

NIEPID/ACD/ANX/2:A

Form No. \_\_\_\_\_

Telephone: 040 – 27751741 – 45,  
Email: nimhacademics@gmail.com

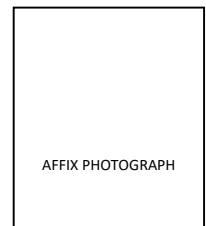
Fax: 040-27750198  
website: [www.niepid.nic.in](http://www.niepid.nic.in)

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

Application Form for Admission into  
DIPLOMA IN SPECIAL EDUCATION (IDD)  
ACADEMIC SESSION 2022-24

Application form for Admission to (Name of the course)

- 1 Name \_\_\_\_\_
- 2 Father's Name \_\_\_\_\_
- 3 Mother's Name \_\_\_\_\_
- 4 Date of Birth(DD/MM/YY) \_\_\_\_\_ Age in years and months \_\_\_\_\_
- 5 Gender: Male/Female/Others \_\_\_\_\_ Marital Status \_\_\_\_\_
- 6 Nationality \_\_\_\_\_ Domicile \_\_\_\_\_
- 7 Category: SC  ST  BC  OBC  EWS
- 8 Annual Family Income: (From all sources) \_\_\_\_\_
- 9 Address for \_\_\_\_\_



Particulars	Correspondence	Permanent
State		
Pin Code		
Tel.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 <sup>th</sup>						
Ii	12 <sup>th</sup>						
Iii	Any other						

**Declaration:**

I hereby declare that all the information and documents furnished by me is true and correct. In the event of any information being found incorrect or misleading, my candidature shall be 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.*