



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)

APPLICATION FORM

For admission to 2026-28

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

Recognized by : REHABILITATION COUNCIL OF INDIA, NEW DELHI

Passport
Size
Photograph
To be
pasted

1. Full Name in English :
(in Block Letters)
2. Date of Birth :
(To be supported by document)
3. a) Father's Name :
b) Mother's Name :
4. Monthly family income :
(to be supported by document)
5. Permanent Address :
Including P.S.
6. Present Mailing Address :
Including P.S.
7. Telephone No. :
8. E-mail address :
9. Marital Status : Married / Unmarried
10. Aadhaar Card No. :

11. Do you belong to any of the handicapped categories ? If yes, tick the correct box.

- a) Visually Handicapped b) Hearing Handicapped
c) Orthopedically Handicapped d) Otherwise Handicapped

If you are handicapped in any way, submit valid certificate to that effect

12. Do you belong to any of the following categories? If 'yes' tick the corresponding box.

- a) Scheduled Caste b) Scheduled Tribe c) Other Backward Class

If the answer is 'yes', submit certificate from an appropriate authority.

13. Educational Qualifications : (Attested copies of testimonials to be submitted)

a)

Sl. No.	Name of the Exam Passed	Board / University	Year of Passing	Subjects taken
1.	M.P. / Equivalent			
2.	H.S. / Equivalent			
3.	B.A. / B. Sc. (Pass/Hons)			
4.	M.A. / M.Sc.			

b) Academic attainment :

Examination Passed	Full Marks	Marks Obtained	Percentage of Marks	Examination Passed	Full Marks	Marks Obtained	Percentage of Marks
M.P.				H.S.			
Graduation Pass (For Pass Graduates only)				Graduation Hons.			
Post Graduate				Any other University Examination. Please mention the name of the Examination.			

c) Which of the following subjects did you study at the Graduation Level? Bengali, English, History, Geography, Science (Physics/Chemistry/Biology), Mathematics

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14. Details of Employment, if any (To be supported by Employer's Certificate) (Voluntary/Unpaid workers should submit separate declaration)

Sl. No.	Name of the Institution/ Organisation served, with Address and RPWD Regn. No. if applicable	Designation	Monthly emoluments in the pay scale of	Period of service From.....To	Remarks

I do hereby declare that

- a) to the best of my knowledge, the particulars given above are correct.
 b) I shall abide by the rules and regulations that may be framed by the authorities during the training period.

Place

Date

.....

Full signature of the applicant

Check list

- i) Photograph ii) Document for Date of Birth iii) Handicapped Certificate, if any
 ii) Caste Certificate, if any v) Attested copies of Mark Sheets of all the Examinations Passed
 vi) Attested copies of Certificates of the Examinations passed
 vii) Employment Certificate, if any viii) Family Income Certificate

Incomplete forms and forms without supporting documents will be rejected.