



Shri Shah K. L. Institute for the Deaf - Trust Teachers Training College

(Recognised by Rehabilitation Council of India & Bhavnagar University)
(Affiliated with All India Federation of the Deaf)

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Form No. : _____

APPLICATION FOR ADMISSION TO (Name of the Course): **D.Ed/B.Ed Spl. Edu. (HI)**

Note: 1. Incomplete form will not be considered.

2. Attach attested copy of caste / PH / Academic / Internship / School leaving documents, as applicable

- Name of the candidate : _____
- Name of the Parent / Guardian : _____
- Date of Birth (dd/mm/yy): _____ Age in years & months : _____
- Gender : M / F _____ Married / Unmarried : _____
- Nationality : _____ Domicile : _____
- Category : SC ST OBC PH Open
- Annual Family Income (from all sources) : _____
- Address for correspondence : _____

State: _____ Pin: _____
Tel. No: (with STD code): _____ Mobile No.: _____
E-mail ID: _____

9. Permanent Address: _____

State: _____ Pin: _____
Tel. No: (with STD code): _____

10. How did you come to know about the course-: Advertisement/Institute website/Friends/Relatives/
NGOs/Leaflets/Awareness material through KL Institute/others (please specify)
11. Details of examinations passed (include academic and professional courses, internship):

Name of the exam passed	Name of the Board/University	Year of Passing	Marks Allotted	Marks obtained	Percent obtained	Subjects
SSC/Xth Std.						
HSC/XII Std.						
Details of Degree (mention name of the course, for example B.Sc./BA/B.Com etc. in the first column)						
First Year						
Second Year						
Third Year						
Others						
Details of PG Degree (mention name of the course, for example, M.Sc./MA/M.Com etc. in the first column)						
First Year						
Second Year						
Others						

Encloser (Self Attested)

- 1..... 2.....
3..... 4.....
5..... 6.....
7..... 8.....

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.

Name of the Candidate: _____ Signature: _____
Name of the Parent: _____ Signature: _____

To be filled by the Office

SHRI SHAH K.L. INSTITUTE FOR THE DEAF – TRUST, TTC, 51 VIDYANAGAR, BHAVNAGAR

Received Application Form No. _____ from Shri/Kum/Smt. _____

Date: _____

Receiver's Signature (Account Section)

