



**Application Form for Admission to B.Ed Special Education (Hearing Impairment)  
2022-2024**

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)

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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 SPASTIC SOCIETY OF MANIPUR ,  
TAPOKPI BAZAR , LANGTHABAL KUNJ , CANCHIPUR before 16<sup>th</sup> June 2022  
between 10am to 3pm .

COST OF APPLICATION FORM : Rs . 500/- each