



Form No.

LAL BAHADUR SHASTRI COLLEGE

AFFILIATED TO UNIVERSITY OF KOTA

ACCREDITED BY RCI

Sector-1, Mahaveer Nagar Extension, Kota - 324 009 (Raj.)

APPLICATION FORM FOR ADMISSION TO B.ED. SPECIAL EDUCATION (MENTAL RETARDATION)

SESSION :

Aadhar Card No.

1. Name of the Candidate (in full block letters as given in 10th class/SSC Certificate)

First Name

Middle Name

Surname

2. Father's Name (in full block letters as given in 10th class/SSC Certificate)

3. Mother's Name

4. Date of Birth

5. Sex

: Male Female

6. Correspondence Address

7. Permanent Address

8. Contact # 1

2

9. E-mail ID

10. Blood Group

11. Category

SC ST OBC Physically Handicapped General

12. Nationality

13. Annual Income

14. Detail of Qualification :-

Exam Passed	NAME OF THE SCHOOL	UNIVERSITY/BOARD	YEAR OF PASSING	SUBJECT	AGGREGATE % OF MARKS	MEDIUM OF INSTRUCTION
10th/Equivalent						
ISC/Sr.Sec./Intermediate/ 10+2/ Equivalent						
Graduate						
Other (Specify)						

15. Languages Known :- (Put a Tick Mark)

LANGUAGE	SPEAK	READ	WRITE
English			
Hindi			
Other (Specify)			

16. Extra Curricular Activities (If Any, Specify) :-

17. Have you worked with persons with mental retardation? If yes, please give details.

DECLARATION

I _____ hereby declare that the information given above is true and correct to the best of my knowledge and belief. I have read the prospectus and satisfied myself and fulfill all the eligibility requirements prescribed. In the event of being found ineligible even at the later date, I understand that I will be denied the opportunity to appear in the entrance examination. If admitted I promise to abide by the rules, discipline and norms of the institute and University.

Date :

Parent's Signature

Adm. Co-ordinator's Signature

Candidate's Signature

- q. Attested copy of proof of date of birth (10th Certificate).
- b. Proof of SC/ST/OBC status or certificate of disability, as applicable.
- c. Proof of having experience in the field of mental retardation as Teacher in special school.
- d. Certificate of Disability.
- e. Attested copy of conduct Certificate.
- f. Recent Character Certificate issued by Gazetted Officer (in original).
- g. Certificate by government medical officer, authority competent to Issue Certificate of disability designated by state or Central Government certifying that the candidate is a sibling, parent of a child having intellectual disability.

OATH & DECLARATION OF PARENTS / GUARDIAN

I _____ hereby certify that all details described in this form are true to my knowledge. I am fully responsible for the act & financial liabilities on my ward. In case of any discrepancy, admission of my ward may be cancelled.

Date : _____

Place : _____

Signature of Parent