

Form No. \_\_\_\_\_

**Montfort Training College for the Teachers' of the Visually Handicapped**

Danakgre, Tura - 794101, Meghalaya.

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email:mcetura@gmail.com www.turamontfort.org

(A collaborated centre of NIVH, Dehradun)

Application form for D.Ed Special Education (Visual Impairment)

Self attested  
Photograph  
of applicant

**ADMISSION TO ACADEMIC SESSION-2017-18**

- Name of the applicant: \_\_\_\_\_
- Name of the Parent / Guardian : \_\_\_\_\_
- Date of Birth (dd/mm/yy): \_\_\_\_\_ Age in years & months: \_\_\_\_\_
- Gender: Male / Female / Others \_\_\_\_\_ Marital Status : \_\_\_\_\_
- Nationality: \_\_\_\_\_ Domicile : \_\_\_\_\_
- Category: SC  ST  OBC  PH  Gen
- Annual Family Income (from all sources): \_\_\_\_\_
- 8. Address for:**

	Correspondence	Permanent
State		
Pin code		
Tel. No.		
Email ID		

**9. Details of examination passed:**

S.N.	Name of the exam pass	Name of the Board/University	Year of passing	Total Marks	Marks Obtained	% age obtained	Subjects
1	SSC/X <sup>th</sup> Std.						
2	HSC/XI/Std.						
3	Any Other						

**10. Documents Required:**

1	Class X Certificate	Aadhar Card
2	Class XII Mark sheets Certificate	Pan Card
3	Caste Certificate	Election ID Card
4	Date of Birth Certificate	Bank Passbook, ( <i>First page with photo</i> )

**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 canceled at any stage.

Applicant's Signature: \_\_\_\_\_ Parent/Guardian's Signature: \_\_\_\_\_

**Note: Self attested copies of caste, domicile, Aadhar/PA/Driving License, Election Id, mark sheet etc should be enclosed with the application from.**

Date: \_\_\_\_\_

Receiver's Signature