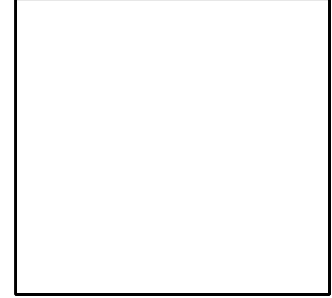




**APPLICATION FORM for  
2 years B.Ed. SPECIAL EDUCATION  
(MULTIPLE DISABILITIES) Course  
SESSION 2022-2024**



**The Application form should be submitted on or before 23.11.22**



PHOTO

1. Name of the candidate ( In block letters as given in High School Certificate)

Surname:

First Name:

Middle Name:

2. Father's Name (In Block letters as given in High School Certificate)

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3. Mother's Name (In Block letters as given in High School Certificate)

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4. Date of Birth:

DD	MM	YEAR

5. Nationality:

Indian	Any Other

6. Gender:

- Male  
 Female  
 Any other

7. Category:

SC	ST	OBC	GEN	PWD
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**(The reservation and relaxation for SC/ST/OBC/PWD and other categories shall be as per the rules of the State Government )**

Certificate attached:  Yes  No

8. Annual Income of the Family (Income Certificate to be enclosed ):

9. Address:

Current Postal Address	Permanent Postal Address
PIN: <input style="width: 150px;" type="text"/>	PIN: <input style="width: 150px;" type="text"/>

10. Contact no.:

11. Details Of Qualification (Enclosed separate sheet if required):

Examination Passed	Name of the school or college	Year of Passing	University Board	Subjects Taken	Aggregate% of marks	Medium of Instruction
Secondary						
Higher Secondary						
B.A/B.Sc./B.com						
M.A/M.Sc./M.com.						
Any other Exam						

12. Declaration by the Candidate

I hereby declare the information given above is true and correct to the best of my knowledge and belief. I further declare that I shall abide by the rules and regulations of the Institute and Training Centre. I am aware that my admission will be cancelled in case the details furnished by me are proved to be wrong.

Date:

Signature of the Candidate