



**STATE to which the candidate belongs:**

**Annual Income of self/parent/guardian/Family:**

**Details of qualification:**

| <b>Exam Passed</b>   | <b>Name of the School/<br/>College</b> | <b>Year of<br/>Passing</b> | <b>Subjects<br/>Taken</b> | <b>Percent-<br/>age of<br/>Marks</b> | <b>Medium of<br/>Instruction</b> |
|--|--|----------------------------|---------------------------|--------------------------------------|----------------------------------|
| <b>X/SSC<br/>Equivalent</b>  |  |                            |                           |                                      |                                  |
| <b>HSC/Sr.Sec/<br/>Intermediate<br/>10+2 Equivalent</b>  |  |                            |                           |                                      |                                  |
| <b>MBBS/BMR or<br/>BRS(MR)/or<br/>B.Ed/(Spl. Edn)<br/>Or BPT/BOT/ASLP<br/>B.Sc.Nursing or<br/>Masters in Child<br/>Development/<br/>Child Psychology</b> |  |                            |                           |                                      |                                  |
| <b>Any other Diploma/<br/>Degree</b>   |  |                            |                           |                                      |                                  |

**Languages Known**

**Speak**

**Read**

**Write**

- 1.
- 2.
- 3.
- 4.

**Co-curricular Activities:**

**Have you worked with persons with mental retardation? If Yes please give details**

**State in your own handwriting "Why do you want to join Post Graduate Diploma in Early Intervention course?"**

**Any history of major health problems with on going treatment of the student?**

**Please tick the documents attached with the application.**

- a). Statement of marks of MBBS/BMR or BRS(MR)/or B.Ed/(Spl. Edn) Or BPT/BOT/ Speech Therapy or B.Sc.Nursing or Masters in Child Development/ Child Psychology
- b). Attested copy of SSC as proof of date of birth.
- c). Attested copy of conduct certificate.
- d). Proof for SC/ST/OBC/status.
- e). Medical Fitness Certificate.

**Place:**

**Date:**

**Signature of the Candidate**