



PONDICHERRY UNIVERSITY

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

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PU/HEPSN/2015-16/

Date: 08-10-2015.

C I R C U L A R

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We wish to bring to your notice that higher education for persons with special need HEPSN Enabling unit started its full scale operation to enable differently able student in our campus. With the help of volunteers reading, recording and scanning activities has been commenced from this academic year for the benefits of visually challenged students. Its also provides counseling, guidance and placement services to all categories of students with disabilities. To enhance the capacity of the students HEPSN Unit provides training in usage of specialized software's for the students those who are in need. In order to provide more facilities to the student with disability enabling unit proposed to compile that data on the particulars of students with disability. In this regard I request you to furnish the details in the enclosed Performa and send to HEPSN – Enabling unit on or before 13.Nov .2015.

Further details contact: Dr.A.Chidambaram, Co-ordinator.
PH: 9994037077, 2654762
Email-enablingunit.pu@gmail.com

Yours Sincerely,

(Dr.A.Chidambaram)

To

All the Heads of the Department / Centers

Kindly display this information in our University E-circular



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.	National 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