclo	come certificates, mark sheets, Disability Certificate of self/family osed with th
e application form.	