

**DISABILITY REHABILITATION AND TRAINING CENTRE****NILACHAL SEVA PRATISTHAN,  
DAYAVIHAR, KANAS, PURI, ODISHA-752017****Phone No. : 06752240028, Mob. 9777232068,****E-mail: drtc.diplomamr@gmail.com/drtc.diplomahi@gmail.com, website : www.nilachal.org.****Academic Session: 2017-18****APPLICATION FOR ADMISSION TO (Name of the course) :****Self attested  
photograph  
of applicant***Diploma in Education-Special Education (Mental Retardation) : D.Ed-S.E (M.R)* *Diploma in Education-Special Education (Hearing Impairment): D.Ed-S.E (H.I)* 

1. Name of the Applicant: \_\_\_\_\_
2. Name of the Parent/Guardian: \_\_\_\_\_
3. Date of Birth (dd/mm/yy) \_\_\_/\_\_\_/\_\_\_\_\_ Age in years & months : \_\_\_\_\_
4. Gender : Male/Female/Others \_\_\_\_\_ Marital Status : \_\_\_\_\_
5. Nationality : \_\_\_\_\_ Domicile: \_\_\_\_\_
6. Category : SC  ST  OBC  PH  Gen
7. Annual family Income (From all sources): \_\_\_\_\_
8. Address for:

	Correspondence	Permanent
C/O		
At:		
Post Office		
District		
State		
PIN code		
Tel. No.		
E mail.ID		

9. Details of Examination passed :

S. N	Name of the exam. passed	Name of the Board/University	Year of passing	Total marks	Marks Obtained	% obtained	Subject
	SSC/Xth Std.						
	HSC/XII Std.						
	Any other						

**Declaration:**

I hereby declare that all the information provided by me in this application, to the best of my/our knowledge are true, complete and correct. If found incorrect or false, my candidature may be treated as cancelled at any stage.

Applicant's SignatureParent/ Guardian's Signature

**Note:** Self attested copies of caste, domicile, income certificates, mark sheet etc. should be enclosed with the application form.

**ADDITIONAL INFORMATION FOR CLAIMING WAIGHTAGE FOR ADMISSION****A. PREFERENCE OF ADMISSION:**

Name of the course, you have applied for admission.

SL. No.	Name of course applied	Course Applied for (Put ✓ mark)	Choice of preference (Mention 1 <sup>st</sup> or 2 <sup>nd</sup> if applied for both courses)
1	Diploma in Education-Special Education(Mental Retardation)-D.Ed-S.E (M.R)		
2	Diploma in Education-Special Education(Hearing Impairment)-D.Ed-S.E (H.I)		

**Note: If applied for both courses, Application fee must be deposited @ Rs. 200/- per course for both courses.****B. PARAMETER FOR CLAIMING OF WEIGHTAGE:****a. Details of Participation in Sports Activity**

Name of Event/Sports	Level of Participation ( International/National/ State/District)	Award/Recognition Received

**b. Applicant with Disability (PH)**

Details of Disability	Disability Certificate No. and Date	Name of Issuing District Medical Board & State

**c. Parents/Sibling of Children with Disability**

Name of PWD	Relation	Details of Disability	Disability Certificate No. and Date of Issuing District Medical Board & State	Sibling Certificate No. & Date / Issuing Authority

**C. List of Documents to be submitted along with this Application-**

1. Recent self attested Passport size Photograph (2 nos.)
2. Proof of Date of Birth
3. Copies of qualifying Examination Certificate
4. Copies of Mark Sheets of qualifying examination
5. Copy of Caste certificate
6. Copy of domicile certificate
7. Copy of Income Certificate
8. Copy of Disability Certificate issued by District Medical Board
9. Copy of Sports Certificate
10. Copy of Certificate of Parents/Sibling of Children with Disability issued by District Medical Board.

Applicant's Signature : \_\_\_\_\_

Date: \_\_\_\_\_

**Acknowledgement**

Form No. : \_\_\_\_\_

<b>DISABILITY REHABILITATION AND TRAINING CENTRE</b> <b>NILACHAL SEVA PRATISTHAN, DAYAVIHAR, KANAS, PURI, ODISHA-752017</b> <b>PHONE NO. :06752240028, Mob. 9777232068,</b> <b>E-mail: drtc.diplomamr@gmail.com/drtc.diplomahi@gmail.com, website : Nilachal.org.</b>
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Received Application from \_\_\_\_\_ S/o, D/o, W/o \_\_\_\_\_

\_\_\_\_\_ for admission to **D.Ed-S.E (M.R)/ D.Ed-S.E (H.I)** for the academic session **2017-18**.

Date : \_\_\_\_\_

Receiver's Signature