RAMAKRISHNA MISSION VIVEKANANDA EDUCATIONAL AND RESEARCH INSTITUTE

(Deemed-to-be University as declared by Government of India under Section 3 of UGC Act, 1956), Accredited by NAAC with A++ Grade

FACULTY OF DISABILITY MANAGEMENT AND SPECIAL EDUCATIONCoimbatore Campus, SRKV Post, Periyanaickenpalayam, Coimbatore, Tamil Nadu - 641 020, INDIA Mobile: (+91) 75027 32223, E-mail: fdmse@vucbe.org, Website: www.vucbe.org

APPLICATION FOR ADMISSION TO Ph.D. DEGREE PROGRAMME

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	Special	ization: Visua	al Impairment /	Hearing Impairment	t / Intellectual	Disability	Si	sport ize
1. Name of the Applicant (as entered in the degree certificate)								noto
	In English (in CA	PITAL Letter):						
2.	Name of the Father :							
3.	Name of the Mother :							
4.	Gender :		Male/Female					
5.	Age :							
7.	Community : OC / BC / MBC / SC / ST / Others							
8.	Nationality :							
10.	Address for Communication :							
	Phone:Mobile:							
			Email:					
11.	Academic Qualif				Month &		T., .	Class/
Academic Qualification Name of t		he School/ College	Board/University	Year of Passing	Subject	% of marks	grade	
S.S.L.C or Equivalent								
P.U.C / H.Sc. or Equivalent								
Bachelor's Degree								
Master's Degree								
B.Ed.								
M.E	d.							
Enclosures: (Must enclose certified photostat copies of the following) 1. S.S.L.C. Mark Sheet or Equivalent Certificate (for date of birth) 2. Certified Qualifying Examination Mark Sheets 3. One latest passport size photographs 4. Caste / Community Certificate (in the case of BC/MBC/SC/ST) 5. Transfer Certificate 6. All originals to be submitted at the time of admission. NOTE: Forms that are incomplete and without the above enclosures will be rejected. 12. Declaration by the applicant: I declare that I will abide by the rules and regulations of M.Phil/Ph.D. Special Education Programme								
Place Date:							S	Signature