



ADMISSION FORM

Diploma in Education-Special Education [ASD/MR/HI/DVR(MR)]

(Session 2017-2019)

Date:.....

Name

Date of Birth/Age: Gender:

ST/SC/OBC: Yes/No

Married/Unmarried:

Program Option:

Father's/Mother's/Guardian's Name

Husband's /Wife's Name

Mention whether Parent/Professional

Languages Known (Both written and spoken)

Correspondence Address:

Phone Number: Mobile Number:

Email Address:

Education Qualifications (Matriculation Onwards)

S.No.	School/College/Institution	Year	Board/University	Division	Remarks
1					
2					
3					
4					
5					

- Please attach attested copies of the above mentioned examination results.

Detail of any other Diploma / Degree / Certificate / Workshop attended.

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Please give details of special interests in the field of performing arts / sports/ co-curricular activities, if any

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Details of any work experience.

S.no	Duration	Place of work and address	Designation
1			
2			
3			
4			

Total years of experience:.....

Details of any experience of voluntary work.

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How did you come to know about this course?

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Write a short note of not more than 50 words stating the reason for wanting to join this course.

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If selected, how do you intend to utilize the knowledge and practical experience acquired in this Diploma in Special Education.

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What are your expectations from this course?

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Applicant's Name.....

Signature of Applicant