



Form no: _____

ACADEMIC SESSION 2017-2019

Application Form for Admission to B.Ed Special Education (Hearing Impairment)

(Recognised by Rehabilitation Council of India)

1. Name of Applicant:
2. Father's Name:.....
3. Mother's Name:.....
4. Date of Birth : ___ / ___ / _____
5. Gender : Male ___ /Female ___ /Others _____
6. Marital Status :Married ___ /Unmarried _____
7. Nationality :.....
8. Category : SC ___ /ST ___ / OBC ___ / PH ___ /GEN _____
9. Languages Known:.....
10. Aadhar No:
11. Address in detail with Pincode:.....
.....
.....
12. Phone Number:
13. E-mail Address:.....
14. Annual Family Income:.....
15. Whether related to a Person with Disability :

(If yes, then mention type of disability)

Maheishang Institute of Disability Studies and Rehabilitation Sciences

(a unit of Spastic Society of Manipur)

Tapokpi Bazar , Langthabal Kunja ,Canchipur, Imphal West , Manipur:795003
Ph: 9862138446 /8414052906 E-mail: ssmanipur@rediffmail.com www.ssmanipur.org



16. Detail of Examinations passed :

Sl No.	Name of the Exam passed	Name of the Board/university	Name of the Institute	Year of Passing	Total Marks	Marks obtained	Percentage obtained
1	SSC/Xth Std or its equivalent						
2	HSC/XII th Std or its equivalent						
3	Graduation						
4	Post Graduation						
5	Others						

DECLARATION

I,do hereby declare that all the information given above is true and correct to the best of my knowledge and belief. If admitted , I promise to abide by the rules , norms and discipline of the Institution and RCI .

Date: ___ / ___ / _____

Place: _____

Applicant's Signature

Documents to be submitted

- Attested copy of statement of marks of all examination passed
- Attested copy of proof of date of birth and Aadhar card
- Attested copy of proof of SC/ST/OBC/Disability certificate as applicable
- Three passport size photographs.

Entrance exam for 2017-19 to be conducted on 24/07/2017

LAST DATE OF ISSUE AND RECEIPT OF COMPLETE APPLICATION FORM 20/07/2017