



RAMAKRISHNA MISSION VIVEKANANDA UNIVERSITY
FACULTY OF DISABILITY MANAGEMENT AND SPECIAL EDUCATION

SRKV Post, Perianaickenpalayam, Coimbatore, Tamil Nadu - 641 020, INDIA

Phone: 0422 - 2697529, 2697530, 2698553, Fax: 0422-2692353,

E-mail: fdmedu@gmail.com, Website: www.vihrdc.org

Register No. _____

APPLICATION FORM

Form No. _____

Dip. in Special Edu., BEd in Special Edu., MEd in Special Edu.

1. Course Applied For: VI HI MR DISLI
 (tick (✓) the specialization)
2. Full Name of Candidate (in Capital Letters):
 (Name to be written as per Matric/Higher Secondary Certificate)
3. Details about Father/Mother/Guardian:
 Name:
 Occupation: Annual Income:
 Permanent Address:

 PIN Code Landline NO. with Area Code:
 Mobile No. of the Parent / Guardian: Mobile No. of the Candidate:
 e-mail of the Parent / Guardian: e-mail of the Candidate:
4. Nationality: State of Domicile:
5. Date of Birth:, age as on 1st June,

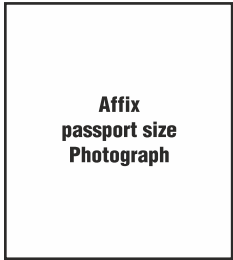
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 YEAR MONTH DAY
6. Marital Status
- 7.* Category (FC / BC / MBC / SC / ST / Other State) Caste
8. Years of Experience in the fields of Special Education:
9. Years of Experience in the fields other than Special Education:
- 10.* Achievements in related field, if any
11. Are you a challenged person? Yes / No ; If yes, describe your condition.
12. Are you a parent / relative of child with special needs? Yes / No : Describe his / her condition
13. Do you need Hostel facility? Yes / No.....



**Affix
passport size
Photograph**

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Admission Slip

To be filled by Office

Name of the candidate _____

Course _____

Hostel / Day scholar _____

Date of admission _____

Signature

14. Details of qualifying examinations (education and other requirements, please fill in appropriate rows depending on your course of choices)

Qualifying Exam Passed	Name of University / Board	Year of passing	Marks Obtained	Total Marks	%
a. X Std.					
b. XII Std.					
c. UG Degree					
d. BEd or equi.					
e. MEd or equi.					
f. Rehabilitation Qualification if any, (mention RCI No.)					

Enclosures: (Must enclose certified photocopies of the following)

1. X Std. Certificate (for date of birth)
2. Certified Qualifying Examination Mark Sheet
3. Three latest stamp size photographs
4. Caste Certificate (in the case of BC/MBC/SC/ST)
5. Transfer Certificate (Xerox copy). Originals to be submitted at the time of selection.

NOTE: Forms that are incomplete and without the above enclosures will be rejected.

UNDERTAKING

I have thoroughly read and understood all the details in the prospectus and I am fully aware of the selection procedure, and I also undertake to abide by all the conditions mentioned in the prospectus.

I solemnly declare that all the information provided and documents furnished by me as attached enclosures are factual and that no information has been withheld/concealed. If found to be otherwise, I am prepared to be rusticated from the Institute and accept all the consequences thereof. I shall abide by the decision of the Institute in that regard.

Place :

Date :

Signature of Candidate

UNDERTAKING BY THE PARENT/GUARDIAN

I _____ Father / Mother / Guardian of the applicant _____ am fully aware of the rules and procedures mentioned in the prospectus and rule book of the Institute and, being satisfied, I am seeking admission for my ward in your institute assuring you that he/she will abide by them.

Place :

Date :

Signature Father / Mother / Guardian

Note: Cost of application ₹ 250.00
DD for ₹250.00 should be taken in favour of "RKMVU-FDMSE" payable at Coimbatore
Send the filled in application form to the above mentioned address.