



TRAINING INSTITUTE FOR THE TEACHERS OF THE VISUALLY HANDICAPPED
RAMAKRISHNA MISSION BLIND BOYS' ACADEMY

P.O. – NARENDRAPUR, KOLKATA – 700 103

(A branch centre of Ramakrishna Mission, Belur Math, Howrah, West Bengal)

ADMISSION FORM

B. Ed. Special Education (Visual Impairment) affiliated to the University of Calcutta

Sponsored By : NATIONAL INSTITUTE FOR THE EMPOWERMENT OF PERSONS WITH VISUAL DISABILITIES,
DEHRADUN (Under Ministry of Social Justice and Empowerment, Govt. of India)

Recognized by : REHABILITATION COUNCIL OF INDIA, NEW DELHI

Session : 2022 - 2024

Affix your
latest
stamp
size
Photo

1. Full Name in English :
(in Block Letters)
2. Full Name in Regional :
Language
3. Date of Birth :
4. a) Father's Name :
b) Mother's Name :
5. Annual income :
(to be supported by document)
6. Permanent Address :
(Including P.S.)
7. Present Mailing Address :
(Including P.S.)
8. E-mail address :
9. AADHAAR No. :
10. Telephone / Mobile No :
11. Handicapped, if any (If yes, :
Furnish relevant certificate)
12. Whether SC/ST/OBC (If yes, :
Furnish relevant Certificate)
13. Marital Status :
(Married / Unmarried)
14. Name and address of the :
person to be intimated in
case of emergency, during
the period of training :

15. Co-curricular Activities : (Attested copies of testimonials to be submitted)

Sl. No.	Name of the Activity	Occasion	Prizes own/ Position secured
1.			
2.			

16. Educational Qualification : (Attested Copies of testimonials to be submitted)

Sl. No.	Name of the Exam Passed	Board / University	Year of Passing	Subjects studied	Percentage of Marks
1.	Madhyamik / Equivalent				
2.	H.S. / Equivalent				
3.	B.A./B.Sc. (Pass/Hons)				
4.	M.A./ M.Sc.				
5.	Any other Examination				

17. Details of Employment (to be supported by Employer’s Certificate)/ Voluntary/Unpaid workers Should submit separate declaration.

18. If recommended by any school for the handicapped, Name and address of the institution with RPWD Regn. No. and copy of Certificate :

Name of the Institution/ Organization served (with Designation)	Present monthly emoluments in the Pay Scale	Period of service From to	Remarks

I hereby declare :

- that I have read the rules laid down in the letter and agree to abide by them and others that may be framed by the authorities during the training period.
- that, to the best of my knowledge and belief, the particulars given in Sl. No. 1 – 18 are correct.
- that I shall not leave the course in the middle. If I do so for any reason I shall be bound to pay necessary fees for release order or Transfer Certificate.
- that I agree to refund the entire amount paid to me by the Training Institute for the Teachers of the Visually handicapped, Narendrapur, by way of travelling cost, stipend and reader’s allowances during the period of the course in case I discontinue the training. (for the recipients of those benefits)
- that I undertake to serve the sponsoring institution for minimum period of 2 (two) years after the completion of my training. (for sponsored candidates only)

Place :

Full signature of the applicant

Date :