

NATIONAL INSTITUTE FOR THE EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (DIVYANGJAN)

(Dept. of Empowerment of Persons with Disabilities(Divyangjan), MSJ&E, Govt. of India) (Recipient of National Award for Best Accessible Website for Persons with Disabilities 2011 & Outstanding Work in Creation of Barrier Free Environment for persons with Disabilities 2012)

"Accredited by NAAC" & "ISO 9001-2015 Certified"

East Coast Road, Muttukadu, Kovalam (Post), Chennai - 603 112. Tamil Nadu Phone: 044 –27472104, 27472113, 27472423, 27472046, Toll Free No: 18004250345 www.niepmd.tn.nic.in E-mail: niepmdmd@gmail.com

APPLICATION FORM FOR ADMISSION TO

4 ½ YEARS BACHELOR IN PROSTHETICS &ORTHOTICS (B.P.O.) PROGRAMME RECOGNISED by REHABILITATION COUNCIL OF INDIA, NEW DELHI
**AFFILIATED to THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY, TAMIL NADU
(Awaiting Affiliation)

ACADEMIC YEAR-2019-2020

The filled in application form should be submitted on or before **due date 11.10.2019**

The downloaded application form duly filled in should be forwarded to the Director, NIEPMD with application fee of

₹500/- (₹250/- for SC / ST) by way of Demand Draft in favor of Director, NIEPMD payable at Chennai

Affix Passport size Photograph with self-attested

*Entrance Examination Centers:

| P | Place | Chennai | Madurai | Mumbai | Kolkata | Delhi | Trivandru | m | Guwah | ati | |
|---|--|--------------|-------------|-------------|---------------|----------------|------------|---|-------|-----|--|
| | | | | | | | | | | | |
| * | For exam | ination Cer | ntre Code a | and Address | please refe | r to list at A | nnexure- I | | | | |
| Ν | Name of the Candidate (In full BLOCK LETTERS as given in High School Certificate): | | | | | | | | | | |
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| | 1 1 | 1 1 | 1 1 | | 1 1 | 1 1 1 | 1 1 | 1 | 1 | l I | |
| F | ather's Na | ame (In full | BLOCK LE | TTERS as | given in High | School Cer | tificate): | | | | |

| 3. | Date of Birth: | | | | | DD/MM/YI | EAR | | |
|----|--|-----------------------|------------------------------------|---------------------|-------------------|-----------|-----------|--|--|
| | | | I Years as on 31 ge Limit 17 Ye | | 2019) | | | | |
| 4. | a. Permanent Address: | | | | | | | | |
| | | | | | | | | | |
| F | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| PI | IN: | | | | PIN: | | _ | | |
| Pl | none (Office) : | Fax | : | Phone(Office): Fax: | | | | | |
| Pl | none(Home): | | | | Phone(Home | e): | | | |
| М | obile No.: | | | | Mobile No.: | | | | |
| Al | ternate Mobile N | 0.: | | А | Iternate Mobil | e No. | | | |
| E- | -mail : | | | | E-mail : | | | | |
| | | | | | | | | | |
| 5. | Nationality: | | Gender: | C | Category: | SC ST GEN | EWS | | |
| | | | | | CASTE: | | | | |
| 6. | Are you a perso | on with Disability. N | /ES*/NO | | | | | | |
| ٠. | 6. Are you a person with Disability: YES*/NO If YES nature of disability *please attach proof **General Proof Control Proof C | | | | | | | | |
| 7. | 7. Details of Qualifications: | | | | | | | | |
| | Exam Passed | Name of the | Board / | Year of | Aggregate % of | Subject | Medium of | | |

| Exam Passed | Name of the School / College | Board / University | Year of Passing | Aggregate % of Marks | Subject Taken | Medium of Instruction |
|---|---------------------------------|-----------------------|--------------------|----------------------------|------------------|--------------------------|
| 10 th / SSLC Equivalent | | | | | | |
| HSC / Sr.Sec/ Intermediate 10+2Equivalent | | | | | | |

- 8. Please tick the documents attached with the application Form: (Kindly attach the Self- attested copies only)
 - a. Statement of Marks 10th ,10+2/HSC/ Sr. Sec/Intermediate Science or Equivalent
 - b. Date of Birth (10th Certificate)
 - c. Migration Certificate
 - d. Transfer Certificate
 - e. Community Certificate
 - f. Disability certificate (if applicable)
 - g. Income Certificate from Designated Authority

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 proved to be wrong. |
| |
| |

| Place: | |
|--------|----------------------------|
| Date: | Signature of the Candidate |

HOW TO APPLY:

1. The candidates will have to take a print-out of the application form available on the website(www.niepmd.tn.nic.in), fill it up as per instructions and send by in person OR by registered speed post along with a valid Demand Draft/ Online payment proof to "THE DIRECTOR, NIEPMD, ECR, MUTTUKADU, KOVALM POST, CHENNAI-603112, TAMIL NADU"

2. APPLICATION FEE PAYMENT OPTION:

a). NEFT Payment (State bank/ Nationalized Bank Collect): Bank details:

Account Name: NIEPMD INTERNAL ACCURAL

Account no.: 6332687300 IFSC Code: IDIB000K122 Name of Bank: INDIAN BANK Name of Branch: KOVALAM

b). DD Payment: Through Demand Draft in favor of "DIRECTOR, NIEPMD" Payable at "CHENNAI"

GENERAL INSTRUCTIONS:

- 1. Self-attested copies of the certificates should be enclosed if not, the application will be rejected
- 2. Without relevant certificate reservations will not be considered
- 3. Entrance examination centers allotted as per the candidates request and may vary if there is less number of applicants to the mentioned centers
- 4. Entrance examination will have Multiple Choice Questions (MCQ) of 100 marks.
- 5. Duration of the entrance examination will be two hours (2 Hrs.)
- 6. Once examination center is selected by the candidate, cannot be changed.
- 7. TA/DA will not be provided for attending examination and counseling
- 8. Candidate once joined the course, Fee refund shall be as per UGC norms.
- 9. Incomplete Application Form will not be considered.
- 10. Application form without payment of the fees will not be considered
- 11. Hall ticket will be made available in the NIEPMD Website(www.niepmd.tn.nic.in)
- 12. Eligible candidates can download the hall tickets from the NIEPMD website (www.niepmd.tn.nic.in)
- 13. Weightage of the marks for the NET-PROSTHETICS & ORTHOTICS-2019 Entrance examination are as follows: Physics (25%), Chemistry (25%), Mathematics/Biology (25%) and Reasoning (25%),

ANNEXURE-I

LIST OF EXAMINATION CENTRE, CODE AND ADDRESS:

I.1 EXAMINATION CENTRE AND CODE:

| "I EXAMINATION SERVICE AND SODE. | | | | | | | | | |
|----------------------------------|---------|---------|--------|---------|-------|------------|----------|--|--|
| Place | Chennai | Madurai | Mumbai | Kolkata | Delhi | Trivandrum | Guwahati | | |
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| | | | | | | | | | |
| Centre | CHE01 | MDU02 | MUM03 | KOL04 | DEL05 | TVM06 | ASM07 | | |
| Code | | | | | | | | | |
| Number | | | | | | | | | |

1.2 EXAMINATION CENTRE ADDRESS:

| SL.NO. | PLACE | EXAMIN ATION CODE | ADDRESS | CONTACT NO. |
|--------|---------------------|-------------------------|---|--|
| 2.1 | CHENNAI | CHE01 | National Institute for Empowerment of Persons with Multiple Disabilities(Divyangjan), ECR, MUTTUKADU, KOVALAM POST CHENNAI- 603112 | Ph:044-27472113, 27472104, 27472046 Toll Free No. 18004250345 Email: niepmd@gmail.com |
| 2.2 | MADURAI | (MDU02) | SBT College Of Special Education Dr.M.A.Thangaraj Compound, DRO, B Colony Rd, AlBEA B Colony, Madurai, Tamil Nadu- 625007 | Ph: 0452 2652847, 2601605 Email:sbtcae@yahoo.co.in |
| 2.3 | MUMBAI | (MUM03) | Ali Yavar Jung National Institute of Speech and Hearing Disabilities (Divyangjan) K.C. Marg, Bandra (W) Reclamation Mumbai - 400 050 | Phone: 022-26400215/ 26409176/ 26400263 : Fax : 022-26404170 E-mail :ayjnihh-mum@nic.in |
| 2.4 | KOLKATA | (KOL04) | National Institute For The Locomotor Disabilities (Divyangjan) B.T. ROAD, BON HOOGHLY KOLKATA- 700090 (WB) | Phone: 033-2531 1248 Fax: 033-25318379 Email: mail@nioh.in |
| 2.5 | DELHI | (DEL05) | Pandit Deen Dayal Upadhyaya Institute For The Physically Handicapped (IPH) 4, Vishnu Digamber Marg, New Delhi 110002. | Ph: 011-23233782, 23233672 Email: diriph@nic.in |
| 2.6 | TRIVANDRUM (TVM) | (TVM06) | C.H. Mohammed Koya State Institute for the Mentally Chanllenged(SIMC) Pangappara, Trivandrum- 695581 | Ph:4712418524 Email: tvmsimc@gmail.com |
| 2.7 | GUWAHATI | (ASM07) | Composite Regional Centre for Skill Training, Rehabilitation and Empowerment of Persons with Disabilities, GMCH Campus, Bhangagarh Guwahati, Assam -781 032 | Phone No. 0361-2347879; Email: info@crcguwahati.org |

IMPORTANT LANDMARK DATES:

| SL.NO. | EVENTS | DATE |
|--------|--|------------|
| 1 | Admission Notification for B.P.O. Programme- and Website Uploading | 25/09/2019 |
| 2 | Uploading Prospectus and Application Form in the Website | 25/09/2019 |
| 3 | Last date of submission of Application Form | 11/10/2019 |
| 4 | ONLINE Issue & Website Uploading of HALL TICKET for NET-P&O-2019 | 16/10/2019 |
| 5 | NET-P&O- 2019 Entrance Examination | 20/10/2019 |
| 6 | Announcement of Result | 22/10/2019 |
| 7 | 1 st Counselling & Admission | 28/10/2019 |
| 8 | 2 nd Counselling Notification | 28/10/2019 |
| 9 | 2 nd Counselling & Admission(Subject to availability of seat) | 31/10/2019 |