

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

**Louis Braille Centre, Library Annex Building**  
[http://www.pondiuni.edu.in/HEPSN\\_CELL/index.html](http://www.pondiuni.edu.in/HEPSN_CELL/index.html)  
[enablingunit.pu@gmail.com](mailto:enablingunit.pu@gmail.com)  
0413-2654922

DETAILS OF DIVYANGJAN

*Please  
paste your  
Photograph  
Here*

1. Name (in Block Letters) :
2. Surname/Initial :
3. Date of Birth & Age :
4. Gender :
5. Community/Caste :
6. Religion :
7. Mobile Number :
8. Email Address :
9. Father's/Guardian's Name :
10. Permanent Address :
  
11. Hostel Name & Room No :
  
12. Name of Department/Center :
13. Date of Joining :
14. Course of Specialization :
15. University ID Card Number :
16. Disability ID Card Number :

17. Disability Details : Type of Disability -  
Percentage of Disability -  
Cause for Impairment -  
Specify any Health Issues -

18. Mention your requirements  
from HEPSN Enabling Unit :

19. Mention the requirements  
from your Department :

Enclose a photocopy of the disability certificate.

Signature of Student/Scholar  
(with date)

**NOTE:** The Departments are requested to forward these forms to the HEPSN Enabling Unit - Louis Braille Centre, after finally totalling the number of *all differently abled students* admitted during the academic year 20 -20 .