



PONDICHERRY UNIVERSITY
Higher Education for Persons with Special Needs (HEPSN)
Enabling Unit

Student Particulars

S. No	Particulars	Details
1.	Name	
2.	DOB /Age	
3.	Gender	
4.	Permanent Address / Phone No., Email	
5.	Address for Communication / Phone No., Email	
6.	Community Please ()	General, <input type="checkbox"/> OBC, <input type="checkbox"/> SC, <input type="checkbox"/> ST <input type="checkbox"/>
7.	Religion	
8.	Disability Identity Card No	
9.	Type of Disability	
10.	Percentage of Disability	
11.	Classification of Impairment	

12.	Causes of Impairment						
13.	Specify any Health Issues						
14.	Department / Center						
15.	Course / Degree						
16.	Date of Joining						
17.	Year of Study						
18.	Educational Qualification	Sl.No	Degree	Board / University	Medium	Year of Passing	% of Marks / Class
19.	Are you a First Generation Learner						
20.	Knowledge on Braille Please ()		Read	Write	No Knowledge		
21.	Knowledge on sign language Please ()		Stock		Lib Reading		
			Yes	No	Yes	No	
22.	Languages Known	Read					
		Write					

23.	Extra Curricular Activity mention please		
24.	No. of disabled person in your family		
25.	Occupation of the Parents	Father	
		Mother	
26.	Family Income		
27.	Location	Rural/ Urban/ Tribal	
28.	List out your requirements from HEPSN Cell		

Enclose yours Photo copy of Disability Certificate

Date:

Signature of Candidate