NIEPID	/ACD	/ANX	/2:A
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Form No.	
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Telephone: 040 – 27751741 – 45, Fax: 040-27750198 Email: nimhacademics@gmail.com website: www.niepid.nic.in

NATIONAL INSTITUTE FOR THE EMPOWERMENT OF PERSONS WITH INTELLECTUAL DISABILITIES (DIVYANGJAN) MANOVIKASNAGAR, SECUNDERABAD – 500 009

Application Form for Admission into DIPLOMA IN EARLY CHILDHOOD SPECIAL EDUCATION (ID)

ACADEMIC SSION 2022-23

	,	6.1									
Applica	ation form for Admission to(Nam	ne of the course)									
1.	Name			AFFIX PHOTOGRAPH							
2.	Father's Name										
3.	Mother's Name										
4.	Date of Birth(DD/MM/YY)										
5.	5. Gender: Male/Female/Others Marital Status										
6.	Nationality	Domicile									
7.	Category: SC ST ST	ОВС	Gen								
8	Annual Family Income: (From all se	ources)									
9	Address for										
Г	Particulars	Correspondence	Permanent								
	State	Correspondence	remanent								
	2' 6 1										
	Pin Code										
,	Геl.No./Mob.No.										
]	Email.ID										

10 Educational Qualifications:

Sl.No.	Name of the examination passed	Board /University	Year of Passing	Total Marks	Marks obtained	Percentage obtained	Subject
I	10 th						
II	12 th						
III	Any other						

Declaration:

	I	hereby	declare declare	that	all the	inform	ation ar	ıd doc	uments	furni	ished	l by	me is	true	and	l co	rrect.	In
the	event	of any	/ inform	ation	being	found	incorre	ct or	mislead	ling,	my	cand	lidatu	re sh	all t	e i	liable	for
cancellation for admission by the RCI or concerned Training Institute at any sate.																		

(Parents//Guardians Signature) (Signature of the Applicant)

Note: Self attested copies of educational qualification, Caste Certificate & PwD Certificate (if applicable), any other relevant document to be enclosed with this application form.