Centralised Admission Form
Teacher Training Centre on D.Ed. in -VI / DHH / MR / & B.Ed. (M.R.)

CHILD CONCERN
An Institute for child development, Mental Health, Research and Rehabilitation for PwDs.

1B, Subh Gauri Enclaves, Budh Bihar Colony, Harmu, Ranchi - 834002 (Jharkhand).
Phone : +91-651-2244946 Mob. : (+91) 9431015499, 9097968279, Fax : +91-651-2244946
Email : childconcern.jharkhand@gmail.com, childconcern_jharkhand@rediffmail.com
Website: www.childconcern-jharkhand.org

APPLICATION FOR DIPLOMA IN EDUCATION SPECIAL EDUCATION (VI / DHH / MR / & B.Ed. (M.R.)
(Recognized by Rehabilitation Council of India, Ministry of Social Justice and Empowerment, Government of India)

Application No. ______________ (for office use)
For the academic year ____________ to ____________

Preference of Centre
(Please mark your preference) _ Child Concern, Ranchi
_ Sparsh, Deoghar, Jharkhand

(Personal Details: -)

1) Name of the Candidate in full (Block Letters) : ________________________________
2) Father’s / Husband’s Name : ________________________________
3) Mother’s Name : ________________________________
4) Date of Birth : __________________________________
5) Age : __________________________________
6) Sex (Male / Female) : __________________________________
7) Place of birth (Submit domicile certificate) : ________________________________
8) Marital Status (Married / Unmarried) : ________________________________
9) Mother-tongue : ________________________________
10) Nationality : ________________________________
11) Religion : ________________________________
12) Identification Marks : ________________________________
13) Do you belong to SC/ST/DTNT/OBC? : ________________________________
14) Permanent Postal Address : __________________________________
________________________________
________________________________
________________________________
________________________________

(Application No. for office use)

(For the academic year ____________ to ____________

(Please paste your recent passport size photograph)
(Note: Please Attach 2 more P.P. photo)
15) Address & contact number (Tel. / Mobile no) for correspondence:

<table>
<thead>
<tr>
<th>Name of School/College/Board/University</th>
<th>Name of Examination Passed</th>
<th>Subject of Examination</th>
<th>Year of Passing</th>
<th>Marks Allotted</th>
<th>Marks Obtained</th>
<th>Division/Grade Percentage Obtained</th>
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16) Details of examinations passed from SSC/Matriculation onward including HSC (Intermediate) Attach duly attested photo copies of certificates (diploma and degree) of examinations passed With this application form

17) Professional Qualification:

<table>
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<tr>
<th>Name of the Degree Diploma or Certificate Obtained</th>
<th>Name of the Training Institute/Board/University</th>
<th>Year of Passing</th>
<th>Marks Allotted</th>
<th>Marks Obtained</th>
<th>Division/Grade Percentage Obtained</th>
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18) Details of work experience if any (attach copies of Certificates, Testimonials etc):

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<tr>
<th>Name of the organization / Employer</th>
<th>Duration of the Employment from _____ to _____</th>
<th>Nature of work performed</th>
<th>Part-time / Permanent</th>
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19) Give particulars of languages you can:

<table>
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<tr>
<th>Read only</th>
<th>Read only</th>
<th>Read &amp; Speak</th>
<th>Read, speak &amp; write</th>
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20) State the language in which the candidate would like to write the examination? (English / Hindi) __

21) Is the candidate a parent / sibling / relative of a PwDs child? ____
22) Any special achievements:
   Academic : 
   Extracurricular : 

23) What are your hobbies?

24) Are you being sponsored by any agency?
   a) Name of the sponsoring agency : 
   b) Address of the sponsoring agency : 

25) Why do you want to enroll for this course?

26) How do you think this course will benefit you in the future?

Is hostel accommodation needed? : Yes __ No ___

27) Give two names of reference with their designations, address and testimonials
   1. Name: ___________________________  2. Name: ___________________________
      Designation: ____________________  Designation: ____________________
      Address: ________________________  Address: ________________________

28) Please attach attested copies of the following certificates / testimonials
   a) Secondary Certificate Examination (10th Standard)
   b) Higher Secondary Examination (12th Standard)
   c) Proof of date of birth (School leaving certificate)
   d) Proof of SC/ST/DTNT/OBC status
   e) Certificate of higher qualifications
   f) Proof of having work experience in the field of Visual Impairment, Hearing Impairment or Multi-disabled children.
   g) Recent Character certificates issued by Gazetted Officer (in original)
   h) Certificate to the effect that the candidate excelled in District/State National Sports Meet/NCC ‘A’ Certificate
   i) Medical and Fitness Certificate. If physically attach separate disability certificate
   j) In case of foreign students furnish passport No. and other details separately Declaration
Declaration by the candidate

I hereby declare that the information given above is true and correct to the best of my knowledge and belief and that I shall abide by the rules and regulations of the institute and Training Centre. I further declare that I have got the application form free of cost from __________________________(please mention the place where you got the form. e.g. website, designated organizations or the institute) and that I will accept the centre allocated to me. I am aware that my admission will be cancelled in case the details furnished by me are proved to be Wrong.

Place: __________________________
Date: __________________________
Signature of Applicant

Endorsement by forwarding Authority
(In case of experienced candidates only)

Certified that Mr. / Mrs. / Ms. ______________________________________ is/was working in our organization as _______ from ____ to ____. The application for admission to the training program leading to Diploma in Special Education D.Ed. in -VI / DHH / MR / & B.Ed. (M.R.) is forwarded.

Place: __________________________
Date: __________________________
Signature *

Enter the name and designation of the person in charge of the organization.

Declaration by the Guardian

This is to declare that my family monthly income does not exceed Rs. ________________ from all sources to this extent. I have enclosed a certificate with this form from a competent authority.

I hereby declare that I have no objection in my son / daughter __________________________

On admission in the Training Centre to attend any Camp, educational tour programme, internship while under training.

Name of Parent / Guardian __________________________
Date and place __________________________

(Signature of Parent / Guardian)