



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

DEPT. OF EMPOWERMENT OF PERSONS WITH DISABILITIES, (DIVYANGJAN) MSJ&E, GOVT OF INDIA)

National Board of Examination in Rehabilitation (NBER)

(An Adjunct Body of Rehabilitation Council of India, under Ministry of Social Justice and Empowerment)

ECR, Muttukadu, Kovalam Post, Chennai- 603 112, Tamil Nadu

Phone: 044-27472046, extn.420, 568,423 email: niepmid.examinations@gmail.com

Application form for Correction in Mark sheets / Certificates issued by NIEPID (NIMH), Secunderabad

Student Details

Application No.:	
(For Office use)	

**Affix a
Passport Size
Photo
of the
Student**

01. Name of the Student as per :
10th / SSC Certificate

02. Enrolment No. from :
NIEPMD-NBER (if available)

03. Enrolment No. from :
NIEPID (NIMH)

For Diploma Course, please tick whichever is applicable and attach a copy of the mark sheet

<input type="checkbox"/> I Semester	<input type="checkbox"/> II Semester	<input type="checkbox"/> III Semester	<input type="checkbox"/> IV Semester
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04. Detail(s) of the Correction (*please tick whichever is applicable*) :

<input type="checkbox"/> Name	<input type="checkbox"/> Father's Name	<input type="checkbox"/> DOB	<input type="checkbox"/> **Mark
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(Note: **Only applicable for Supplementary Examinations conducted by NIEPMD- NBER)

S. No.	Name / Father's Name / DOB / Mark shown as in Mark Sheet / Certificate	Correction needed in the New Mark Sheet / Certificate

05. Email ID of the Student :

06. Contact No. of the Student :

07. DOB (attach the legal proof (10th / SSC)) :

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D		M	M		Y	Y	Y	Y

08. Father's Name :

09. Course Name : DEd-SE-MR Others

(If others, please specify the course) :

Study Centre Details

09. Name of the Study Centre :

10. Centre Code (by NIEPMD-NBER, if available) :

11. Centre Code (by NIEPID (NIMH), if available) :

12. Email ID of the Study Centre :

13. Contact No. of the Study Centre :

14. Name of the Course Coordinator :

15. Contact No. of the Course Coordinator :

Payment Details: (Rs. 300 /- DD/NEFT for correcting each statement)

16. Payment Date :

		/			/				
D	D		M	M		Y	Y	Y	Y

17. Payment Type :

	DD		NEFT
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(please tick whichever is applicable)

18. DD No. / NEFT Transaction No. :

19. Bank Name :

Attachments: (Please send us by Speed Post)

- i) Original Mark sheet(s) / Certificate which you need for the Correction,
- ii) All four regular exam semester mark sheets and all supplementary mark sheets given by NIEPID (NIMH),
- iii) 10th / SSC Certificate for DOB Correction, and any government authorized legal proof document (Voter ID, Aadhaar Card, PAN Card, etc..) for Father's Name Correction, and
- iv) Passport size photo of the student in **JPEG** format should be emailed to niepmd.examinations@gmail.com with the filled application.

Date :

Place :

Signature of the Student

Institution Seal

Signature of the Course Coordinator