The Spastics Society of Tamil Nadu
(SPASTN)
CSIR Road, Taramani, Chennai – 600 113
Tel: 22541542, 2254 1651 Fax: 2254 1047
spastn@dataone.in/thespasticssocietyoftamilnadu@gmail.com
Website: www.spastn.org

APPLICATION FORM

Please print clearly. Use black or blue ink. Check the appropriate boxes and complete entire application.

Tick the appropriate course:

1. B.Ed. Special Education (Multiple Disability)
2. Diploma in Special Education (Mental Retardation)
3. Diploma in Special Education for persons with Cerebral palsy & Other Neurological disabilities

<table>
<thead>
<tr>
<th>1. Name in Full [as per +2 certificate] Mr/Mrs/Miss (Tick as appropriate) Use block letters</th>
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2. Date of Birth: ………………………….. Age: ………………………….. Gender:……….. Married Status:……………………………..

3. Name of Father / Husband / Guardian: ………………………………………………………………………………………………………

4. a. Present Address: ……………………………………………………………………………………………………………………………
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    Pin code ……………………….. Tel. ……………………………

4. b. Permanent Address: ……………………………………………………………………………………………………………………………
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    Pin code ……………………….. Tel. ……………………………

Mobile …………………………………………………………………………………………………………………………………………………

Affix Recent Passport Size Photograph
5. Nationality: Indian  Foreign Nationals: .......................................................... (Specify)

6. Name of Local Guardian: .......................................................... ..........................................................

7. Local Address in Chennai: .......................................................... ..........................................................

Phone No. (Res): .......................................................... Mobile No. ..........................................................


10. Name of the community: SC  ST  BC  MBC  OC ..........................................................
(Enclose attested copy of the Certificate from appropriate authority)

11. a. Are you a Parent of child with disability  Yes  No
    b. Do you have any disability  Yes  No
       If yes, specify: ..........................................................................................................................

12. Mother Tongue: ..........................................................

13. Languages Known
    Can Speak  Can Read  Can Read & Write
    a. .........................................................  .........................................................  .........................................................
    b. .........................................................  .........................................................  .........................................................
    c. .........................................................  .........................................................  .........................................................
    d. .........................................................  .........................................................  .........................................................

14. Academic Qualifications: Enclose Photocopies of all Mark Sheets and TC

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<tr>
<th>Name of the Exam Passed</th>
<th>Name of the Board / University</th>
<th>Percentage</th>
<th>Class</th>
<th>Year of Passing</th>
<th>Subject or Discipline</th>
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15. Work Experience:

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<th>Name of the Organization</th>
<th>Duration From</th>
<th>To</th>
<th>Position Held</th>
<th>Other relevant experience / information</th>
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16. Extra Curricular Activities:
17. Please indicate if hostel accommodation is required

☐ Yes  ☐ No

18. Attach a one page clearly written explanatory note on:

   a. Your motivation to work with persons with disabilities.

   b. Qualities which you think you have that will make you a good Rehabilitation Professional.

   c. Purpose of joining this course.

   d. Future plans after completion of the course.

I affirm that the facts stated above are true to the best of my knowledge and belief.

Signature of Applicant

Signature of Parent / Guardian / Spouse

Date:

________________________________________________________________________

SPONSORSHIP BY FORWARDING AUTHORITY

The application of Mr. / Ms. …………………………………………………………………………………………………………………….

For admission to your training programme is forwarded. Upon successful completion of the training the applicant is likely to be employed at out facility.

Signature &

Official Seal of the authority
FOR OFFICE USE ONLY

1. Sponsorship : Yes  No

2. Name of Sponsor

3. Educational Qualifications : ☐ Meets criteria  ☐ Does not meet criteria
   (As per RCI Norms)

4. Work Experience (Field) :

5. Interests :

6. Post-Course Plans :

7. English Expression :

8. Contractual Commitment* :

9. Points Scored :

10. Admitted :

Signature of Director  Signature of Course-Cooordinator

Submit this application form to;
   Course Coordinator,
   The Spastics Society of Tamilnadu,
   CSIR Road, Chennai – 600 113.

# Relevant if the candidate is sponsored.