

APPLICATION FORM FOR ADMISSION TO TEACHER TRAINING COURSES IN SPECIAL EDUCATION (VISUAL IMPAIRMENT)

Academic Session

1. **Name of the Course Applied for** :
2. **Name of the Candidate** :
3. **Gender** : Male Female Others
4. **Date of Birth** : : :
5. **Father's Name** :
6. **Mother's Name** :
7. **Nationality** : Indian Non Resident
8. **Category** :
9. **Disability** : Yes No
10. **If yes, type of Disability** :
11. **Contact Details** : House No. & Street

Village / City State

Phone No.

Mobile No.

Email Id

12. **Aadhaar Card No.** :

13. **Academic Qualifications**

Name of the Examination	Board/ University	Year of Passing	Aggregate % of Marks	Division
Class 8 th *				
High School				
Intermediate				
Graduation				
B.Ed SE (VI) / B.Ed with PGPD/ B.Ed with D.Ed SE(VI)				
Other				

(*) Only for Certificate Course for Care Giver

14. **Documents to be attached with admission form (Please Tick)**

- | | | | |
|--|--------------------------|---|--------------------------|
| i) Birth Certificate as per School Record | <input type="checkbox"/> | v) Marksheets & degree of Graduation | <input type="checkbox"/> |
| ii) Disability Certificate | <input type="checkbox"/> | vi) Marksheets & Degree of B.Ed & PDPD/B.Ed SE (VI)/ D.Ed SE (VI) | <input type="checkbox"/> |
| iii) Category Certificate if any | <input type="checkbox"/> | vii) Mark Sheets & Certificates of Class 8 th only in case of Certificate Course for Care Givers | <input type="checkbox"/> |
| iv) Mark Sheets & Certificates of High School & Intermediate | <input type="checkbox"/> | | |

Upload Documents

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Place

Date

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SUBMIT