



**NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS  
WITH MULTIPLE DISABILITIES (Divyangjan), (NIEPMD)**  
(Dept. of Empowerment of Persons with Disabilities (Divyangjan), MSJ & E, Govt. of India)  
ECR, Muttukadu, Kovalam Post, Chennai - 603 112, Tamil Nadu

Fax: 044-27472389 Tel: 044-27472104, 27472113&27472046, 27472104, 27472423, Toll Free No: 18004250345  
Website: [www.niepmd.tn.nic.in](http://www.niepmd.tn.nic.in) E-mail: [niepmd@gmail.com](mailto:niepmd@gmail.com)

**ISBN Application**

1. Name of the Applicant (in capital letters):
2. Department/ Section:
3. Designation:
4. Contact No:
5. E-mail ID:

**Declaration**

I hereby declare that the bibliographic details of the products enclosed herewith are true and correct to the best of my knowledge. Also, I declare that upon printing and publishing, two copies of the products will sent to the Library.

Signature of the Applicant

Forwarded for necessary action.

Head of the Department/ Section

---

**Approved/ Not Approved**

**Director**

-----  
**For office use only**

Date of receiving the application:  
Letter No & Date of sending ISBN:

Information & Media Officer

### **Bibliographic Information of the Product/ Publication**

1. Title:
2. Language:
3. Edition:
4. No of Volumes:
5. Product Form:
6. Price:
7. No. of Pages:
8. Author / Editor:
9. Published by:
10. Publisher's Address:
11. Printer:
12. Brief description/ abstract of the product; (not more than 150 words)

Name & Signature of the Applicant