PONDICHERRY UNIVERSITY

HIGHER EDUCATION FOR PERSONS WITH SPECIAL NEEDS (HEPSN)
ENABLING UNIT
(Louis Braille Centre, Ground Floor, Ananda Rangapillai Library Annex)

Dr. K.S. Kuppusamy
Co-ordinator, HEPSN Enabling Unit

R.V.Nagar, Kalapet
Puducherry - 605014.

Ref. No.: PU/HEPSN/2026-27/01 **Date:** 24.11.2026

CIRCULAR

Sub: Submission of Details of Students and Ph.D. Research Scholars with Disabilities (Divyangjan) Currently on Roll – Reg.

Dear Sir / Madam,

The HEPSN Enabling Unit, Pondicherry University is compiling an updated record of all **Students** and **Ph.D. Research Scholars with disabilities** currently on the roll.

All Heads of Departments and Centres are therefore kindly requested to furnish the particulars of:

1. **Students with Disabilities (UG / PG / Integrated Programmes)** as per **Proforma – I**, and
2. **Ph.D. Research Scholars with Disabilities (Full-Time / Part-Time)** as per **Proforma – II**.

*(Note: Departments/Centres with no enrolled PwD students or research scholars are kindly requested to submit a **"Nil" report** for official record completeness)*

Kindly forward the details via email to **hepsn@pondiuni.ac.in** on or before **04.12.2026**.

Your prompt cooperation in fostering an inclusive academic environment on campus is highly appreciated.

Thank You.

Best Regards

Co-ordinator
HEPSN Enabling Unit

To:

All Heads of Departments / Centres, Pondicherry University.

Copy to:

- The Systems Manager, Computer Centre – *with a request to upload this circular on the University website*

PROFORMA – I

Details of Students with Disabilities on Roll

Name of the Department / Centre:

S. No.	**Name of the Student**	**Reg. No.**	**Gender**	**Programme**	**Semester & Year**	**Type of Disability**	**Residential Status *(Hosteller / Day Scholar)***	**Mobile No. & Email ID**
1.								
2.								
3.								
4.								
5.								

PROFORMA – II

Details of Ph.D. Research Scholars with Disabilities on Roll

Name of the Department / Centre:

S. No.	**Name of the Research Scholar**	**Reg. No. & Date of Registration**	**Gender**	**Mode *(Full-Time / Part-Time)***	**Type of Disability**	**Name of Research Supervisor**	**Mobile No. & Email ID**
1.							
2.							
3.							
4.							