INDIRA GANDHI COLLEGE OF SPECIAL EDUCATION

(SPONSORED BY MARY KANAGAM MEMORIAL EDUCATIONAL TRUST) Holy Cross Campus, Thadagam Road, Kanuvai, Coimbatore- 641108

(Affiliated to Tamilnadu Teacher Education University)

APPLICATION FORM FOR ADMISSION

Faculty of B.Ed Special Education

(The candidate in his/her own handwriting must fill in all the particulars)

	ADMISSION NO	:(For Office Use Only)														
	SUBJECT OPTIONAL	:														
	MEDIUM OPTED	:														
					W	RITI	E IN B	LOC	K LE	TTE	RS					
1.	Candidate's Full Name	:														
2.	Father Name	:														
3.	Mother Name	:														
4.	Father's Occupation	:														
5.	Annual Income	:														
6.	Address for Communicat	ion:	•••••	•••••	•••••	••••	•••••	•••••	•••••	••••	••••		•••••	••••	••••	•••
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		E-Mail: Telephone No														
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7.	Data of birth	:]
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8.	Husband /Wife Name	·
	Nationality	:
	Religion	:
	• Community	:
	• Caste	:
	• Any other information	:
	• Mother Tongue	:
	• Place of Birth	:
	• District	:
	• State	:

9. EDUCATIONAL QUALIFICATION :

(Attested copies of the degree & grade certificate to be enclosed)

Degree	Subject	Name of the College	%	Class obtained	University	Register No	Month & Year of Passing
B.A /							
B.Sc							
M.A /							
M.Sc							

10. LIST OF ATTESTED COPIES OF NECESSARY CERTIFICATES IN THE ORDER ENCLOSED:

- > Degree certificate or provisional certificate of degree taken
- ➢ Grade of marks obtained in the degree examination
- SSLC and Higher secondary mark sheet
- > Transfer certificate from the college/university last attended
- Conduct certificate from the principal of the college /institution in which the applicant last served as a teacher.
- Permanent community certificate where applicable

* Admission is subject to verification of marks lists/provisional certificates /degree, diploma and if the certificates are found to be bogus, admission is liable for cancellation besides criminal action being taken

Declaration

I hereby declare that the information furnished by me in the application is true to the best of my knowledge and belief .if admission is granted. I agree to abide by the rules and regulations of the university and the institution.

I am aware of the law against ragging and agree to abide by the punishment to be meted out to me in case I am found guilty of ragging.

Sig	gnature of Parent/Guardian/	Signature of the Applicant				
H	Husband of the Applicant.					
Station	:	Selected: Yes				
Date	:	No				

Signature of the Director

Signature of the Principal

<u>Note</u>