APPLICATION FORM for

2 years B.Ed. SPECIAL EDUCATION

(MULTIPLE DISABILITIES) Course

**SESSION 2024-2026**

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| --- |
| **The Application form should be submitted on or before 20.01.25**  |

PHOTO

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

|  |  |
| --- | --- |
| Surname: |  |
| First Name: |  |
| Middle Name: |  |

1. Father’s Name (In Block letters as given in High School Certificate)

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| --- |
|  |

1. Mother’s Name (In Block letters as given in High School Certificate)

|  |
| --- |
|  |

1. Date of Birth:

|  |  |  |
| --- | --- | --- |
| DD | MM | YEAR |
|  |  |  |

1. Nationality:

|  |  |
| --- | --- |
| Indian | Any Other |
|  |  |

1. Gender:

 □ Male

 □ Female

 □ Any other

1. Category:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SC | ST | OBC |  GEN  | PWD |
|  |  |  |  |  |

(**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

1. Annual Income of the Family (Income Certificate to be enclosed ):
2. Address:

|  |  |
| --- | --- |
| Current Postal Address |  Permanent Postal Address |
|

|  |
| --- |
| PIN: |

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|  |
| --- |
| PIN: |

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1. Contact no.:
2. Details Of Qualification (Enclosed separate sheet if required):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ExaminationPassed | 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 |  |  |  |  |  |  |

1. 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