| Application No. | |
|-----------------|--|

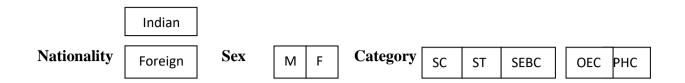
NIRMALA SADAN TRAINING COLLEGE FOR SPECIAL EDUCATION MUVATTUPUZHA - 686 661

APPLICATION FOR ADMISSION TO B.ED SPECIAL EDUCATION [INTELLECTUAL DISABILITY] – SESSION 2024-2025

(Late application will not be entertained)

| | (Late application w | m not be entertained) | |
|------------------------|--------------------------|---|--------------------|
| Name of the candidat | e (in full block letters | as given in High Schoo | l Certificate) |
| | | | |
| Surname | | | |
| | | | |
| Middle Name | | | Affix |
| | | | Photograph |
| First Name | | | |
| | | | |
| Fother's Name (in ful | l block letters as given | in High School Certifi | cota) |
| rather 8 Name (iii fui | i block letters as given | i ili Tiigii School Celuli | cate) |
| | | | |
| | | | |
| | | | |
| Mother's Name | | | |
| | Age | e (in complete years) | |
| | 6 | (I I I I I I I I I I I I I I I I I I I | |
| Date of Birth | | | |
| Date of Birth D | D M M | Y E | A R |
| Complete Postal Add | ress (in Block letters) | Permanent Address | of Father/Guardian |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Piı | n: | Pin: | |
| | | | |
| Phone: | Fax: | Phone: | Fax |

Email Id:



PH – Physically Handicapped

Details of Qualifications

| Exam Passed | Name of the | Year of | | | Class | Subjec | % of | Medium |
|----------------|-------------|---------|---------|----------|----------|---------|-------|-------------|
| | School/ | Passing | y/Board | Attempts | Division | t taken | marks | of |
| | College | | | | | | | instruction |
| X/SSC | | | | | | | | |
| Equivalent | | | | | | | | |
| ISC/Sr. Sec/ | | | | | | | | |
| Intermediate | | | | | | | | |
| 10+2 | | | | | | | | |
| Equivalent | | | | | | | | |
| B.Sc/BA/B.Com | | | | | | | | |
| BMR/BRS(MR) | | | | | | | | |
| B.R.S.C/BSW or | | | | | | | | |
| other specify | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| M.Sc/MA/ | | | | | | | | |
| M.Com or | | | | | | | | |
| equivalent | | | | | | | | |
| Any other | | | | | | | | |
| Diploma/Degree | | | | | | | | |
| | | | | | | | | |

| Languages Known | Speak | Read | Write |
|-----------------|-------|------|-------|
| 1. | | | |

- 2.
- 3.

Extra-curricular activities

Have you worked with persons with Intellectual Disability? If yes give details.

State in your own hand writing "Why do you want to joint B.Ed. Spl. Edn. (ID) Course?

The following documents should be attached with the application:

- 1. Attested photocopy of S.S.L.C. book to prove date of birth.
- 2. Attested photocopy of mark lists of plus two examination
- 3. Attested photocopy of mark list of all parts of qualifying examination.

 (Application without attested copies of all mark lists will be summarily rejected)
- 4. Attested photocopy of Degree certificate/Provisional certificate of qualifying examination
- 5. Attested photocopy of certificate from competent authority in support of special reservation (SC/ST/OEC/SEBC)
- 6. Attested copy of certificate by Medical board certifying that the candidate is a sibling or parent of child with Intellectual Disability.
- 7. Conduct certificate from Head of the Institution last attended. (In original)
- 8. Copy of the equivalency/Eligibility certificate stating that qualifying examination is recognized M.G. University for seeking admission to B.Ed Special Education (ID) course. (For those who have passed qualifying examination from other Universities/institutions outside of the State).

| Universities | s/institution | s outside | of the St | ate). | | | |
|---|------------------------------|----------------------------|----------------------------|-----------------------------------|--------------------------|-----------------|--------------|
| Place: | | | | | | | |
| Date: | | | Signature of the Applicant | | | | |
| | | D | ECLAR | ATION | | | |
| I hereby centhe best of my known fulfill all the eligible and discipline, nor | owledge and oility requir | d belief. I ements pr | have re | l. If admitted I p | s and satisfied | myself | that I |
| Date : | | Signature of the Candidate | | | | | |
| I have son/daughter | | | the And a | information affirm that if it is | furnished proved that th | by se inforn | my nation |
| is fraudulent, He/S | | | | | • | | |
| Date: | | | | Signature | e of Father/Gu | ardian | |