

**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  
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**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**       Child Concern, Ranchi  
(Please mark your preference)  Sparsh, Deoghar, Jharkhand

(Please paste your  
recent passport size  
photograph)

(Note: Please Attach 2  
more P.P. photo)

**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 : -----  
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15) Address & contact number (Tel. / Mobile no) : -----  
 for correspondence -----  
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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

Name of Examination Passed	Subject of Examination	Name of School/College/ Board/University	Year of Passing	Marks Allotted	Marks Obtained	Division/ Grade Percentage Obtained

17) Professional Qualification:

Name of the Degree Diploma or Certificate Obtained	Name of the Training Institute/ Board/University	Year of Passing	Marks Allotted	Marks Obtained	Division / Grade Percentage Obtained

18) Details of work experience if any (attach copies of Certificates, Testimonials etc):

Name of the organization / Employer	Duration of the Employment from _____ to _____	Nature of work performed	Part-time / Permanent

19) Give particulars of languages you can:

Read only	Read only	Read & Speak	Read, speak & write

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?

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

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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 (10<sup>th</sup> Standard)
- b) Higher Secondary Examination (12<sup>th</sup> 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)