

HELEN KELLER'S

INSTITUTE OF RESEARCH & REHABILITATION FOR THE DISABLED CHILDREN



Affiliated to Osmania University, Approval by Rehabilitation Council of India)

Bank Colony, Ramakrishnapuram, Secunderabad - 500 056, T.S. Tel: 040-27111050 / 70, Cell: 09396662158 / 7989868112

(This form must be fully and legibly filled by the candidate, Incomplete forms and forms without required documents will not be considered)

	Application for Admission into B.Ed. Special Education (HI) Application No															Affix recent Passport size Photograph of the candidate					
Appl																					
For	or the Academic Year :																				
Last	date	for su	ıbmis	sion	of a	pplic	catio	n :										Cand	lidate's	Signa	ature
1.	Name of the Candidate in full (in Block Letters as per SSC Memo)								:							<u> </u>					
2.	Father's Name / Occupation :															<u> </u>				\blacksquare	
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3.	Mother's Name :												<u> </u>	<u> </u>						井	
4.	Date	of B	irth:			Ī							L] A	ge in	Year	s :			Mon	ths	
	Place of Birth:												+ -								
5.	Aadhar Card No.:.																				
6.	Mari	Marital Status: Nationality:																			
7.	Relig	gion:																			
8.	Community: SC ST						т [ОС			ВС	Α	١	В	С	D		Е		
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9.	Addı	ess	for Co	omm	unic	atio	า wit	h Pir	n Cod	le :											
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Pho	ne No											Ema	il:								
10.	Perr	nane	nt Ad	dress	s if S	Sam	e as	abo	ve [_					
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Phone No Email:																					

II. Details of examinations passed from S.S.C./Matric onward (including HSC/Inter) XEROX COPIES of Certificates and mark sheets DULY ATTESTED by the Gazetted Officer. Subjects Medium Name of School/ Name of the Year of Marks Marks Marks College/Board/ **Examinations Passed** Passing allotted obtained % University III. Give the Particulars of Methodologies to be taken _____ Methodology -1_____ Methodology -1 IV. Give two names of references with their designations and addresses: 1. Name :_____ Name :_____ 2. Designation:.____ Designation: Address: Address:.

Ph:_____ V. Enclose Conduct / Character certificate, issued by the Institutions in which you have last studied. STUDENT DECLARATION I declare that the above menttioned information in the application are true and correct to the best of my knowledge and belief. If any information is found incorrect I may be terminated from the college without any notice thereof. SIGNATURE OF THE CANDIDATE DATE:

PLACE: