



राष्ट्रीय गतिशील दिव्यांगजन संस्थान
National Institute for Locomotor Disabilities (Divyangjan)
 (दिव्यांगजन सशक्तिकरण विभाग, सामाजिक न्याय एवं अधिकारिता मंत्रालय, भारत सरकार)
 Department of Empowerment of PwDs (Divyangjan), Ministry of Social Justice and Empowerment,
 Govt. of India



बी.टी. रोड, बनहुगली, कोलकाता-700090

B.T. Road, Bon-Hooghly, Kolkata-700090

Phone: 2531-0279, 2531-0610/Tele Fax: 2531-8379/E-mail: mail@nioh.in and web: www.niohkol.nic.in

APPLICATION FOR ADMISSION TO (Name of the Course): _____

Photograph
of applicant
35X45 mm

Note: 1. Incomplete form will not be consider

2. Attach self attested copy of caste/category / educational qualifications/UDID (PwD) certificate (if applicable)

1. Name of the candidate : _____
2. Fathers Name : _____
3. Mother's Name _____
4. Date of Birth (dd/mm/yy): _____
5. Gender : Male Female Transgender
6. Nationality : _____
7. Aadhar Number. : _____
8. Category : GEN OBC SC ST
9. PwD : YES NO
10. If Yes, mentioned UDID/UDID enrollment number _____
11. DO you belongs EWS category YES NO
- 12.

Permanent Address:	Correspondence Address:
Address	Address
Village/City-	Village/City-
District-	District-
State-	State-
Pin Code-	Pin Code-

13. Mobile No.: _____ E-mail ID: _____

14. . Details of examinations passed (include academic and professional courses, internship):

Name of the exam passed	Name of the Board/University	Year of Passing	Marks Allotted	Marks obtained	Percent obtained	Subjects
10th Std.						
12th Std.						
Any Other						

Declaration:

I hereby declare that all the information and documents furnished by me is true and correct to the best of my knowledge and belief. In the event of any information being found incorrect or misleading, my candidature/ shall be liable for cancellation for admission by the NBER, RCI or concerned training institute at any stage.

I have paid the cost of application form of Rs. 200/- through DD no./Online Transaction no. _____
 (DD/Transaction receipt enclosed).

Date:

(Name and Signature of the Applicant)



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ACKNOWLEDGMENT SLIP

Received Application Form No. _____ for course _____

from Shri/Kum/Smt. _____ Date: _____

and Application fees of **Rs. 200/-** through D.D. No./Online Transaction no- _____

Receiver's Signature
(SER Department)
