



## National Institute for Empowerment of Persons with Multiple Disabilities [NIEPMD]

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

East Coast Road, Muttukadu, Kovalam (PO), Chennai – 603 112.

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NIEPMD/ DAIL/ TRG/ 2017-18/ 450

Date: 07/06/2017

To,  
The President/Secretary,  
Teacher Training Institutes,  
Non Govt. Organization,  
India

**Sub:** DAIL- Organizing 3 days “National Meet for Parents Having Persons with Multiple Disabilities” from 03<sup>rd</sup> -05<sup>th</sup> August, 2017 at Chennai- reg.,

Respected Sir/Madam,

National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD) Chennai was established as a National Resource Centre for persons with multiple disabilities in the year 2005. Empowerment of family members is one of the objective of this institute. In pursuance of this objective, Department of Adult Independent Living is organizing a “National Meet for parents having Persons with multiple disabilities” from 03 to 05<sup>th</sup> August 2017 at Chennai. The details are as follows

Details	Particulars
<b>Meet</b>	National Meet For Parents Having Persons With Multiple Disabilities
<b>Date</b>	03 <sup>rd</sup> to 05 <sup>th</sup> August, 2017
<b>Time</b>	10:00 am To 5:00 pm
<b>Venue</b>	Chennai
<b>Target Group</b>	Parents Having Adults with Multiple Disabilities
<b>Registration Fee</b>	Rs. 500/- Per Participant
<b>Payment Procedure</b>	Through D.D (The Director, NIEPMD, Payable at Chennai) or NEFT Transfer ( Name : NIEPMD Internal Accural , A/C No: 6332687300, IFSC: IDIB000K122, Bank: Indian Bank, Kovalam Branch)
<b>TA</b>	3 <sup>rd</sup> Class AC- Train Fare (PwD's Concession)
<b>Accommodation</b>	Boarding and Lodging for 3 days will be provided by NIEPMD
<b>Co-Ordinator</b>	Dr. K. Balabaskar, Lecturer-Adult Independent Living

The objectives of the programme are

1. To provide opportunities for family members to participate and learn new ideas on the needs of individual with special needs.
2. To learn strategies to cope up for better quality of living, and to address the support/ services available for management of individuals with multiple disabilities.
3. To create Platform for parents to develop self-confidence and advocacy.
4. To facilitate mutual interaction with co-parent to share knowledge and experiences.

Hence we request you to depute few role model family members having individual with multiple disabilities from your esteemed organization. Soliciting your kind Cooperation and conformation in this regard.

Thanking you,

Enclosure: Registration Form

(Last date for Registration 06-07-2017)

Yours faithfully,

(Dr. Himangshu Das)  
Director

For further details contact: Mr. Prakash Bonagiri-09080220279, M. Nagendra Prabu-09444812938/  
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**National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD)**

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**“National Meet for Parents Having Persons with Multiple Disabilities”**

**REGISTRATION FORM**

**Date:** From 3<sup>rd</sup> -5<sup>th</sup> August, 2017

**Venue:** Chennai

Name of the Individual with Multiple Disability: \_\_\_\_\_

Age: \_\_\_\_\_ Gender M/F E-mail \_\_\_\_\_ Contact No: \_\_\_\_\_

Name of the Parent/Guardian: Dr./Mr./Ms./Mrs.: \_\_\_\_\_

Gender M/F: \_\_\_\_\_ Category (SC/ST/OBC) \_\_\_\_\_ Qualification \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ PIN \_\_\_\_\_

E-mail \_\_\_\_\_ Contact No \_\_\_\_\_

Date And Time of Arrival: \_\_\_\_\_

Date And Time of Departure: \_\_\_\_\_

Registration Fees: Rs.500/- D.D.No: \_\_\_\_\_ In favour of *The DIRECTOR, NIEPMD,*

**OR**

NEFT Transfer - A/C No: 6332687300, IFSC: IDIB000K122, Bank: Indian Bank, Kovalam Branch).

Kindly submit the scan copy of Receipt through e-mail, post or by hand.

**RECOMMENDATION BY AGENCY/PARENT ASSOCIATION/ NGO**

I here by certify that Dr./Mr./Ms./Mrs. \_\_\_\_\_ is recommended from our Institute \_\_\_\_\_ for participating in National Parents Meet for Individuals with Multiple Disabilities.

Address: \_\_\_\_\_

\_\_\_\_\_ PIN \_\_\_\_\_

E-mail: \_\_\_\_\_ Contact No: \_\_\_\_\_

Signature of Head of the Organization with Seal

**For Office Use**

Registration No. Allotted: \_\_\_\_\_ Signature of the Co-ordinator: \_\_\_\_\_

**Note:**

(Last Date for Registration 6<sup>th</sup> July, 2017)