

Application No./2015

Application Form Charge — Rs. 500/-

Deepshikha, Institute for Child Development & Mental Health, Ranchi

APPLICATION FOR ADMISSION INTO DIPLOMA IN EDUCATION- SPECIAL EDUCATION

(MENTAL RETARDATION)

Session-2015-17

The application form should be submitted on or before 31st May, 2015
(Application received late will not be entertained)

**The application form should be filled in by Candidate in his/her own
Handwriting and in English only**

Name of the Candidate (in block letter as given in Higher School Certificate):

Surname :

Middle Name :

First Name :

Father' Name (in full block letters as given in High Certificate):

.....

Age (In complete years as on 1st January, 2015).....

Date of Birth:

Complete Postal Address (In block letters)
(Please do not write your name or father name)

.....

..... Pin Code.....

Permanent Address of Father/Guardian

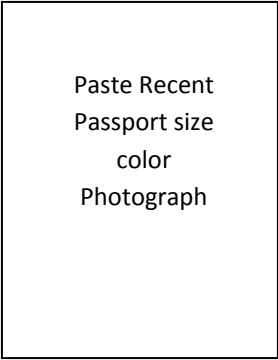
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.....Pin Code.....

Mobile No.Nationality.....Sex.....

Category: General/ ST/SC/OBC/PH.....

State to which the candidate belongs:



Details of qualification:

Exam Passed	Name of the School/College	Year of Passing	University Board	No. of Attempts	Class Division	Subject Taken	Aggregate % of Marks	Medium of Instruction
X/SSC or Equivalent								
I.Sc./Sr. Sec./ Intermediate 10+2 Equivalent								
Higher Qualification a) B.A./B.Sc./ B.Com b) M.A./M.Sc./ M.Com.								

Working Experience -

Name and Address of the Employer	Nature of employment and of post held	From (indicate the dates)	To

Languages Known (Please ✓)

1. Hindi
2. English
3. Other

Speak**Read****Write**

Have you worked with persons with Mental Retardation? If yes give details.

State in your own handwriting "why do you want to join D.Ed.SE-MR

Extra Curricular Activities:

Mark (✓) the documents which have been attached with the application.

- 1) Statement of marks of Matric and Certificate
- 2) Statement of marks of Intermediate and Certificate
- 3) Attested copy of Proof of date of birth (10th Certificate)
- 4) Proof for SC/ST status or Physically Handicapped Certificate.
- 5) Certificate of Higher qualification (If Any)

Place:

Date:

SIGNATURE OF APPLICANT

DECLARATION BY THE CANDIDATE

I hereby declare that the information given above is true and correct to the best of my knowledge and belief. 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 :

Place:

Signature of the Candidate