In an endeavour to serve you better, we are updating the addresses, telephone/fax numbers, email IDs and website (URL’s) etc. of Organisations/Institutions/Special Schools etc. listed in our mailing list database. In this connection, you are requested to furnish the details in the format enclosed at Annexure-A. You are required to send the filled-in format either through email or to the postal address indicated below so as to incorporate changes in our mailing list database.

The Incharge
Head of the Dept.
Dept. of Lib. & Info. Services
NIEPID, Manovikas Nagar
Secunderabad – 500 009
Ph: 040:27771741 Extn:300
Email: grs9@nimhindia.gov.in

Thanking you,

Yours sincerely,

(Dr. SriKrisna)
I/c, HOD, DLIS
# Questionnaire Form for Including/updating in NIEPID Mailing List Database

## 1. Name of the Institution

(please leave one box after each word)

## 2. Address:

**a)** (In the following columns, please write the House No./Door No./Plot No./Street No./Street Name or Building etc.)

**b)** (In the following columns, please fill in the appropriate/column applicable to you. Columns marked with (*) are mandatory)

<table>
<thead>
<tr>
<th>*Village</th>
<th>Post Office</th>
<th>*Tehsil</th>
<th>*Mandal</th>
<th>*District</th>
<th>*State</th>
<th>*Pin code</th>
</tr>
</thead>
</table>

**c)** Contact number/fax/email etc. (Please prefix STD code, followed by the telephone/fax nos.)

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>Landline(s)</th>
<th>Fax No.</th>
<th>Mobile/Cell No.</th>
<th>Email ID</th>
<th>Website</th>
</tr>
</thead>
</table>

## 3. Nature of Institution:

Please tick (√) in the appropriate boxes

- a) Government
- b) Voluntary
- c) Government-aided
- d) If any other specify

## 4. Category of Institution/Orgn:

Please tick (√) in the appropriate boxes

- a) Autism Centre
- b) Chief/State Commissioner for PwD's
- c) Child Guidance Centre
- d) CRC for PwD's
- e) Consultancy Centre/Services
- f) Dist. Disability Rehabilitation Centre
- g) Human Resource Development/Centre
- h) Integrated School
- i) National Institute
- j) Parent Orgn./Assn.
- k) Sarva Siksha Abhiyan
- l) Spastic Society
- m) Special School
- n) State Institute
- o) State Social Welfare Dept.
- p) Therapeutic Centre/Services
- q) University
- r) Vocational Regional Centre/Vocational Training Centre

## 5. Name and Designation of the person In-charge

<table>
<thead>
<tr>
<th>NAME</th>
<th>DESIGNATION</th>
</tr>
</thead>
</table>

Date: ____________________________  Signature of the person In-charge
Place: ____________________________  Name: ____________________________