

ST. JOHN THE BAPTIST'S COLLEGE OF SPECIAL EDUCATION*(Affiliated to M.G. University and Approved by RCI)***NEDUMKUNNAM – 686 542****KOTTAYAM DIST., KERALA; Phone No. 0481-2485048****Email: sjbspecialeducation@gmail.com****Website: www.sjbspecialeducation.org**

Batch -----2017

Self-attested
Photograph
of applicant**APPLICATION FOR ADMISSION TO** (Name of the Course) -----

1. Name of the applicant: -----
2. Name of the Parent/ Guardian: -----
3. Date of Birth (dd/mm/yy): ----- Age in years & month: -----
4. Gender: Male/Female/Others ----- CRR No: -----
5. Nationality: ----- Aadhar No: -----
6. Category: SC ST OBC PH GEN
7. Annual Family Income (from all sources): -----
8. Address for

	Correspondence	Permanent
State		
Pin Code		
Tel.No./Mobile		
Email ID		

9. Details of Rehabilitation qualifications passed:

S.No.	Name of the exam passed	Name of the Board/ University	Year of Passing	Total Marks	Marks obtained	%age obtained	Subjects
1							
2							
3							

Declaration:

I hereby declare that all the statements made by me in this application, to the best of my/our knowledge, are true, complete and correct, if found incorrect or false my candidature/admission may be treated as cancelled at any stage.

Applicant's Signature: ----- Parent/Guardian's Signature-----

Note: Self-attested copies of casts, domicile and income certificates, mark sheet etc. should be enclosed with the application form.