



RAMAKRISHNA MISSION VIVEKANANDA EDUCATIONAL AND RESEARCH INSTITUTE

(Deemed-to-be University as declared by Government of India under Section 3 of UGC Act, 1956)

FACULTY OF DISABILITY MANAGEMENT AND SPECIAL EDUCATION

Coimbatore Campus, SRKV Post, Perianaickenpalayam, Coimbatore, Tamil Nadu - 641 020, INDIA
Phone: 0422 - 2697529, Mobile: 75027 32223, E-mail: fdmse@vucbe.org, Website: www.vucbe.org

Register No. _____

APPLICATION FORM

Form No. _____

Integrated B.Ed.-M.Ed. Spl. Ed. (Intellectual Disability) / DISLI / Dip. in Spl. Edu. / BEd in Spl. Edu. / MEd in Spl. Edu.

1. Programme Applied For: VI HI MR DISLI Integrated B.Ed.-M.Ed.Spl.Ed (ID)
(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:

Parent / Guardian Mobile No.: Candidate Mobile No.:

Parent / Guardian Email: Candidate Email:

4. Nationality: State of Domicile:

5. Age & Date of Birth: DD MM YEAR 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

(Admission to hostel is the prerogative of the management)

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Admission Slip (to be filled by office)

Name of the candidate _____

Programme _____

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	% or Grade
a. S.S.L.C.					
b. H.Sc.					
c. U.G. Degree					
d. P.G. Degree					
e. B.Ed. or equivalent					
f. M.Ed. or equivalent					
g. Rehabilitation Qualification if any, (mention RCI No.)					

Enclosures: (Must enclose certified photostat copies of the following)

1. SSLC Mark Sheet or equivalent Certificate (for date of birth)
2. Certified Qualifying Examination Mark Sheet
3. Three latest passport size photographs
4. Caste / Community Certificate (in the case of BC/MBC/SC/ST)
5. Transfer Certificate
6. All Originals certificates to be submitted at the time of admission.

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 & hand book 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.