



Renu Vidya Mandir

(An Institute of Special Education, Vocational Rehabilitation, Training & Research)
Regd. Under Regulation of Societies Act 2012, 80G of Income Tax, PWD Act 1995. NT Act 1999
Managed By: Shri Rameshwar Sewa Sansthan (Regd.), Khewra-Meerut Road, Bahalgarh, Sonapat (Hr.)
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A P P L I C A T I O N F O R M

Session:20__ - 20__

Diploma in Special Education-Mentally Retardation (D.Ed SE-MR)

Application No.: _____

The Application Form Should be submitted on/before prescribed date: _____
(Applications received late will not be entertained)

The Application Form should be filled in by the candidate in his/her
Handwriting and in English only.

Please Affix a
Recent Passport
Size Photograph

Name of the Applicant (In full BLOCK letters as given in High School Certificate)

Sur Name

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Middle Name

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First Name

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Father's Name: (In full BLOCK letters as given in High School Certificate)

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Mother's Name: (In full BLOCK letters as given in High School Certificate)

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Date (DD) Month (MM) Year
Date of Birth

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Age in Complete Years as on 31st December last year:

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Gender: Male Female Nationality: Indian Foreign

Category:

SC	ST	OBC	Gen
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 Other:

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Languages Known: Speak: 1. _____ 2. _____ 3. _____
Read : 1. _____ 2. _____ 3. _____
Write: 1. _____ 2. _____ 3. _____

Email Address: _____

**Complete Postal Address
(IN BLOCK LETTERS)**

(Please do not write your name or Father's Name)

**Complete Permanent Address
(IN BLOCK LETTERS)**

(Please do not write your name or Father's Name)

Pin:

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Pin:

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Phone # _____ Phone # _____

Mobile # _____ Mobile # _____

Details of Academic Qualifications

Exam Passed	Name of the School/College /Institute	Year of Passing	Board/ University	Subjects	% Agg. Marks	Medium of Instruction
Class X/SSC/ Equivalent						
Class XII/ISC/Sr. /Sec./Equivalent						
Graduation						
Post Graduation						
Any Other						

Experience in Disability Sector (Please attach Attested copies of Certificate failing which No. Weight age for Experience given)

Name and Address of the Employer (only Mention the Last Two, Starting from Recent)	Nature of Employment & Post Held	Period of Employment (Please Indicate the Dates)	
		From	To

Are you a Parent/Sibling of an Individual with Disability? Yes No

Have you Worked with Individuals with Disabilities? *(if yes, please give details)*

Please State in brief Why do you want to join the Course:

Any Other Achievements / Interests / Hobbies:

Mark (✓) the Documents which have been attached with the Application:

- Attested Copies of the Marks obtained in PUC/Intermediate/Higher Secondary (10+2) or any other equivalent qualifying exam.
- Attested Copy of Proof of Date of Birth (Class 10th Certificate)
- Proof of SC/ST/OBC status or Handicapped Certificate (if applicable)
- Certificate of Higher Qualification (Graduation/Post-Graduation) *(if possible)*
- Proof of Experience in the field *(if possible)*
- Certificate by a Government Medical Officer/Authority competent to issue certificate of disability designated by the State/Central Government; certifying that the candidate is a Sibling/Parent of a child with disability. *(if possible)*
- Recent Character Certificate issued by a Gazetted Officer/Head of Last Institute attended/Affidavit *(Original Copy)*
- Certificates from the Sponsoring Agency for in-Service Candidates, along with Grant of necessary leaves. *(if possible)*
- Two (2) self-addressed Post-Cards which will serve as an acknowledgement for the receipt of Application & For Intimation of the Date and Time of the Interview.

Date : _____

Place: _____

(Signature of the Candidate)

Declatation By The Candidate

I hereby declare that the information given above is true and correct to the best of my knowledge and belief. Further declare that I shall abide by the Rules and Rules and Regulations of the Institute and Training Center. I am aware that my admission will be cancelled in case the details furnished by me are proved to be wrong. I may not be allowed to appear in the Term-End Examination in case of any Outstanding Fee or Dues on my behalf.

Date : _____

(Signature of the Candidate)

Endorsement By Forwarding Authority (Applicable ONLY for Sponsored Candidates)

Certified that Mr./Ms _____ is /was working in our organization as _____ from _____ to _____

The application to the training programme leading to Diploma in _____ is forwarded and the guarantee of his / her Fee and Leave is undertaken.

Date: _____

(Signature of the Forwarding Authority)

With the Stamp of the Institution