



APPLICATION FORM for
2 years B.Ed. SPECIAL EDUCATION
(MULTIPLE DISABILITIES) Course
SESSION 2023-2025



The Application form should be submitted on or before 08.09.23



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

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