



# National Institute for Empowerment of Persons with Multiple Disabilities

(Dept. of Empowerment of Persons with Disabilities (Divyangjan),

Ministry of Social Justice & Empowerment, Govt. of India)

East Coast Road, Muttukadu, Kovalam (Post), Chennai-603 112.

Tele – Fax : +91-44-27472389, Telephone : 27472104, 27472113.

Website : www.niepmid.tn.nic.in Toll Free No: 18004250345 E-mail : niepmid@gmail.com

## Application form for Group – B & C Post

Post applied for	Select one ▼	Advertisement No/Date:	Select one ▼	<div style="border: 1px dashed gray; padding: 10px;"> <p>Upload Photo between 20kb to 100kb in size</p> <p><input type="button" value="Upload Photo"/></p> </div>			
Application Fee Details	<input type="radio"/> DD <input type="radio"/> Cheque <input type="radio"/> NEFT	Transaction Ref Number				Amount	
Name in Applicant		Date of Birth	mm / dd / yyyy				
Nationality	<input type="radio"/> Indian <input type="radio"/> Foreign <input type="radio"/> NRI	Citizenship Status (Citizen of India)	<input type="radio"/> By Birth <input type="radio"/> By Domicile				
Aadhaar No:		RCI/MCI Registration No: (Applicable in case of Faculty & Technical Positions)					
Name of Father/Spouse:		Category	<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General <input type="checkbox"/> Ex-Service man				
Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Others	Are you Persons with Disability: <i>(if Yes, Category will display)</i>	<input type="radio"/> yes <input type="radio"/> No		Category <input type="checkbox"/> OH <input type="checkbox"/> VI <input type="checkbox"/> HI <input type="checkbox"/> Other		
<b>Address for Communication</b>							
House No / Street		Village / City		Post Office			
District		State	Select one ▼	PIN Code			
Mobile Number	+91	Landline Number		e-mail Id			

### Details of Education Qualification from Metric

Academic Qualification	Discipline	University / Inst / Board	Year & Month of Entry	Year & Month of Passed	% of Marks	Full time / Part time / Correspondence
			J ▼ - 2 ▼	J ▼ - 2 ▼		Full Time ▼
			J ▼ - 2 ▼	J ▼ - 2 ▼		Full Time ▼
			J ▼ - 2 ▼	J ▼ - 2 ▼		Full Time ▼
			J ▼ - 2 ▼	J ▼ - 2 ▼		Full Time ▼
			J ▼ - 2 ▼	J ▼ - 2 ▼		Full Time ▼

[Click here to add Row](#)

### Additional Qualification (If any)

Course	Duration	Certificate / Organization	Whether Govt. authorized / recognized	% of Mark	Class
			Government ▼		First Class ▼
			Government ▼		First Class ▼

[Click here to add Row](#)

### Experience in Chronological Order upto the Present Post

Name of the Organization	Designation / Post held	Type of Job	Salary Details	Nature of Work	Period of Experience	From	To
		Regular ▼			<input type="checkbox"/> Months <input type="checkbox"/> Years	J ▼ - 2 ▼	J ▼ - 2 ▼
		Regular ▼			<input type="checkbox"/> Months <input type="checkbox"/> Years	J ▼ - 2 ▼	J ▼ - 2 ▼

[Click here to add Row](#)

### Innovative, Developmental works undertaken & significant achievements: (If Applicable)

S.No.	Particulars	Numbers
1	Membership of Professional Bodies/Universities ▼	

[Click here to add Row](#)

**Why you think you are suitable for the post you have applied for**

**Reference of three persons with whom you have interaction (during your work or study period)**

	Person 1	Person 2	Person 3
Name			
Designation			
Address with Phone No. & email			

**Other relevant information the applicant want to mention (if any)**

**Attachments (If you want upload multiple documents in a same field please merge all pages into single PDF)**

Attach Birth Certificate	<input type="button" value="Choose File"/>	No file chosen	Attach Community Certificate	<input type="button" value="Choose File"/>	No file chosen
Attach Disability Certificate	<input type="button" value="Choose File"/>	No file chosen	Attach SSLC Mark Sheet	<input type="button" value="Choose File"/>	No file chosen
Attach Degree Certificate	<input type="button" value="Choose File"/>	No file chosen	Additional Qualification Certificate	<input type="button" value="Choose File"/>	No file chosen
Attach Experience Certificate	<input type="button" value="Choose File"/>	No file chosen	Other Attachments	<input type="button" value="Choose File"/>	No file chosen

**DECLARATION OF THE APPLICANT**

I hereby declare that the information given above is correct to the best of my knowledge and belief and I fully understand that if it is found at a later date that any information given in the application is incorrect / false or if I do not satisfy the eligibility criteria, my candidature / appointment is liable to be cancelled / terminated.

Place

Date

Upload Signature between 10kb to 50kb in size



# National Institute for Empowerment of Persons with Multiple Disabilities

(Dept. of Empowerment of Persons with Disabilities (Divyangjan),  
Ministry of Social Justice & Empowerment, Govt. of India)  
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Website : www.niepmid.tn.nic.in Toll Free No: 18004250345 E-mail : niepmid@gmail.com

## Application form for admission into HRD courses

Name of the Course applied for	<input type="text" value="Select one"/>	Specializations	<input type="text" value="Select one"/>	<div style="border: 1px dashed black; padding: 5px;"> <p>Upload Photo between 20kb to 100kb in size</p> <input type="button" value="Upload Photo"/> </div>	
Name in Applicant	<input type="text"/>	Date of Birth	<input type="text" value="mm / dd / yyyy"/>		
Name of Father / Spouse	<input type="text"/>	Mother's Name	<input type="text"/>		
Nationality	<input type="radio"/> Indian <input type="radio"/> Foreign <input type="radio"/> NRI	Category	<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General <input type="checkbox"/> Ex-Service man <input type="checkbox"/> WW <input type="checkbox"/> KM <input type="checkbox"/> PwD		
Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Others	"STATE" to which the candidate belongs	<input type="text" value="Select one"/>		
Annual income of self/parent/guardian	<input type="text" value="Select one"/>				
<b>Complete Postal Address</b>					
House No / Street	<input type="text"/>	Village / City	<input type="text"/>	Post Office	<input type="text"/>
District	<input type="text"/>	State	<input type="text" value="Select one"/>	PIN Code	<input type="text"/>
Mobile Number	<input type="text" value="+91"/>	Landline Number	<input type="text"/>	e-mail Id	<input type="text"/>

### Details of Qualification

Exam passed	Name of the School/ College	University / Board	Year of Passing	Class Division	Subject Taken	Aggregate % of Marks	Medium of instruction
X/SSC Equivalent	<input type="text"/>	<input type="text"/>	<input type="text" value="2016"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="English"/>
ISC/Sr. Sec/Inter-mediate 10+2 Equivalent	<input type="text"/>	<input type="text"/>	<input type="text" value="2016"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="English"/>
Graduation, (BA/BSc/B.Com or any Equivalent Degree)	<input type="text"/>	<input type="text"/>	<input type="text" value="2016"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="English"/>
Post Graduation (M.A/M.Sc or any equivalent Degree)	<input type="text"/>	<input type="text"/>	<input type="text" value="2016"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="English"/>
RCI recognized Diploma/Degree/PG programs if any	<input type="text"/>	<input type="text"/>	<input type="text" value="2016"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="English"/>

Is your admitted through counseling?	<input type="radio"/> Yes <input type="radio"/> No	If yes, Admission through	<input type="text" value="TN Selection Committee"/>
Registration Number/ AR Number	<input type="text"/>		
Language Known	English : <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write Tamil : <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	Hindi : <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write Other <input type="text"/> : <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	
Do You Need Hostel Accommodation	<input type="radio"/> Yes <input type="radio"/> No		
Application Fee Details	<input type="radio"/> DD <input type="radio"/> Cheque <input type="radio"/> NEFT	Transaction Ref Number	<input type="text"/>
		Amount	<input type="text"/>

### Enclose

Attach 10th Certificate	<input type="button" value="Choose File"/> No file chosen	Attach RCI Certificate	<input type="button" value="Choose File"/> No file chosen
Attach +2th Certificate	<input type="button" value="Choose File"/> No file chosen	Attach OBC Certificate	<input type="button" value="Choose File"/> No file chosen
Attach U.G Degree Certificate	<input type="button" value="Choose File"/> No file chosen	Appointment Letter (for In-Service Candidates)	<input type="button" value="Choose File"/> No file chosen
Attach P.G Degree Certificate	<input type="button" value="Choose File"/> No file chosen	NOC- Certificate (for In-Service Candidates)	<input type="button" value="Choose File"/> No file chosen

[Click here](#) to download ENDORSEMENT BY FORWARDING AUTHORITY format (Fill it, Scan and upload in the following feild.)

### DECLARATION

I hereby declare that the information given above is true and correct to the best of my knowledge and belief. I further declare that I shall abide by the rules and regulations of the Institute . I am aware that my admission will be cancelled in case the details furnished by me are proved to be wrong..

Place

Date

Upload Signature between 10kb to 50kb in size



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### Admit Card for Entrance Test

Name of the Course	XXXXXXXXXX	Specializations	XXXXXXXXXX	<i>Photo will be displayed here</i>
Name in Applicant	XXXXXXXXXXXXXXXXXX	Session	XXXXXXXXXX	
Application No	XXXXXXXXXXXXXXXXXX	Category	XXXXX	
Roll No.	XXXXXXXXXXXXXXXXXX	Gender	XXXX	
Examination Centre	National Institute for Empowerment of Persons with Multiple Disabilities, ECR, Muttukadu, Kovalam Post, Chennai.			
Date & Time	DD - MM - YYYY   HH : mm			
Signature of the Candidate	<input type="text"/>	Signature of Invigilator	<input type="text"/>	
				<i>Course Coordinator's Signature will be displayed here</i>
				Course Coordinator



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## Application form for Group A (Teaching/Non-Teaching Post)

Post applied for	Select one ▼	Advertisement No/Date:	Select one ▼	<div style="border: 1px dashed gray; padding: 10px;"> <p>Upload Photo between 20kb to 100kb in size</p> <p><input type="button" value="Upload Photo"/></p> </div>			
Application Fee Details	<input type="radio"/> DD <input type="radio"/> Cheque <input type="radio"/> NEFT	Transaction Ref Number				Amount	
Name in Applicant			Date of Birth			mm / dd / yyyy	
Nationality	<input type="radio"/> Indian <input type="radio"/> Foreign <input type="radio"/> NRI	Citizenship Status (Citizen of India)	<input type="radio"/> By Birth <input type="radio"/> By Domicile				
Aadhaar No:		RCI/MCI Registration No: (Applicable in case of Faculty & Technical Positions)					
Name of Father/Spouse:		Category	<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General <input type="checkbox"/> Ex-Service man				
Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Others	Are you Persons with Disability: <i>(if Yes, Category will display)</i>	<input type="radio"/> yes <input type="radio"/> No		Category		
<input type="checkbox"/> OH <input type="checkbox"/> VI <input type="checkbox"/> HI <input type="checkbox"/> Other							
<b>Address for Communication</b>							
House No / Street		Village / City		Post Office			
District		State	Select one ▼	PIN Code			
Mobile Number	+91	Landline Number		e-mail Id			

### Details of Education Qualification from Metric

Academic Qualification	Discipline	University / Inst / Board	Year & Month of Entry	Year & Month of Passed	% of Marks	Full time / Part time / Correspondence
			J ▼ - 2 ▼	J ▼ - 2 ▼		Full Time ▼
			J ▼ - 2 ▼	J ▼ - 2 ▼		Full Time ▼
			J ▼ - 2 ▼	J ▼ - 2 ▼		Full Time ▼
			J ▼ - 2 ▼	J ▼ - 2 ▼		Full Time ▼
			J ▼ - 2 ▼	J ▼ - 2 ▼		Full Time ▼

[Click here to add Row](#)

### Additional Qualification (If any)

Course	Duration	Certificate / Organization	Whether Govt. authorized / recognized	% of Mark	Class
			Government ▼		First Class ▼
			Government ▼		First Class ▼

[Click here to add Row](#)

### Experience in Chronological Order upto the Present Post

Name of the Organization	Designation / Post held	Type of Job	Salary Details	Nature of Work	Period of Experience	From	To
		Regular ▼			<input type="text"/> Months <input type="text"/> Years	J ▼ - 2 ▼	J ▼ - 2 ▼
		Regular ▼			<input type="text"/> Months <input type="text"/> Years	J ▼ - 2 ▼	J ▼ - 2 ▼
		Regular ▼			<input type="text"/> Months <input type="text"/> Years	J ▼ - 2 ▼	J ▼ - 2 ▼

[Click here to add Row](#)

**Innovative, Developmental works undertaken & significant achievements: (If Applicable)**

S.No.	Particulars	Select Yes / No	Numbers
1	Patent	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
2	Publication of Books	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
3	Publication of articles in Indian Journals	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
4	Publication of articles in International Journals	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
5	Paper Presentations in Seminar/Conference/Workshop	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
6	Membership of Professional Bodies/Universities	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
7	Projects	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>

**Why you think you are suitable for the post you have applied for****Reference of three persons with whom you have interaction (during your work or study period)**

	Person 1	Person 2	Person 3
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Designation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address with Phone No. & email	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other relevant information the applicant want to mention (if any)****Attachments (If you want upload multiple documents in a same field please merge all pages into single PDF)**

Attach Birth Certificate	<input type="button" value="Choose File"/> No file chosen	Attach Community Certificate	<input type="button" value="Choose File"/> No file chosen
Attach Disability Certificate	<input type="button" value="Choose File"/> No file chosen	Attach SSLC Mark Sheet	<input type="button" value="Choose File"/> No file chosen
Attach Degree Certificate	<input type="button" value="Choose File"/> No file chosen	Additional Qualification Certificate	<input type="button" value="Choose File"/> No file chosen
Attach Experience Certificate	<input type="button" value="Choose File"/> No file chosen	Other Attachments	<input type="button" value="Choose File"/> No file chosen

**DECLARATION OF THE APPLICANT**

I hereby declare that the information given above is correct to the best of my knowledge and belief and I fully understand that if it is found at a later date that any information given in the application is incorrect / false or if I do not satisfy the eligibility criteria, my candidature / appointment is liable to be cancelled / terminated.

Place Date 

Upload Signature between 10kb to 50kb in size



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## CAMP REGISTRATION FORM (for Client)

UD ID No.	<input type="text"/>	Aadhaar ID No	<input type="text"/>	Date of Camp	<input type="text" value="mm/dd/yyyy"/>
State	<input type="text" value="Select one"/>	District	<input type="text" value="Select one"/>	Camp Place	<input type="text"/>
Name of the Beneficiary:	<input type="text"/>	Date of Birth	<input type="text" value="mm/dd/yyyy"/>	Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Others
Parents/ Guardian Name	<input type="text"/>	Community	<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General		
<b>Complete Postal Address</b>					
House No / Street	<input type="text"/>	Village / City	<input type="text"/>	Post Office	<input type="text"/>
District	<input type="text"/>	State	<input type="text" value="Select one"/>	PIN Code	<input type="text"/>
Mobile Number	<input type="text" value="+91"/>	Landline Number	<input type="text"/>	e-mail Id	<input type="text"/>
<b>Detail of previous Aids and appliances received with date</b>					
S. No.	Clearance	Date of Receipt	Name of the Agency		
1	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>		

[Click here to add row](#)

### UNDERTAKING FROM TO BENEFICIARY

I .....XXXXXXXXXXXXXXXX.....S/o, D/o, W/o .....XXXXXXXXXXXXXXXX.....hereby declare that I have not received such aids and appliances from any other agency / source during last three years / one year (in case of child below 12 years of age) and assure that I will keep it for my bonafide use.

Place

Date

Signature of the Parent / Guardian  
Type your name will be consider as a Signature



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Website : www.niepmd.tn.nic.in Toll Free No: 18004250345 E-mail : niepmd@gmail.com

### CAMP REGISTRATION FORM (for Official Login)

UD ID No.	<input type="text"/>	Aadhaar ID No	<input type="text"/>	<input type="button" value="Fetch Information"/>	
UD ID No.	XXXXXXXXXXXXXXXXXX	Aadhaar ID No	XXXXXXXXXXXXXXXXXX	Date of Camp	DD - MM - YYYY
State	XXXXXXXXXXXXXXXXXX	District	XXXXXXXXXXXXXXXXXX	Camp Place	XXXXXXXXXXXXXXXXXX
Name of the Beneficiary:	XXXXXXXXXXXXXXXXXX	Date of Birth	XXXXXXXXXXXXXXXXXX	Gender	XXXXX
Parents/ Guardian Name	XXXXXXXXXXXXXXXXXX	Community	XXXX		
<b>Complete Postal Address</b>					
House No / Street	XXXXXXXXXXXXXXXXXX	Village / City	XXXXXXXXXXXXXXXXXX	Post Office	XXXXXXXXXXXXXXXXXX
District	XXXXXXXXXXXXXXXXXX	State	XXXXXXXXXXXXXXXXXX	PIN Code	XXXXXXXXXXXXXXXXXX
Mobile Number	XXXXXXXXXXXXXXXXXX	Landline Number	XXXXXXXXXXXXXXXXXX	e-mail Id	XXXXXXXXXXXXXXXXXX
<b>Detail of previous Aids and appliances received with date</b>					
S. No.	Clearance	Date of Receipt	Name of the Agency		
1	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX		

#### To Be filled by Officials

Camp Registration No.:	<input type="text"/>	Type of Disabilities	<input type="checkbox"/> VI <input type="checkbox"/> LV <input type="checkbox"/> HI <input type="checkbox"/> MR <input type="checkbox"/> MI <input type="checkbox"/> LD <input type="checkbox"/> LC <input type="checkbox"/> ASD <input type="checkbox"/> MD <input type="checkbox"/> Other		
		Others specify	<input type="text"/>		
Assessment / Diagnosis	<input type="text"/>	Loss of Abilities	<input type="text"/>	Referral	<input type="text"/>
Intervention Required	<input type="text"/>	Aids/Appliances recommended	<input type="text"/>		

#### To Be filled by Officials

S. No.	Date of Distribution	Place / Venue	Type of Aids/Appliances Issued
1	dd/mm/yyyy	<input type="text"/>	Wheel Chair ▼

[Click Here to add row](#)





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## CBR / OUTREACH PROGRAMME CASE RECORD

Reg. No	<input type="text"/>	Referred By	<input type="text"/>	Date	<input type="text" value="mm/dd/yyyy"/>
Venue	<input type="text"/>	Location	<input type="text"/>		
Name	<input type="text"/>	Date of Birth	<input type="text" value="mm/dd/yyyy"/>	Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Others
Aadhar No	<input type="text"/>	Community	<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General		
UDID No	<input type="text"/>	Father Name / Husband Name	<input type="text"/>	Mother Name	<input type="text"/>
<b>Complete Postal Address</b>					
House No / Street	<input type="text"/>	Village / City	<input type="text"/>	Post Office	<input type="text"/>
District	<input type="text"/>	State	<input type="text" value="Select one"/>	PIN Code	<input type="text"/>
Mobile Number	+91 <input type="text"/>	Landline Number	<input type="text"/>	e-mail Id	<input type="text"/>
Annual Income	<input type="text" value="Select one"/>	Language	<input type="checkbox"/> Tamil <input type="checkbox"/> English <input type="checkbox"/> Hindi <input type="checkbox"/> Others <input type="text"/>		

### UNDERTAKING FROM TO BENEFICIARY

I .....XXXXXXXXXXXXXXXXX.....S/o, D/o, W/o .....XXXXXXXXXXXXXXXXX.....hereby declare that I have not received such aids and appliances from any other agency / source during last three years / one year (in case of child below 12 years of age) and assure that I will keep it for my bonafide use.

Place

Date

Signature of the Parent / Guardian  
Type your name will be consider as a Signature



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## CBR/OUTREACH PROGRAMME CASE RECORD (for Official Logins)

Reg. No	<input type="text"/>	<input type="button" value="Fetch Information"/>			
Reg. No	XXXXXXXXXXXXXX	Referred By	XXXXXXXXXXXXXX	Date	DD - MM - YYYY
Venue	XXXXXXXXXXXXXX	Location	XXXXXXXXXXXXXX		
Name	XXXXXXXXXXXXXX	Date of Birth	DD - MM - YYYY	Gender	XXXX
Aadhar No	XXXXXXXXXXXXXX	Community	XXXXXXXXXXXXXX		
UDID No	XXXXXXXXXXXXXX	Father Name / Husband Name	XXXXXXXXXXXXXX	Mother Name	XXXXXXXXXXXXXX
<b>Complete Postal Address</b>					
House No / Street	XXXXXXXXXXXXXX	Village / City	XXXXXXXXXXXXXX	Post Office	XXXXXXXXXXXXXX
District	XXXXXXXXXXXXXX	State	XXXXXXXXXXXXXX	PIN Code	XXXXXXXXXXXXXX
Mobile Number	XXXXXXXXXXXXXX	Landline Number	XXXXXXXXXXXXXX	e-mail Id	XXXXXXXXXXXXXX
Annual Income	XXXXXXXXXXXXXX	Language	XXXXXXX, XXXXXXX		

### Part B (To be filled by the Officials)

Presenting Complaints	<input type="radio"/> Medical <input type="radio"/> Psychiatric <input type="radio"/> Education	Significant Client History	<input type="radio"/> Pre Natal <input type="radio"/> Intra natal <input type="radio"/> Post Natal <input type="radio"/> Developmental School
Significant Family History	<input type="radio"/> Genetic Bio <input type="radio"/> Chemical <input type="radio"/> Congenital	Expectation	<input type="checkbox"/> Aids & Appliance <input type="checkbox"/> Education <input type="checkbox"/> Vocational Training <input type="checkbox"/> Service & Programme

### Observation Report

MEDICAL	<input type="text"/>	OT	<input type="text"/>	PT	<input type="text"/>
SHC	<input type="text"/>	SE	<input type="text"/>	P&O	<input type="text"/>
SW	<input type="text"/>	PSY	<input type="text"/>		

### Provisional Diagnosis

MEDICAL	<input type="text"/>	OT	<input type="text"/>	PT	<input type="text"/>
SHC	<input type="text"/>	SE	<input type="text"/>	P&O	<input type="text"/>
SW	<input type="text"/>	PSY	<input type="text"/>		

### Management Plan

MEDICAL	<input type="text"/>	OT	<input type="text"/>	PT	<input type="text"/>
SHC	<input type="text"/>	SE	<input type="text"/>	P&O	<input type="text"/>
SW	<input type="text"/>	PSY	<input type="text"/>		

### Referrals

MEDICAL	<input type="text"/>	OT	<input type="text"/>	PT	<input type="text"/>
SHC	<input type="text"/>	SE	<input type="text"/>	P&O	<input type="text"/>
SW	<input type="text"/>	PSY	<input type="text"/>		



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## CONSENT FORM PERTAINING TO DECLARATION FOR AUDIO-VISUAL PUBLICITY AND RESEARCH

Service Reg. No	<input type="text"/>	Name of the Beneficiary	<input type="text"/>		
<b>I Give/ Not Give (Please tick) consent to NIEPMD for :</b>					
<input type="checkbox"/> Photography	<input type="checkbox"/> Videography	<input type="checkbox"/> Filming	<input type="checkbox"/> Print Publicity	<input type="checkbox"/> Research	<input type="checkbox"/> Audio Publicity
<input type="checkbox"/> Video/ Visual Publicity	<input type="checkbox"/> Identified by name in Publishing/ Research				
Place	<input type="text"/>	<input type="text"/>			
Date	<input type="text" value="mm/dd/yyyy"/>	Signature of the Parent / Guardian <i>Type your name will be consider as a Signature</i>			



# National Institute for Empowerment of Persons with Multiple Disabilities

(Dept. of Empowerment of Persons with Disabilities (Divyangjan),  
Ministry of Social Justice & Empowerment, Govt. of India)  
East Coast Road, Muttukadu, Kovalam (Post), Chennai-603 112.  
Tele – Fax : +91-44-27472389, Telephone : 27472104, 27472113.

Website : www.niepmd.tn.nic.in Toll Free No: 18004250345 E-mail : niepmd@gmail.com

## DAIL ADMISSION FORM

Name	<input type="text"/>	Service Registration No.	<input type="text"/>	Upload Photo between 20kb to 100kb in size  <input type="button" value="Upload Photo"/>
Last Institution / School attended	<input type="radio"/> yes <input type="radio"/> No	If yes, Name of School/Institute:	<input type="text"/>	
Place	<input type="text"/>			
Services availed so far	<input type="checkbox"/> Vocational Training <input type="checkbox"/> Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Speech Hearing Communication <input type="checkbox"/> Medical			
Reason to seek admission in AIL Unit	<input type="checkbox"/> Vocational Training <input type="checkbox"/> Placement <input type="checkbox"/> Work Behavioral Skills <input type="checkbox"/> Independent Living Skills <input type="checkbox"/> Domestic Skill Training <input type="checkbox"/> Sex Education Training <input type="checkbox"/> Self-Advocacy	<b>Expectations of Parents</b> <input type="checkbox"/> Independent Living <input type="checkbox"/> Disability Card <input type="checkbox"/> Pension Benefit <input type="checkbox"/> Concession and benefits <input type="checkbox"/> Insurance Referral of Vocational Training Centers <input type="checkbox"/> Employers		
Would you like to avail transport facilities	<input type="radio"/> yes <input type="radio"/> No	If yes	From <input type="text"/> to <input type="text"/>	

### DECLARATION BY THE PARENT

- (i) I'm willing to admit my Son/Daughter  yes  No
- (ii) I accept all the terms and conditions of the AIL unit  yes  No
- (iii) Offering my consent with self interest to involve my Son/Daughter in various training activities contributing to his/her development.  yes  No
- (iv) I'm interested in  Home Based Training  Skill Training Unit  Production Unit  Job Placement Unit

Place

Date

Signature of the Parent / Guardian  
 Input from Signature Pad / Finger print Machine



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## SPECIAL SCHOOL ADMISSION FORM

Service Registration No:	<input type="text"/>			<div style="border: 1px dashed gray; padding: 10px;"><p>Upload Photo between 20kb to 100kb in size</p><div style="border: 1px solid gray; padding: 5px; width: fit-content; margin: 0 auto;">Upload Photo</div></div>
Name in Applicant	<input type="text"/>	Date of Birth	<input type="text" value="mm/dd/yyyy"/>	
Nationality	<input type="radio"/> Indian <input type="radio"/> Foreign <input type="radio"/> NRI	Socio Economic Status	<input type="text" value="Select one"/>	
Is your child attending special education OPD Services at NIEPMD		<input type="radio"/> Yes <input type="radio"/> No		
Any School Previously attended		<input type="radio"/> Yes <input type="radio"/> No		
If Yes, Name of the school	<input type="text"/>	Class	<input type="text"/>	
Type of school	<input type="checkbox"/> Nursery School / Play school <input type="checkbox"/> Regular Government <input type="checkbox"/> Regular Private <input type="checkbox"/> Integrated Private <input type="checkbox"/> Special School <input type="checkbox"/> Residential Special School			

### Enclose

Certified copy of ID Card	<input type="button" value="Choose File"/>	No file chosen	Certified copy of Birth Certificate	<input type="button" value="Choose File"/>	No file chosen
Certified copy of Community Certificate	<input type="button" value="Choose File"/>	No file chosen	Certified copy of Income Certificate	<input type="button" value="Choose File"/>	No file chosen
Aadhaar ID Card	<input type="button" value="Choose File"/>	No file chosen	UD ID Card	<input type="button" value="Choose File"/>	No file chosen

### DECLARATION

I am willing to admit my child in NIEPMD special school programme. I will accept the terms and conditions of the school and I give my consent to involve my child on various educational studies in the field disability rehabilitation.

Place

Date

Signature of the Parent / Guardian  
*Type your name will be consider as a Signature*



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### SPECIAL SCHOOL ADMISSION FORM (for Official Login)

Service Registration No:	<input type="text"/>				<i>Photo will be displayed here</i>
Name in Applicant	XXXXXXXXXXXXXX	Date of Birth	XXXXXXXXXXXXXX		
Nationality	XXXXXXXXXXXXXX	Socio Economic Status	XXXXXXXXXXXXXX		
Is your child attending special education OPD Services at NIEPMD				Yes	
Any School Previously attended				Yes	
If Yes, Name of the school	XXXXXXXXXXXXXX	Class	XXXXXXXXXXXXXX		
Type of school	XXXXXXXXXXXXXX				
Aadhaar No.	<input type="text"/>	UD ID No	<input type="text"/>		
Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Others		Category	<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General	
Type of Disabilities	<input type="checkbox"/> VI <input type="checkbox"/> LV <input type="checkbox"/> HI <input type="checkbox"/> MR <input type="checkbox"/> MI <input type="checkbox"/> LD <input type="checkbox"/> LC <input type="checkbox"/> ASD <input type="checkbox"/> MD <input type="checkbox"/> Other				
Father Name	<input type="text"/>	Education	<input type="text"/>	Occupation	<input type="text"/>
Mother Name	<input type="text"/>	Education	<input type="text"/>	Occupation	<input type="text"/>
<b>Complete Postal Address</b>					
House No / Street	<input type="text"/>	Village / City	<input type="text"/>	Post Office	<input type="text"/>
District	<input type="text"/>	State	Select one ▼	PIN Code	<input type="text"/>
Mobile Number	+91 <input type="text"/>	Landline Number	<input type="text"/>	e-mail Id	<input type="text"/>



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### FAMILY COTTAGE SERVICES (for Clients)

Name of the Client	<input type="text"/>			Service Reg. No	<input type="text"/>
Date from which Family Cottage Services requested	From	<input type="text" value="dd/mm/yyyy"/>	To	<input type="text" value="dd/mm/yyyy"/>	
Actual date of stay in Family Cottage Services	From	<input type="text" value="dd/mm/yyyy"/>	To	<input type="text" value="dd/mm/yyyy"/>	
Place	<input type="text"/>			<input type="text"/>	
Date	<input type="text" value="dd/mm/yyyy"/>			Signature of the Client <i>Type your name will be consider as a Digital Signature</i>	



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### FAMILY COTTAGE SERVICES (for Rehabilitation Officer)

Name of the Client	XXXXXXXXXXXXXXXXXX	Service Reg. No	<input type="text"/>	<input type="button" value="Fetch Information"/>
Date from which Family Cottage Services requested	From	XXXXXXXXXXXXXXXXXX	To	XXXXXXXXXXXXXXXXXX
Actual date of stay in Family Cottage Services	From	XXXXXXXXXXXXXXXXXX	To	XXXXXXXXXXXXXXXXXX
Whether Cottage is available	<input type="text"/>	No. of days allotted	<input type="text"/>	
Charges per day (Excluding the Client )	<input type="text"/>	No.. of Persons	<input type="text"/>	
No. Of Days stayed	<input type="text"/>	Total Amount to be collected	<input type="text"/>	





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### FAMILY COTTAGE SERVICES (for Maintenance Officer)

Name of the Client	XXXXXXXXXXXXXXXXXX	Service Reg. No	<input type="text"/>	<input type="button" value="Fetch Information"/>
Date from which Family Cottage Services requested	From	XXXXXXXXXXXXXXXXXX	To	XXXXXXXXXXXXXXXXXX
Actual date of stay in Family Cottage Services	From	XXXXXXXXXXXXXXXXXX	To	XXXXXXXXXXXXXXXXXX
Whether Cottage is available	XXXX	No. of days allotted	XXXX	
Charges per day (Excluding the Client )	XXXX	No.. of Persons	XXXX	
No. Of Days stayed	XXXX	Total Amount to be collected	XXXX	
Rooms Vacated & Key deposited to the Security on	<input type="text"/>	AAO (Estate and Maintenance)	<input type="text"/>	



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### FAMILY COTTAGE SERVICES (for Account Officer)

Name of the Client	XXXXXXXXXXXXXXXXXX	Service Reg. No	<input type="text"/>	<input type="button" value="Fetch Information"/>
Date from which Family Cottage Services requested	From	XXXXXXXXXXXXXXXXXX	To	XXXXXXXXXXXXXXXXXX
Actual date of stay in Family Cottage Services	From	XXXXXXXXXXXXXXXXXX	To	XXXXXXXXXXXXXXXXXX
Whether Cottage is available	XXXX	No. of days allotted	XXXX	
Charges per day (Excluding the Client )	XXXX	No.. of Persons	XXXX	
No. Of Days stayed	XXXX	Total Amount to be collected	XXXX	
Rooms Vacated & Key deposited to the Security on	XXXXXXXXXXXXXXXXXX	AAO (Estate and Maintenance)	XXXXXXXXXXXXXXXXXX	
Collected a sum of Rs	<input type="text"/>	Receipt No.	<input type="text"/>	
Date	<input type="text" value="dd/mm/yyyy"/>			



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## FEEDBACK FORM (BENEFICIARIES)

Name		Service Reg. No	
S.No.	Areas	Statement	Rating
1	Communication Strategies	Accessible with Email	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair
		Accessible with Landline/ Mobile	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair
		Accessible with Letter (Postal)	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair
2	Services Strategies	Time spent by the professionals	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair
		Appointment for follow up sessions	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair
		Frequency of Appointment	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair
		Working period for service delivery	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair
		Supporting staff availability	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair
		Cooperation of Supporting Staff	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair
		Reports & Record accessibility	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair
		Quality of Reports & Record	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair
		3	Infrastructure facilities
Waiting Room	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair		
Toilets availability	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair		
Rest rooms cleanliness	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair		
Rest Chairs	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair		
Canteen services	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair		
Cleanliness of institute premises	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair		
4	Information facilities	Current information on Disability	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair
		Awareness brochures	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair
		Contact details of professionals	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair
		Availability of professionals	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair
		Complaint/ suggestion box	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair
5	Services	Variety / Type of Equipments /TLM	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair
		Quality of Equipments /TLM	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair
		Accessibility of Equipments /TLM	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair
		Duration of availability of Equipments /TLM	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair
		Quality of Services	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair
		Improvement in Child	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair
		Assessment summary conveyed properly	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair
		Grievance redressal by teachers / Therapist	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair
		Grievance redressal by Unit Head	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair
Grievance redressal by Administration	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Fair		

Place

Date

Signature of the Parent / Guardian  
Type your name will be consider as a Signature



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## FEEDBACK FORM (HRD STUDENTSTRAINEES)

Name		Course/ Year	
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S.No.	Areas	Statement	Rating				
1	Instructional	Faculty/ Lecturer Relationship	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Method of Teaching	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Time Table	<input type="radio"/> Excellent	<input type="radio"/> Ver yGood	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Faculty adherence to Teacher Trainees	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Syllabus completions	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		TLM/ Aids	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Grievance redressal	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Use of ICT	<input type="radio"/> Excellent	<input type="radio"/> Ver yGood	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Resource .material	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Mentorship	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Monitoring system	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
2	Facilities	Hostel Facilities	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Cleanlier of Premises	<input type="radio"/> Excellent	<input type="radio"/> Ver yGood	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Class Room	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Institutional Infrastructure	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Canteen Facilities	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Sports Facilities/ Equipments	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Co-Curricular Activities	<input type="radio"/> Excellent	<input type="radio"/> Ver yGood	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Security	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
3	Infrastructure facilities	Wi-Fi/ System accessibility	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Life Skill Development Programme	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Library Infrastructure	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Recent Books	<input type="radio"/> Excellent	<input type="radio"/> Ver yGood	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Journals availability	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Internet Cafe	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
4	Placement	E Learning	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Information dissemination	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Guidance and Counseling	<input type="radio"/> Excellent	<input type="radio"/> Ver yGood	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Campus Placements	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
5	Examination & Results	Placement Assistance	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Internal Theory	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Internal Practical	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		External Theory	<input type="radio"/> Excellent	<input type="radio"/> Ver yGood	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		External Practical	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Schedule of Examination	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Schedule of Result Declaration	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Schedule of Dispatch of Marksheet and Diplamo Certificates	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
6	Facilitation	Process fecilitation for Exams	<input type="radio"/> Excellent	<input type="radio"/> Ver yGood	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Scholarship	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		University Registration	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		University Eligibility	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		PwD Support Services	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Provision for Scribe	<input type="radio"/> Excellent	<input type="radio"/> Ver yGood	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Accessibility	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Braille books	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Adapted ICT device in Lab	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
Practical exposure	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair		

Place

Date

Signature of the Student  
*Type your name will be consider as a Signature*





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## FEEDBACK FORM (STTP TRAINEES)

Name of the topic	<input type="text"/>	Date	<input type="text" value="mm / dd / yyyy"/>
Name	<input type="text"/>	RCI Qualification	<input type="radio"/> Certificate <input type="radio"/> Diploma <input type="radio"/> PG Diploma <input type="radio"/> B.Ed. <input type="radio"/> M.Ed <input type="radio"/> M.Phil <input type="radio"/> Ph.D
CRR No	<input type="text"/>	Aadhaar No	<input type="text"/>
UD ID No	<input type="text"/>	E-Mail Id	<input type="text"/>
Mob. No	<input type="text"/>		

S.No.	Areas	Statement	Feedback				
1	Communication Strategies	Accessible with Email	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Accessible with Landline/ Mobile	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Accessible with Letter (Postal)	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
2	Curricular content	Adequate information	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Method of presentation	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Innovative	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Learning outcome	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Updated information	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Handout	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
3	Infrastructure facilities	Adequate furniture	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Canteen facility	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Hygienic environment	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Toilet/ Rest rooms	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Barrier free classroom Setup	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Use of Technology	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
4	Training Programmes	Frequency of STTP	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		No of Days	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Duration of training per day	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Overall programme coordination	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Type of Faculty	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Quality of faculty	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Mentorship	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Information of STTP	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Intimation of Registration confirmation	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Accommodation, Institutional Availability	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
		Certificate design	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair
Easy registration	<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Fair		

Place

Date

Signature of the Trainee  
Type your name will be consider as a Signature



# National Institute for Empowerment of Persons with Multiple Disabilities

(Dept. of Empowerment of Persons with Disabilities (Divyangjan),  
Ministry of Social Justice & Empowerment, Govt. of India)  
East Coast Road, Muttukadu, Kovalam (Post), Chennai-603 112.  
Tele – Fax : +91-44-27472389, Telephone : 27472104, 27472113.

Website : www.niepmid.tn.nic.in Toll Free No: 18004250345 E-mail : niepmid@gmail.com

## HOSTEL APPLICATION FORM

Name of the Candidate	<input type="text"/>	SNR. No/ Registration No	<input type="text"/>	<div style="border: 1px dashed black; padding: 10px;"> <p>Upload Photo between 20kb to 100kb in size</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Upload Photo</div> </div>
Name of Parent/Guardian	<input type="text"/>	Course undergoing	<input type="radio"/> M. Phil. Clic.Psy <input type="radio"/> M.Ed.SE (MD / ASD) <input type="radio"/> B.Ed.SE (MD, DB) <input type="radio"/> D.Ed.SE (MD, ASD, Db, CP) <input type="radio"/> PGDIE / PGDDT <input type="radio"/> BPT	
Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Others	Name of the Local Guardian	<input type="text"/>	
House No. / Building/ Apartment. No.	<input type="text"/>	Street / Road / Lane	<input type="text"/>	
Village / City	<input type="text"/>	Post Office	<input type="text"/>	
District	<input type="text"/>	State	<input type="text"/>	
Pin Code	<input type="text"/>	Mobile Number	+91 <input type="text"/>	
E-Mail Id	<input type="text"/>			
If under treatment of any sickness (Mention in details if any)				
Type	<input type="text"/>	Since	<input type="text"/>	
Current Status	<input type="radio"/> Required <input type="radio"/> Under Medication <input type="radio"/> Cured	Hostel fees Remitted	<input type="radio"/> Yes <input type="radio"/> No	

### Rules and Regulation (Students):

- Strictly follow the rules and regulation of the Institute and maintain discipline.
- For any emergency or any other happening the hostel report to the Hostel Warden immediately. His/ Her contact mobile no:
- The local guardian should be available if there is any emergency call from the Institute.
- The Rules and Regulation of the NIEPMD Hostel is enclosed herewith. Parents and students are advised to go through before signing the hostel application form.

### DECLARATION OF THE STUDENT

I hereby declare that the information given above is correct to the best of my knowledge and belief and I fully understand that if it is found at a later date that any information given in the application is incorrect / false or if I do not satisfy the eligibility criteria, my candidature / appointment is liable to be cancelled / terminated.

Signature of the Student  
*Type your name will be consider as a Digital Signature*

### DECLARATION (Parents / Guardians)

- I will make sure that my ward follows the rules and regulation of the Institute, if found indiscipline, I will abide by the action taken by the Institute.
- I assure taking custody of my ward in time of medical emergency in the reasonable time frame.
- I endorse NIEPMD authorities to take care of emergency need / medical care / hospitalization on demand necessary & decision taken by NIEPMD.

Place

Date

Signature of the Parents / Guardians  
*Type your name will be consider as a Digital Signature*



# National Institute for Empowerment of Persons with Multiple Disabilities

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Website : www.niepmd.tn.nic.in Toll Free No: 18004250345 E-mail : niepmd@gmail.com

## OPD Card

Date of Registration	<input type="text" value="mm/dd/yyyy"/>	Date of Issue	<input type="text" value="mm/dd/yyyy"/>	<div style="border: 1px dashed black; padding: 5px; text-align: center;"><p>Upload Photo between 20kb to 100kb in size</p><input type="button" value="Upload Photo"/></div>	
Name	<input type="text"/>	Service Registration No	<input type="text"/>		
Date of Birth	<input type="text" value="mm/dd/yyyy"/>	Age	<input type="text"/> Years <input type="text"/> Months		
Nationality	<input type="radio"/> Indian <input type="radio"/> Foreign <input type="radio"/> NRI	Category	<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General		
Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Others	Aadhaar No	<input type="text"/>		
UD ID No	<input type="text"/>	Emergency Contact Person Name	<input type="text"/>	Mobile Number	<input type="text" value="+91"/>
<b>Complete Postal Address</b>					
House No / Street	<input type="text"/>	Village / City	<input type="text"/>	Post Office	<input type="text"/>
District	<input type="text"/>	State	<input type="text" value="Select one"/> ▼	PIN Code	<input type="text"/>
Mobile Number	<input type="text" value="+91"/>	Landline Number	<input type="text"/>	e-mail Id	<input type="text"/>

Place

Date

Signature of the Parent / Guardian  
Type your name will be consider as a Signature





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## OPD Card (for Official Login)

Service Registration No	<input type="text"/>	<input type="button" value="Fetch Information"/>	Date of Registration	DD-MM-YYYY	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> <p>Upload Photo between 20kb to 100kb in size</p> <input type="button" value="Upload Photo"/> </div>
Name	XXXXXXXXXXXXXXXXXXXX	Date of Issue	DD-MM-YYYY		
Date of Birth	DD-MM-YYY	Age	XX Years XX Months		
Nationality	XXXXXXXXXXXXXXXXXXXX	Category	XXXXXXXXXX		
Gender	XXXXXXX	Aadhaar No	XXXXXXXXXX		
UD ID No	XXXXXXXXXXXXXXXXXXXX	Emergency Contact Person Name	XXXXXXXXXXXXXXXXXXXX	Mobile Number	XXXXXXXXXXXXXXXXXXXX
<b>Complete Postal Address</b>					
House No / Street	XXXXXXXXXXXXXXXXXXXX	Village / City	XXXXXXXXXXXXXXXXXXXX	Post Office	XXXXXXXXXXXXXXXXXXXX
District	XXXXXXXXXXXXXXXXXXXX	State	XXXXXXXXXXXXXXXXXXXX	PIN Code	XXXXXXXXXXXXXXXXXXXX
Mobile Number	XXXXXXXXXXXXXXXXXXXX	Landline Number	XXXXXXXXXXXXXXXXXXXX	e-mail Id	XXXXXXXXXXXXXXXXXXXX
Provisional Diagnosis	<input type="text"/>				
S.No.	Date of Visit	Appointment	Name of the Officer		
1	mm/dd/yyyy	<input type="text"/>	<input type="text"/>		
2	mm/dd/yyyy	<input type="text"/>	<input type="text"/>		
3	mm/dd/yyyy	<input type="text"/>	<input type="text"/>		

[Click Here to add row](#)



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### PRE CAMP REFERRAL FORM

UD ID No	<input type="text"/>	Aadhaar ID No	<input type="text"/>		
Name	<input type="text"/>	Age	<input type="text"/>	Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Others
Parents/ Guardian Name	<input type="text"/>	Community	<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General		
Type of Disabilities	<input type="checkbox"/> VI <input type="checkbox"/> LV <input type="checkbox"/> HI <input type="checkbox"/> MR <input type="checkbox"/> MI <input type="checkbox"/> LD <input type="checkbox"/> LC <input type="checkbox"/> ASD <input type="checkbox"/> MD <input type="checkbox"/> Other				
<b>Full Address</b>					
House No. / Building/ Apartment. No.	<input type="text"/>	Village / City	<input type="text"/>	Post Office	<input type="text"/>
District	<input type="text"/>	State	<input type="text" value="Select one"/>	PIN Code	<input type="text"/>
Mobile Number	+91 <input type="text"/>	Landline Number	<input type="text"/>	e-mail Id	<input type="text"/>

Place

Date

SIGNATURE OF THE BENEFICIARY  
*Type your name will be consider as a Digital Signature*



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### PRE CAMP REFERRAL FORM (For official login)

UD ID No	<input type="text"/>	Aadhaar ID No	<input type="text"/>	<input type="button" value="Fetch Information"/>	
Name	XXXXXXXXXXXXXX	Age	XXXXXXXXXXXXXX	Gender	XXXXXXXXXXXXXX
Parents/ Guardian Name	XXXXXXXXXXXXXX	Community	XXXXXXXXXXXXXX		
Type of Disabilities	XXXXXXXXXXXXXX				
<b>Full Address</b>					
House No. / Building/ Apartment. No.	XXXXXXXXXXXXXX	Village / City	XXXXXXXXXXXXXX	Post Office	XXXXXXXXXXXXXX
District	XXXXXXXXXXXXXX	State	XXXXXXXXXXXXXX	PIN Code	XXXXXXXXXXXXXX
Mobile Number	XXXXXXXXXXXXXX	Landline Number	XXXXXXXXXXXXXX	e-mail Id	XXXXXXXXXXXXXX
District	<input type="text"/>	State	<input type="text"/>	Camp Registration No	<input type="text"/>
Date	dd / mm / yyyy	Diagnosis	<input type="text"/>	Intervention Required	<input type="text"/>
Referral To	<input type="text"/>	Aids/ Appliances Recommended	<input type="text"/>	Tentative Date of Distribution	dd / mm / yyyy



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## REGISTRATION FORM FOR SHORT TERM TRAINING PROGRAMME

Name of the Participant	<input type="text"/>	Name of Parent / Guardian	<input type="text"/>
Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Others	Aadhaar No	<input type="text"/>
<b>Address</b>			
House No / Street	<input type="text"/>	Village / City	<input type="text"/>
District	<input type="text"/>	State	Select one ▼
Mobile Number	<input type="text"/>	Landline Number	<input type="text"/>
		Post Office	<input type="text"/>
		PIN Code	<input type="text"/>
		e-mail Id	<input type="text"/>
CRR No	<input type="text"/>	Place of Employment	<input type="radio"/> NGO <input type="radio"/> SSA <input type="radio"/> Self Employee
Category	<input type="radio"/> SC <input type="radio"/> ST <input type="radio"/> OBC <input type="radio"/> GEN <input type="radio"/> WW <input type="radio"/> KM <input type="radio"/> Ex-Service <input type="radio"/> PwD	Email	<input type="text"/>
<b>Address of Work Place</b>			
House No / Street	<input type="text"/>	Village / City	<input type="text"/>
District	<input type="text"/>	State	Select one ▼
Website	<input type="text"/>	Landline Number	<input type="text"/>
		Post Office	<input type="text"/>
		PIN Code	<input type="text"/>
		e-mail Id	<input type="text"/>
Topic of the STTP	<input type="text"/>	Duration	From <input type="text"/> mm / dd / yyyy To <input type="text"/> mm / dd / yyyy
Venue / Place of STTP	<input type="text"/>	Details of Fees (Option)	<input type="radio"/> D.D <input type="radio"/> Cheque <input type="radio"/> Cash <input type="radio"/> NEFT
Accommodation Required	<input type="radio"/> Yes <input type="radio"/> No	(If Yes) Duration	From <input type="text"/> mm / dd / yyyy To <input type="text"/> mm / dd / yyyy

Place

Date  mm / dd / yyyy

Signature of the Participant  
Type your name will be consider as a Signature



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## REGISTRATION FORM EMPANELMENT AS TRAINING PARTNERS FOR SKILL TRAINING OF PERSONS WITH DISABILITIES (SIPDA)

Name of Organization/Institution					
<b>Registered Office / Head Office Address</b>					
Plot No / Street		Village / City		Post Office	
District		State	Select one ▼	PIN Code	
Website		Mobile / Landline Number		e-mail Id	
<b>Contact Person Details</b>					
Name of Authorized Representative		Designation			
Mobile		Email			
<b>Registration Details</b>					
Registered as	<input type="radio"/> Society <input type="radio"/> Trust <input type="radio"/> Association <input type="radio"/> National Bodies	Registered with	<input type="radio"/> PWD Act <input type="radio"/> NT Act		
Reg. No.		Date of Registration	mm/dd/yyyy		
PAN No.		TAN No.			
Area of Working	<input type="checkbox"/> Disability <input type="checkbox"/> Agriculture <input type="checkbox"/> Women <input type="checkbox"/> Children <input type="checkbox"/> Slum <input type="checkbox"/> Rural <input type="checkbox"/> Health <input type="checkbox"/> Other Specify <input type="text"/>				
Prior Placement Experience	<input type="radio"/> 0-3 Years <input type="radio"/> 3-6 Years <input type="radio"/> More than 6		Number of Persons Skilled :	<input type="text"/>	Number of Persons Placed : <input type="text"/>

Place

Date

Signature of the In-charge  
Type your name will be consider as a Signature