

**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 EDUCATION**

Coimbatore Campus, SRKV Post, Periyanaickenpalayam, Coimbatore, Tamil Nadu - 641 020, INDIA

Mobile: (+91) 75027 32223, E-mail: [fdmse@vucbe.org](mailto:fdmse@vucbe.org), Website: [www.vucbe.org](http://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 ☐ ID ☐ 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: ..... Religion:.....
5. Age & Date of Birth: .....  DD  MM  YEAR 6. Marital Status: .....
7. Category (OC/BC/MBC/SC/ST/Others Specify) ..... 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..... If Yes, describe his / her condition:.....
13. Do you need Hostel facility? Yes / No (Admission to hostel is the prerogative of the management):.....

Affix  
passport size  
Photograph

**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. +2/HSc Mark Sheet or equivalent Certificate
3. Certified Qualifying Examination Mark Sheet
4. One latest passport size photograph
5. Caste / Community Certificate (in the case of BC/MBC/SC/ST)
6. Transfer Certificate / Migration Certificate
7. All Original 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