



**Application Form for Admission to B.Ed Special Education (Hearing Impairment)
2021-2023**

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 :..... Blood Group :.....
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)
16. Registration no. with Manipur University :.....
17. Graduation :B.A/B.Sc/B.Com/ _____(Others specify) _____%

SSM Institute for Disability Studies and Rehabilitation Sciences
(a unit of Recreation , a voluntary agency affiliated to Manipur University)

Tapokpi Bazar , Langthabal Kunj ,Canchipur, Imphal West , Manipur:795003
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18. 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 (_____) Specify field BSC/BArts or others						
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
- Transfer certificate /University registration certificate
- Six passport size photographs.

DULY FILLED FORMS TO BE SUBMITTED TO ssmanipur@rediffmail.com before 28th July 2021.