

Tele: 26272505
Telefax: (044)-26274478
Email:- nivhchen@tn.nic.in



**NATIONAL INSTITUTE FOR THE VISUALLY HANDICAPPED
REGIONAL CENTRE**

Department for Empowerment of Persons With Disabilities
(Ministry of Social Justice & Empowerment, Govt. of India)
522, Trunk Road, Poonamallee, Chennai – 600 056.

**APPLICATION FORM FOR ADMISSION TO THE
VOCATIONAL TRAINING CENTRE**

COURSE APPLIED FOR: -----

IMPORTANT: Suppression of factual information or indication of false information on this form will lead to automatic discharge from the Institute

1. Name of the Candidate
2. Father's Name
3. Mother's Name
4. Sex
5. Date of Birth & Age
6. Name of the State in
which the applicant resides
7. Whether the applicant belongs
to SC/ST or other BC?
8. Single or Married
9. Name of Parent/Guardian
10. Occupation of Parent/Guardian
11. Monthly Income of Parent/Guardian Rs.....

Affix your latest
Passport Size
Photograph

12. Permanent Address of Parent/Guardian :
Telephone No.

13. Address for Communication:
.....
.....

Telephone No.: Mobile No.: E.mail.

14. History of Previous Education and Training:

- 1. Educational Qualification:
- 2. Technical/Professional Training:
- 3. Name of the Institute attended:

15. Name of the Employment Exchange registered and Registration No.

16. Details of previous employment, if any:

- (a) Post held
- (b) Type of Work
- (c) Duration of Employment

17. Languages known

18. Trade Preference

- (a) First Preference :
- (b) Second Preference :

19. If you have underwent any training in NIEPVD Regional Centre, please mention:

- (a)
- (b)

Signature/L.T.I./R.T.I. of Applicant

UNDERTAKING

I hereby certify that myself and my ward have read the prospectus thoroughly and are aware about the course details and rules and regulations of the Centre. I have impressed upon my ward to abide by all the rules of the Training Centre, National Institute for the Empowerment of Persons with Visual Disabilities (Divyangjan), Regional Centre, 522, Trunk Road, Poonamallee, Chennai. I also undertake to withdraw my ward from Training Centre at any time that may be specified by the Director of the Institute. I further understand that the Centre is not committed to find employment for my ward at the end of the training period and I agree to withdraw my ward from the Centre as soon as the period of Training is over.

Date:

Signature of Parent/Guardian.

NOTE:

Photocopies of the following documents should invariably be attached with the Application Form:

1. Certificates for Educational Qualification
2. Community Certificate
3. Income Certificate
4. Documentary proof about Date of Birth
5. Disability Certificate
6. Aadhar Card
7. Passport size photograph – 5 (Nos.)

FOR OFFICIAL USE ONLY

- (i) Date of receipt of Application:
- (ii) Application Accepted/Rejected:
- (iii) Reasons of Rejection (a)
 - (b)
 - (c)
- (iv) Subsequent follow up with the applicant
- (v) Trade applied for (a) First Preference
 - (b) Second Preference
- (vi) Trade eligible
- (vii) Waiting List No.
 - Date of Interview
 - Selected/Rejected
 - Trade allotted
 - Other Information

IMPORTANT NOTE

- ❖ Please mention any two trades in order of preference (in Column No.18 of the application) in which you desire to undergo training keeping in view of the scope of rehabilitation in your area
- ❖ Please send the duly filled in application along with required documents To:

The Regional Director I/c, NIEPVD Regional Centre, No.522, Trunk Road, Poonamallee, Chennai-600 056.