Application No.:	(for office use only



NETAJI SUBHAS OPEN UNIVERSITY

Accredited by NAAC with Grade 'A

Head Office: DD-26, SALT LAKE, SECTOR-I, KOLKATA - 700 064.

Self-Attested Pass port size Photograph of Applicant

APPLICATION FOR ADMISSION In

M.Ed. Spl. Ed. Intellectual Disability (I.D.)-ODL ADMISSION SESSION 2021-2023

RCI CRR N	0.		Date of Re	gistration			Date of Last Renev	wal	
	l .		<u>'</u>				1		
NAME OF	THE CAND	IDATE							
ADDRESS									
P.O.			DISTRICT					PIN	
NAME OF (Outstatio			IN WITH ADDRES than W.B.)	S					
MOBILE					E-MAIL				
DATE OF E	BIRTH				GENDER				
CATEGOR	(Enclose s	self-attes	ted copy of certif	icate if cate	gory is oth	er than GENE	RAL)		
								<u> </u>	
WHETHER	PHYSICAL	LY CHALL	ENGED (if YES , at	tach self-at	tested cop	of certificat	e)		
FATHER'S NAME / HUSBAND'S NAME									
MOTHER'S NAME									
WHETHER PARENT OF CHILD WITH DISABITY (if YES, attach self-attested copy of disability)									
CANDIDATE'S OCCUPATION									

WHETHER BELONG TO BPL			IF YES, BPL NUMBER				
				1	T		
NATIONALITY				RELIGION			
RESIDENTIAL AREA Panchayat / Municipality / Corporation							
WHETHER ALREADY REGISTERED IN NSOU (YES/NO) IF YES, ENROLLMENT NO.							
PROGRAMME							

ACADEMIC RECORD (SELF-ATTESTED COPIES OF MARK SHEETS AND CERTIFICATES GRADUATION ONWARDS MUST BE ENCLOSED)

SI. No.	Name of the Examination Passed	Name of the Board/Institute/University	Year of Passing	Total Marks	Marks Obtained	% of Marks
1.	Graduation (10+2+3) / B.E. / B.Tech.					
2.	Post Graduation (2 years) / M.E. / M.Tech.					
3.	B.Ed. Spl. Ed. in Intellectual Disability with minimum 50% marks or B. Ed. General (10 marks) + D.Ed. Spl. Ed. in I.D (20 marks) or PG Diploma in Special Education in Intellectual Disability recognised by RCI (till Academic session 2014- 2015) or B.A. / B.Sc. / B.Com. / B.Ed. Spl. Ed. (4 years Integrated) in Intellectual Disability					

|--|

SPECIAL WEIGHTAGE:

1.	Parent of a child with disability possessing Disability Certificate of the child issued by the Competent Authority	Tick the Box
2.	Person with disability possessing Disability Certificate issued by the Competent Authority	Tick the Box

DECIARATION BY APPLICANT

I hereby declare that I have read and understood the conditions of eligibility for the Programme and for the course for which I seek admission.

I have fulfilled the minimum eligibility criteria and have provided necessary information in this regard. In the event of any information being found incorrect, my candidature shall liable to be cancelled by the University at any time and I shall not be eligible to get refund of course fees deposited by me to the University.

PLACE:

Signature of the Candidate with date

[*All certificates in Original must be verified by the University Authority] CHECKLIST: (Tick the relevant boxes)

Affix photograph and enclose the following of attested copies

(i) Certificate in support of your educational qualification(s) (Graduation onwards).
(ii) Category certificate for OBC/SC/ST/PH candidates where ever required.
(iii) Certificate of Experience.
(iv) Proof of weightage claim.

NOTE: this form is dully completed with all enclosures must be submitted by 10th December, 2021 within 02:00 P.M.